



SINUS SURGERY POST-OP EDUCATION

EXPECT:

- Minor bleeding for up to one week
- Some sinus and nasal pain
- Nasal congestion. Expect a significant amount of nasal congestion if the doctor placed nasal splints during the procedure.

INSTRUCTIONS:

- Use nasal saline spray hourly while awake.
- Use the sinus rinse four to six times daily.
- Apply saline gel or ointment as directed to help keep your nose moist.
- Use Afrin (oxymetazoline) generously for up to five days continuously for bleeding or congestion. After five days, stop using for one to two days before using again.
- Avoid blowing your nose for one week.
- Sneeze with your mouth open.
- Take any pain and antibiotic medication as prescribed.
- May return to school or work the next day if feeling well.
- Go to your follow-up appointment one to two weeks after the procedure.
- Other: _____

EXAMPLES OF PRODUCTS ABOVE



PATIENT INSTRUCTIONS FOLLOWING NASAL SURGERY

Please read and familiarize yourself with these instructions prior to surgery. By following them carefully, you will assist in obtaining the best possible results from your surgery. If questions arise, do not hesitate to communicate with me at any time.

When you arrive home, please call my office to schedule a follow-up appointment in one week or as agreed upon prior to surgery.

Do **NOT** blow your nose until instructed. Wipe gently with Kleenex if necessary.

Change dressing under the nose (if present) as needed.

The nasal splint (if present) will remain in place for approximately one week, and the doctor will remove it in the office.
DO NOT DISTURB THE NASAL SPLINT.

Do not consume dairy products, and avoid foods that require prolonged chewing; otherwise, your diet has no restrictions.

Avoid extreme physical activity. Obtain more rest than you usually get, and avoid exertion, including athletic activities and family relations.

Maintain your head in an elevated position during waking hours. Do not bend over. If you need to retrieve anything, stoop while maintaining your head erect.

Do not lift heavy loads.

A humidifier is helpful during dry months. Do not allow the mist to fall directly on you.

Do not swim for one month.

Take medications only as prescribed by your doctor. You may clean the opening of your nose with hydrogen peroxide on a Q-tip. **Again, DO NOT blow your nose until instructed.**

You may moisturize your nose with a saline nasal spray (Ocean, Ayr, etc.) four to six times daily and gently sniff backward.

Should a nosebleed occur, sit with head back and elevated. If you remain quiet and apply an ice pack to your nose or forehead, the bleeding will generally subside. However, should it persist, call your doctor or go to the emergency room at the hospital.

USE NASAL SALINE FOUR TO SIX TIMES A DAY.



Excision of Thyroid Tumor: Total or Partial Thyroidectomy

Your doctor has determined that you have an abnormality of your thyroid gland and that it requires surgery. Your thyroid gland is a gland that produces an important hormone that controls or affects many of the important body functions, including growth, temperature control, breaking down food and other important functions. The thyroid gland is located in the lower neck area. The removal of the gland involves a surgical cut over the gland in the lower neck. Complications from this operation are unlikely, but they do occur. Although unlikely, it is possible that you will be worse after the operation than you are now. Because of these facts, your doctor can make no guarantee as to the results that you might obtain from this operation.

As with any surgical procedure, pain, bleeding and infection are possible complications of thyroid gland surgery. These complications can result in prolonged illness, scarring, permanent disability and the need for further operations.

Because the nerves that move the vocal cords in the voice box and allow phonation lie deep in the thyroid gland, injury to this nerve is possible. The result could be temporary or permanent hoarseness, breathiness or choking on food or drink. Injury to the nerves on both sides may result in airway obstruction and the need for breathing tube placement in the windpipe.

If the doctor removes the entire thyroid gland, you will need thyroid pills for the rest of your life. Occasionally, patients may need calcium replacement pills. Other complications include prolonged illness, scarring, permanent deformity, poorly healing wounds and the need for further operations. Prolonged or recurrent swelling, prolonged bruising and temporary or permanent numbness of the skin of the neck have also been reported.

Allergic and other bad reactions to one or more substances used in the procedure are rare complications. Very, very rarely, allergic reactions have been known to cause death. Anesthesia complications, including but not limited to heart attack, stroke, kidney failure, liver failure, death and others, have also been reported. Personality changes and mental difficulties are also rare complications of this surgery, and these complications can occur even when surgery is otherwise very successful.

