

medication for your baby. It is also recommended to keep your baby in an upright position for 15-30 minutes after feeding.

If any surgical treatment is required for your child this will be discussed with you by your doctor.

### Will it affect my child's voice?

No, your child's voice will not be affected.

### Outpatient appointment

You may be required to attend OPD appointments every few weeks initially, then as arranged by your consultant as the condition improves until discharge from our care.



The consultants in our department are

- Professor Helena Rowley
- Professor Michael Colreavy
- Mr Stephen Kieran
- Ms Eimear Phelan
- Ms Ann O'Connor
- Ms Colleen Heffernan

The ENT Nurse Specialists in our department are

- Mairead O'Leary
- Kathy Roche
- Dorothy Goslin
- Jackie Howard
- Heather Lehane

Direct number between 8am-4pm  
01 8784318 or 01 878 4200 bleep 785

D-Doc  
Monday -Friday 5 pm - 8 am

Saturday, Sunday and Bank Holidays  
Open 24 hours 1850 22 44 77

Authors: ENT Nursing Team

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# What is Laryngomalacia?



## Information for Patients, Parents and Carers

Main Hospital Number

01 878 4200

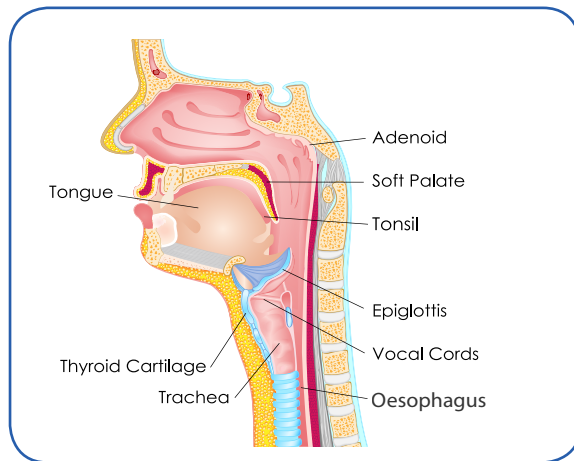


Children's Health Ireland  
at Temple Street

## What is Laryngomalacia?

The cartilage in the voice box (larynx) is usually firm like the tip of your nose. In laryngomalacia, the cartilage is soft and floppy. This means that the voice box collapses as your baby breathes in, and this can cause noisy breathing. It is the most frequent cause of noisy breathing in childhood.

The majority of children with laryngomalacia will not require any medical or surgical treatment and will get better with time.



## Where is the larynx?

It is situated at the top of the windpipe (trachea) and is more commonly known as the voice box or Adam's apple. It consists of muscle and cartilage. Its functions are:

1. When a person swallows, the larynx prevents food or fluid going into the trachea.
2. Air passes through the larynx, causing the vocal cords to move or vibrate resulting in speech or sound.

## What are the signs / symptoms of laryngomalacia?

Inspiratory stridor – noisy breathing (stridor) which you may notice when a baby is breathing in. It is usually worse when crying, being active, feeding and lying down. There may be no other symptoms, and your baby could be otherwise well and thriving.

## How is laryngomalacia diagnosed?

Your baby's health and behaviour since birth may give some indication of the condition. Flexible nasendoscopy involves passing a small, soft, flexible telescope through your baby's nose or mouth while your baby is awake. Flexible nasendoscopy is a brief and mildly uncomfortable procedure for your baby which will diagnose laryngomalacia. It does not require an anaesthetic.

Alternatively an airway examination may be performed under general anaesthetic. This is called a microlaryngoscopy and bronchoscopy (MLB).

## What is a microlaryngoscopy and bronchoscopy (MLB)?

A MLB provides a more detailed exam of your child's airway. It involves passing a telescope through your child's mouth down into their airways in theatre under a general anaesthetic.

## Risks of MLB

Injury to the lips, teeth, gums or tongue such as mild abrasions, bruising or chipping of teeth if present.

There may be swelling of the tissues of the airway postoperatively which may require close observation in the hospital.

Most children will not experience any of the above and will not have to stay in hospital overnight.

## Can laryngomalacia be treated?

The majority of children do grow out of this condition, usually between 12-18 months of age, with no treatment or intervention required.

Many babies with laryngomalacia have gastroesophageal reflux. Reflux is when food or acid from the stomach comes up into the swallowing passage (oesophagus, throat and larynx). Stomach contents and acid can irritate and inflame the larynx, which can make laryngomalacia worse. Your GP or paediatrician may prescribe reflux