



Vocal Cord Dysfunction (VCD) Evaluation

Scheduling Your Test: Tell the medical staff if you:

- Have a history of hives, swelling of the upper airway, or both
 - Are pregnant (or chance of being pregnant), breastfeeding
 - Have a heart condition (heart attack/stroke in last 3 months, uncontrolled blood pressure)
 - Have certain types of blood vessel problems (i.e. aortic or cerebral aneurysm)
- ❖ Fill out the *VCD questionnaire* form.
- ❖ If the patient is <18 yrs. old, a parent/legal guardian should be present for the entire visit.

Preparing For Your Test: ****Please read carefully** & call our office if you have questions.

- You may need to **stop certain medications prior** to the test (*see chart below for details*).
- **Continue** inhaled steroids at the SAME DOSE.
Examples: Aerospan, Alvesco, ArmonAir, Arnuity Ellipta, Asmanex, Flovent, Pulmicort, QVAR
- **Continue** reflux medications such as cimetidine (Tagamet), esomeprazole (Nexium), famotidine (Pepcid), lansoprazole (Prevacid), omeprazole (Prilosec), or ranitidine (Zantac).

On the Day of the Visit:

- Wear comfortable clothing and athletic shoes.
- Do not wear lipstick, perfume, or cologne.
- **NO** smoking, coffee, cola/cafeinated beverages, or chocolate.
- Do not exercise at least 6 hrs prior to your test.
- Avoid large meals within 2 hours before the test.
- Tell your provider if you have had a cold in the last 4 wks.

Why is this Evaluation Being Ordered? Your doctor is concerned that some of your symptoms may indicate that you might have vocal cord dysfunction (VCD). This condition can often mimic asthma. Instead of opening during breathing, the vocal cords abnormally close in VCD, causing throat tightness and shortness of breath. Common triggers include exercise, stress, and irritant exposures.

How is the Evaluation Done? You may be asked to exercise (i.e. treadmill) and then perform a breathing test (spirometry). The physician may also look at your vocal cords before and after exercise or when you are having difficulty breathing. Alternatively, you may be given a breathing treatment with methacholine which can induce asthma symptoms in some patients or may trigger VCD. Numbing medicine will be used on your nose and throat. Then a small flexible fiberoptic tube (laryngoscope) is passed through your nose to the back of your throat to visualize the vocal cords. A video recording will be made during the procedure which the doctor will review with you after completion.

Are There Any Long-term Effects from Testing? The test may make you wheeze, feel chest tightness or shortness of breath. The nurse may give you a medication(s), which will rapidly relieve the symptoms. You may also get a nosebleed from having the scope passed through your nose. There are no known long-term side effects.

Are There Any Alternatives to Testing? Unfortunately, there are no alternative tests available to diagnose VCD. Laryngoscopy/visualization during the event is the *only* way to confirm the diagnosis. Some patients, however, proceed directly to treatment with speech therapy and do not have the procedure. If they improve, it is presumed the diagnosis was correct.



How Long is the Appointment? Because of the multiple steps involved in the assessment, please allow 90 to 120 minutes for the appointment.

What Happens After Testing? Your doctor will review the results with you. If the diagnosis of VCD is confirmed, you will be referred to speech therapy for treatment.

WHEN TO STOP MEDICATION BEFORE TEST	NAME OF MEDICATION
72 hrs	Nasal spray and/or eye drop antihistamines <ul style="list-style-type: none"> • Azelastine (Astelin, Astepro, Dymista) • Olopatadine (Pataday, Patanase, Patanol) Oral antihistamines (can be in cold/flu/sleep medications) <ul style="list-style-type: none"> • Acrivastine (Semprex-D) • Brompheniramine • Carbinoxamine (Dimetapp, Palgic, Rondec) • Cetirizine (Zyrtec, Wal-Zyr, Allertec) • Chlorpheniramine (Chlor-Trimetron, Triaminic) • Clemastine (Tavist) • Desloratadine (Clarinex) • Diphenhydramine (Benadryl, Nyquil, may end in -PM) • Fexofenadine (Allegra, Allerfex) • Hydroxyzine (Atarax, Vistaril) • Levocetirizine (Xyzal) • Loratadine (Alavert, Allerclear, Claritin)
48 hrs	Long-acting bronchodilators <ul style="list-style-type: none"> • Formoterol (Foradil, Symbicort, Dulera, Bevespi) • Arformoterol (Brovana) • Olodaterol (Striverdi, Stiolto) • Salmeterol (Serevent, Advair, Airduo) • Vilanterol (Breo, Anoro) Nedocromil (Tilade) Acridinium (Tudorza) Glycopyrrolate (Bevespi, Seebri) Tiotropium (Spiriva, Stiolto) Umeclidinium (Incruse, Anoro) Oral theophylline (Theo-Dur, Theolair, Theo-24, Uniphyll, etc.) Decongestants: Phenylephrine, Pseudoephedrine (Sudafed)
24 hrs	Leukotriene inhibitors <ul style="list-style-type: none"> • Montelukast (Singulair) • Zafirlukast (Accolate) • Zileuton (Zyflo) Ipratropium (Atrovent, Duoneb, Combivent)
8 hrs	Cromolyn sodium (Intal) Quick-acting rescue inhalers <ul style="list-style-type: none"> • Albuterol (Proair, Proventil, Ventolin) • Levalbuterol (Xopenex)

IF YOU HAVE ANY QUESTIONS, INCLUDING WHICH MEDICATIONS TO STOP TAKING, PLEASE CALL OUR OFFICE