

Cordotomy by coblation viable for bilateral vocal fold immobility

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(HealthDay)—Cordotomy by coblation is safe and efficient for treating

bilateral vocal fold immobility (BVFI), according to a study published online Dec. 14 in *JAMA Otolaryngology-Head & Neck Surgery*.

Michael S. Benninger, M.D., from the Cleveland Clinic, and colleagues examined clinical, operative, and health status data for 19 [patients](#) with BVFI who underwent cordotomy with coblation. The researchers found that BVFI etiology included thyroidectomy and prolonged intubation in eight (42 percent) and seven patients (37 percent), respectively.

For BVFI without stenosis (15 patients), the mean length of surgery was 17 minutes; mean operating room (OR) time was 63 minutes compared with 88 scheduled OR minutes (effect size, 25 minutes). Four of these patients developed granulation tissue postoperatively during follow-up. Patient-reported shortness of breath improved significantly following surgery, with 71 percent of 14 patients with some level of breathing difficulty before surgery experiencing improvement in the breathing. There was significant improvement in stridor, with improvement after [surgery](#) for 83 percent of 12 patients with some level of preoperative stridor. There was a trend toward improvement in quality of life as measured by the EuroQol 5-Dimensions postoperatively. Significant improvements were seen in the functional, emotional, and total Voice Handicap Index.

"Coblation was associated with significant reduction in OR time compared with scheduled time, and patients experienced significant improvement in shortness of breath, stridor, and vocal cord function," the authors write.

One author disclosed financial ties to the medical device industry.

More information: [Abstract/Full Text](#)

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