We present the case of a 67 year old male ex-smoker with hoarse voice pre-operatively who presented for abdominal hernia repair. Upon laryngoscopy for endotracheal intubation a large vocal cord mass was observed. We placed a laryngeal mask airway and completed the case successfully under general anesthesia. We present decision-making considerations when finding an unexpected vocal cord mass including when to cancel the case, when it is safe to use a supraglottic airway, and what to do in case of emergency surgery or if endotracheal intubation is required.