

Post-Operative Care Instructions/Expectations For Patients Undergoing Soft Tissue Surgery Of The Face, Head Or Neck

The following discussion applies to all patients undergoing surgery involving the face, head or neck.

Activity

1. No strenuous activity is permitted for a total of seven days after surgery. Strenuous activity includes lifting anything greater than 15 pounds, all vigorous activity and contact sports. Also, avoid long periods of time in a position where the head is lower than the heart, since this will only lead to swelling at the operative site. When reclining, keep your head propped up on a pillow or headrest. Your surgeon will instruct you as to when normal activities may resume. Once activities start, they should be increased gradually and reasonably. Do not persist in any activity that produces discomfort in the surgical area.
2. Driving a vehicle may be possible soon after surgery but remember you cannot drive a vehicle while taking narcotic pain medicine.

Diet

1. A liquid diet is advisable for the first several hours after a general anesthetic. The patient may start on liquids after the post-operative nausea has subsided, which is usually the evening of surgery or the following day. In some cases, it may be advisable to begin a diet with foods of soft consistency before progressing to a regular diet of solid food. This is especially true in situations that involved operating on the neck since there may be some discomfort involved with swallowing. Patients who have been on a special diet prior to surgery may restart the diet as soon as they are able.
2. Maintenance of adequate fluid and nutritional intake is essential for proper wound healing and successful recovery from the surgical procedure. The average sized adult requires at least two liters of fluid intake daily, and greater amounts are preferable.

Medications

1. Pain medication will be provided for the patient by prescription. For mild discomfort, regular Tylenol may be taken. Do not use aspirin or ibuprofen. Use all pain medications as directed and only for as long as needed. Most pain medications contain narcotics, which have a tendency to slow down intestinal transport and hence create a problem with constipation. It is best to begin the early use of a laxative such as Milk of Magnesia or Metamucil to prevent this from happening when taking narcotic pain medicine.
2. In some cases, a post-operative antibiotic will be prescribed. Take the medication until it is all gone.
3. Medications that affect the blood's ability to clot should not be taken for one week before and one week after surgery. Some of these medications include: Aspirin or any aspirin-containing product, ibuprofen or any ibuprofen-containing product (e.g., Advil), all non-steroidal anti-inflammatory drugs commonly used to treat muscle and joint problems (e.g., Aleve, Mobic), and blood thinners like Coumadin, Heparin and Plavix. Consumption of alcohol, vitamin E or large amounts of garlic is also not advisable during the above time period due to their anti-clotting properties.
4. If you normally take medications, you may resume your regular schedule as soon as you are able, except for anti-clotting medications as mentioned in No. 3 above.

Turn Over 

Care of the Operative Site

1. Hands should be thoroughly cleansed with soap and water before caring for the wound. Apply Bacitracin or any other form of antibiotic ointment to the surgical incisions and drain site, if present, twice a day. Crusting on the sutures or incision line may be gently removed with a Q-tip wetted in hydrogen peroxide. In some instances, a tube of Bacitracin antibiotic ointment will be provided after the procedure. If Bacitracin ointment is not provided or one runs out, it may be purchased without a prescription at any drugstore.
2. Suture material used to close a wound will be of either the absorbable or non-absorbable type. Non-absorbable sutures are usually removed within five to 14 days following surgery. Skin staples are removed within the same time frame. Absorbable sutures do not require removal and will eventually dissolve away.
3. Elevation of the head higher than the heart helps to reduce swelling and discomfort. When reclining, keep the head propped up on pillows or a headrest. An ice pack over the surgical site is helpful to reduce swelling, bruising and pain. Do this as much as possible unless otherwise specified.
4. Sun exposure within the first six months can result in a darkening and widening of the scar. This problem can be prevented by protecting the area with sun blocker lotion or shading with clothing or a hat.

Expectations

1. The degree of discomfort will depend largely upon the extent of surgical intervention. Soft tissue surgery involving the face, head and neck usually causes only mild to moderate discomfort lasting for a period of five to 10 post-operative days. Pain should be managed as described under medications.
2. Swelling and redness of tissue around the operated area is to be expected for as long as two post-operative weeks and sometimes longer. Swelling of any surgical wound reaches its maximum at about two to three days and then slowly begins to taper off over the next 10 to 14 days. The degree of swelling can be improved by keeping the head above the heart as much as possible.
3. Seepage of blood is to be expected from the surgical incision and drain site for one to two days after the procedure. If bright red bleeding occurs apply firm, direct pressure for 15-20 minutes.
4. Fatigue is common after any surgical intervention. Adequate rest at night is essential and naps during the day may be needed as well. The degree of fatigue depends on many factors including the health status, nutritional status and age of the patient as well as the type of surgical intervention. Post-surgical fatigue usually lasts for several days but in some cases may persist for weeks.
5. Low grade fever (less than 101°F) is common after surgical procedures done under a general anesthetic. The fever is usually caused by mild lung congestion and resolves in 24 to 48 hours. Fever can be reduced with Tylenol. Fever can often be prevented by walking and performing deep breathing exercises.

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. Severe pain not controllable with the pain medications prescribed.
3. Massive swelling and firmness at the operative site along with purple, brown or black discoloration of the skin.
4. Dark brown, yellow or green foul smelling discharge from the operative site.
5. Breathing difficulty that is directly attributable to swelling at the operative site.

Follow-up

The date of the first post-operative visit will be determined by your surgeon and largely depends on the type of surgical intervention. If a drain is present, it will usually need to be removed within two to five days of the surgery. Non-absorbable sutures or skin staples will be removed anywhere from five to 14 days after surgery. Please call the office during regular business hours to schedule the appointment.