

PRE-OP AND POST-OP CARE FOR UPPER AIRWAY SURGERY

The following information applies to all patients undergoing direct laryngoscopy, microlaryngoscopy with biopsy, and flexible or rigid bronchoscopy with or without biopsy.

Before the surgery:

Nothing to eat or drink after midnight the night before. **You should not take medications that affect the ability of the blood to clot for one week before and two weeks after surgery.** Some of these medications include aspirin, Advil, Aleve®, ibuprofen and all nonsteroidal anti-inflammatory medications. Coumadin and Heparin are common blood thinners that you should avoid taking prior to surgery. Consumption of alcohol, vitamin E, fish oil or large amounts of garlic is not advisable during the above time period due to their anticoagulating properties. If you are taking medications prior to surgery, contact the prescribing physician to determine when to resume the medication.

Activity:

Complete voice rest for two days after surgery is required. After two days, you may slowly begin to use your voice again in a quiet tone. Gradually increase the time you use your voice. Rest your voice often. Avoid prolonged talking, yelling and throat clearing for four weeks after surgery.

Limit your activity and avoid all strenuous activity for seven days following surgery. Strenuous activity includes lifting anything greater than 15 lbs. When restarting activities, do so gradually and reasonably.

Complete cessation of smoking is highly recommended. You should not smoke for ten days following vocal cord surgery.

Driving a car is not permitted for two days after surgery.

Diet: A liquid diet is advisable for the first several hours after anesthesia. For the two days following surgery, it is advisable to eat soft foods before progressing to a regular diet of solid foods. Increase water intake.

Medications:

For mild discomfort, you may take Tylenol®. In certain cases, your clinician may prescribe pain medication. You can take Chloraseptic throat spray and lozenges to relieve postoperative discomfort. In some cases, your clinician may prescribe an antibiotic. Take the medication until it is gone.

Expectations:

The degree of postoperative discomfort will depend largely upon the type of endoscopic surgical procedure that is performed. Pain in the throat and ear (referred pain) is common after procedures involving the throat and vocal cords and can last as long as seven to ten days after surgery. Pain should be managed as described above.

Spitting up blood-tinged sputum (hemoptysis) is common for two to four days after any endoscopic surgical procedure. Notify the ENT office if the hemoptysis lasts beyond five days or progressively gets worse.

Hoarseness is also common after endoscopic surgery involving the vocal cords. The hoarseness gradually subsides in five to seven days, but it could last for four to six weeks.

Fatigue can be common after any surgical intervention. Adequate rest is an essential part of the healing process.

Low-grade fever (less than 101° F) is common after surgery. You can reduce the fever with Tylenol.

Causes for Concern:

Any of the following signs and symptoms can be cause for concern. Should they occur, notify your ENT physician as soon as possible.

1. Fever of 101.5° F or greater
2. Shaking and chills
3. Severe pain at or near the operative site that is not controllable with the pain medication prescribed
4. Any breathing difficulty

Follow-up:

A follow-up appointment will be scheduled for you to return to the office seven to ten days after surgery.