



# James P. Thomas, M.D. | **voicedoctor.net**

Physician & Surgeon – Practice Limited to Laryngology

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### Specializing In:

#### Disorders of:

- hoarseness
- breathing
- singers
- actors
- speakers

#### Procedures of:

- diagnostic stroboscopy
- digital laryngeal imaging
- laryngeal injections
- laser treatments
- vocal cord augmentation
- microlaryngoscopy
- nerve grafting
- vocal pitch surgery
- laser tumor resection

# Surgical Consent

## PARQ (Procedure, Alternatives, Risks & Questions) conference

### Procedure: FEMINIZATION LARYNGOPLASTY with Thyrohyoid Elevation

#### Alternatives:

A brief listing of alternatives might include speech therapy, laser reduction of the vocal cords, cricothyroid approximation, or living with the problem.

#### Risks:

Anesthesia risk, breathing problems, tracheostomy, bleeding, infection, sub-optimal results

Feminization Laryngoplasty (which includes Thyrohyoid Elevation) consists of removing a portion of the voicebox (thyroid cartilage). The vocal cords are shortened and tightened. The main risks of surgery includes, but is not limited to, a reaction to anesthesia, which is uncommon but can be life threatening. The procedure will cause temporary swelling of the vocal folds. Bleeding or infection are possible from the incision. Results with surgery cannot be guaranteed and a sub-optimal result consisting of a weak voice or a soft voice is possible.

A short description of risks is on the reverse.

#### Students & Observers:

Students may be involved in observing or assisting with the procedures described above. Their name(s) is/are \_\_\_\_\_.

They may be involved in holding retractors or placing a suture if appropriate for their level of training.

#### Questions:

Dr. Thomas offered the above explanation. I have the opportunity to view a more extensive explanation of the procedure, alternatives, and risks on the reverse side and at <https://www.voicedoctor.net/femlar>. My questions have been answered to my satisfaction. I consent to the procedure.

\_\_\_\_\_  
Patient signature

\_\_\_\_ : \_\_\_\_  
Time

\_\_\_ / \_\_\_ / \_\_\_\_  
Date

\_\_\_\_\_  
Witness signature

\_\_\_\_\_  
James P. Thomas, MD

Name: \_\_\_\_\_

DOB: \_\_\_ / \_\_\_ / \_\_\_\_

\_\_\_ / \_\_\_ / 2026

### **Lower volume voice**

The vocal cords are shorter after surgery and most individuals notice a reduction in loudness. This can be a significant problem in noisy locations such as nightclubs, restaurants or outdoor/noisy work locations.

### **Raspiness**

When you first start talking the voice is weak and may be coarse, actually getting worse for several weeks. This is a result of swelling from the procedure and typically gradually improves. I have also had granulomas form. These are pieces of flesh that can form out of blood vessels growing into a raw area that is healing. If a granuloma grows between the vocal cords, it keeps them from closing fully and air leaks out causing quite a bit of hoarseness and weakness. Usually these will fall off, but it can be several months. They can be removed in the office. Injection with a steroid can speed up their falling off.

### **Diminished range**

The mechanism of the surgery is to actually prevent you from reaching the lowest notes of your range. FemLar doesn't typically augment the upper range (although it may, especially in trach shave repairs). In general, your overall pitch range (the distance between the highest and lowest notes that you can reach) will likely be diminished.

### **Painful swallowing**

It is common for patients to have pain with swallowing for a week after FemLar with thyrohyoid elevation.

### **Subcutaneous emphysema**

Air may leak out of the windpipe into the surrounding skin. This would appear as a temporary puffiness of the skin and the sensation of crackling under the skin when it is pressed. This is called crepitation. It can advance to the point of putting pressure on your neck and limiting your breathing. You must call if you develop this symptom.

### **Infection**

Infection can range from a mild redness, to a painful swelling in the neck, to a severe swelling of the voice box that impairs breathing. Any redness, swelling, increasing pain or difficulty breathing should be reason to contact me at once. If this occurs, it seems to do so about 3 days after the surgery.

### **Abnormal pitch**

When you first start talking after surgery, the vocal pitch will typically be low from vocal cord swelling. This will change quite a bit over the first six weeks, and there will be some continued small change even over many months. Most patients report stabilization of the voice by about 9 months after surgery.

### **Failure to increase pitch**

As of 2024, I am aware of about 1% of patients who had no change at all in their pitch, so there is a failure rate and I have been unable to predict who will have this problem.

### **Scar tissue**

The surgery is done through a cut that parallels your own natural skin folds. As it heals it will initially become more pink for several months. During this time, the scar tissue will easily pigment permanently from a sun tan. When out in the sun you should keep the scar covered with the highest sun block available during the first year of healing. The scar on the neck in some people may become adherent to the underlying cartilage and may move with swallowing. Massaging the scar will usually release this, but if it fails to resolve, the scar may need to be revised.

### **Resonance**

Resonance mismatch: There is more to sounding feminine than just the pitch of the voice. Articulation patterns are not changed and resonance is at best changed only partially with this surgery (vertical height of the pharynx) and thus the speaking voice may not sound completely feminine.

### **Speech therapy**

Voice therapy should not do any harm and may be beneficial. There are individuals who never need any therapy while there are others who would benefit.

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