Alternatives to this surgery may be available to you, such as the use of medications or no operation at all. However, these alternatives carry their own risk of complications and a varying degree of success. Therefore, in those patients for whom this procedure is indicated, the operation provides the patient with the best chance of successful treatment and the lowest risk of complications.

I know that the practice of medicine and surgery is not an exact science and, therefore, that reputable practitioners cannot properly guarantee results. I acknowledge that no guarantee or assurance has been made by anyone regarding the operation that I have herein requested and authorized.

I CERTIFY: I have read or had read to me the contents of this form; I understand the risks and alternatives involved in this procedure fully and consent to the doctor performing the procedure.

DATE: _____ TIME: _____ SIGNED: _____

Signature of Patient or Person Legally Authorized to Consent for Patient:

WITNESS: _____ PHYSICIAN: _____



After-Surgery Instructions—Thyroid Surgery

PAIN: You can expect neck/throat pain and neck stiffness. The pain should progressively improve over the next few days after the surgery. You may also have a sore throat/hoarseness from the placement of the anesthesia breathing tube during surgery. Your neck may be slightly swollen as well. You may feel like you have a lump in your throat when you swallow. Throat lozenges or gargles may soothe the discomfort.

DIET: Regular diet (as tolerated). You may have a scratchy throat for the first couple of days and may prefer soft foods initially. Drink plenty of fluids.

ACTIVITY: Engage only in light activity (rest at home, watch TV, read books, etc.). Elevate your head with two pillows while sleeping. Avoid heavy activity/exercise/lifting heavy objects (>10lbs)/straining) for at least two weeks after surgery. You may carefully turn your head from side to side and look up/down. You should not drive for at least a week. Most patients take one to two weeks off to recover.

WOUND CARE: You will have a clear waterproof dressing over your neck. Do not remove this. You will notice underneath that the incision is covered with white tape (Steri-Strips); it is okay if some dried blood is on them. You may shower, but do not scrub over the area. Pat dry. Do not soak or submerge incision underwater.

You may have a drain placed during surgery. You should empty this drain at least once daily until it is removed in the office, usually in three days.

MEDICATIONS: For mild pain, use Tylenol every four hours. Do NOT use aspirin, Advil, Motrin, ibuprofen, Aleve or vitamin E, as these increase your risk of bleeding. You may be prescribed antibiotics; take them as directed. You may use the prescribed pain medicine every four hours for moderate to severe pain. Do not drive while taking narcotic pain medications. Narcotics may cause constipation; stool softeners such as over-the-counter Colace may help. You may be prescribed antibiotics; take them as directed.

If the doctor removed your entire thyroid gland (total thyroidectomy), a thyroid hormone replacement pill such as Synthroid is necessary and will be prescribed. The dosage may need to be adjusted and is usually monitored by your endocrinologist. Your doctor will also prescribe calcium pills for a few weeks. Numbness and tingling of the fingertips or around the mouth are signs of low calcium in your blood, and this situation requires urgent treatment.

POST-OP VISIT: If you have a drain, you will follow up in the office a few days after surgery to have it removed. The next visit will be about seven to ten days after surgery to remove your stitches and discuss your results.

CONTACT THE OFFICE AT (702) 735-7668 IF ...

- You have a fever over 101 F (<101 is frequent for the first few days after the surgery).
- You have redness, sudden swelling or pain at the surgery site.
- You have persistent nausea and vomiting.
- If you have numbness or tingling of the fingertips or around the mouth, take two calcium pills and go to the nearest emergency room.
- If you experience difficulty breathing, shortness of breath or severe bleeding, call 911 or go to the nearest emergency room.



POST-OP INSTRUCTIONS FOR TONSILLECTOMY/ ADENOIDECTOMY

After tonsils/adenoids are removed:

DO NOT USE ASPIRIN or medications containing aspirin for at least two weeks after the date of surgery.

Use prescribed pain medication if needed for discomfort.

Stay in bed for 48 hours after the operation. On the third day, you may go outside if the weather is fair. **DO NOT** return to work or school until advised by the physician.

DO NOT consume sharp, irritational foods such as chips, popcorn, etc.); however, please drink plenty of water or other liquids such as juice or sports drinks. Popsicles are recommended as well as ice cream. Avoid consuming drinks with caffeine, or too temperature hot liquids.

After 24 hours, eat a well-balanced, nutritious diet. This diet should include meat, fish, fruit and vegetables.

Objectionable taste and odor from the mouth may be present for several days. **DO NOT** gargle unless this is prescribed under special conditions. If possible, avoid coughing, or clearing your throat, as these actions may initiate bleeding.

Chew bubble gum or salty pretzels between meals.

Use a humidifier for at least two weeks. Do not allow the mist to fall directly on you.

Contact your doctor or go to the emergency room if bleeding from the throat starts.

Pain in the ear is to be expected; however, if an elevated temperature accompanies this pain, contact your doctor.

NOTHING SPICY

NOTHING RED

NO STRAWS



POST-TONSILLECTOMY/ADENOIDECTOMY INSTRUCTIONS

NAME _____ DATE _____

After tonsils/adenoids are removed:

1. DO NOT USE ASPIRIN or medications containing aspirin for at least two weeks after the date of surgery.
2. Use Tylenol with Codeine as prescribed every four hours if needed for discomfort.
3. Stay in bed for 48 hours after the operation. On the third day, you may go outside if the weather is fair. DO NOT return to work or school until advised by the physician.
4. Able to consume milk or milk products (ice cream, etc.). However, please drink plenty of water or other liquids such as juice or sports drinks. Popsicles are recommended as well as ice cream. Avoid consuming drinks with caffeine, or too temperature hot liquids.
5. After 24 hours, eat a well-balanced, nutritious diet. This diet should include meat, fish, fruit and vegetables.
6. Objectionable taste and odor from the mouth may be present for several days. Do not gargle unless this is prescribed under special conditions. If possible, avoid coughing, or clearing the throat, as these actions may initiate bleeding.
7. Contact your doctor or go to the emergency room:
 - a. If bleeding from the throat starts.
 - b. Pain in the ear is to be expected; however, if an elevated temperature accompanies this pain, contact your doctor.
8. Chew bubble gum or salty pretzels between meals.
9. Use a humidifier for at least two weeks. Do not allow the mist to fall directly on you.

If tubes were put into the ears:

1. Keep sterile cotton balls taped in the ears until the next morning.
2. After the first 24 hours, you may wash your hair. DO NOT allow water to get into the ears. Place a cotton ball covered with Vaseline in the ears during baths or showers. You may remove this ball after bathing.

**Please call as soon as possible to make an appointment to see your doctor
one week after the date of the surgery.**



NECK DISSECTION

What is a neck dissection?

A neck dissection is the surgical removal of lymph nodes from the neck. This process is often necessary to check for the spread of cancer or remove lymph nodes already involved with cancer. The neck is divided anatomically into six levels. Depending on the particular situation, the doctor may need to address some or all of these levels. In addition to the removal of lymph nodes, other structures such as salivary glands, nerves and muscles may need to be removed depending on the extent of the cancer involvement.

What are the risks of a neck dissection?

The risks of a neck dissection include risks common to many surgeries, such as bleeding with the possible need for a blood transfusion; infection; poor scarring; the need for additional surgeries; or, as in the case of any cancer surgery, risk of recurrence. Additional specific risks of a neck dissection are related to the structures contained within the neck.

Nerves at risk include:

Cranial nerve (CN) VII—The branch of this nerve is primarily at-risk during surgery, allows you to smile

CN XII—This nerve allows you to move your tongue.

CN V—The branch primarily at risk is the lingual nerve, which gives sensation and taste to the tongue.

CN X—Moves the vocal cord

CN XI—Allows you to shrug your shoulder

Branchial plexus—Moves the arm and hand

Phrenic nerve—Moves the diaphragm, which is a muscle involved in breathing. It is normal to have numbness of the cheek, neck and earlobe after surgery, most of which will usually improve over the next six months.

Additional risks include the possible accumulation of various fluids into the wound bed, including saliva, blood/serous fluid or chyle, which may need to be drained.

Post-operative care:

- Hospital stay

The doctor will place one to two drains after the completion of surgery to prevent fluid from accumulating in the wound. You can usually remove these drains in two to three days. Generally, a patient is discharged from the hospital once the doctor removes the drains.

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