POST OP INSTRUCTIONS FOR TYMPANOPLASTY/MASTOIDECTOMY

DRESSING CARE:
Complete behind the ear incision. The ear will have a plastic cup dressing with Velcro straps containing gauze placed over the ear to absorb drainage. This dressing can be adjusted as needed for comfort. It may be removed and dispensed the morning after surgery, unless instructed otherwise. A cotton ball will be in the ear canal and this should be changed with a clean cotton ball as needed for the first week. A partial or no behind the ear incision will have only a cotton ball in the ear canal that should be changed as needed with a clean cotton ball for the first week.

PAIN:
The severity of pain after ear surgery varies greatly from patient to patient but is usually at its worst the first few hours after surgery. While still at the hospital it is common for patients to need IM or IV pain medicines. Oral pain meds are usually all that is needed thereafter and will be prescribed for home use. These are usually needed for only a few days.

DIET:
After surgery your diet will be "as tolerated." Clear liquids will be given first and if tolerated a light food diet can be started that same day. The day after surgery the patient's usual diet can be resumed. Nausea and even vomiting can occur the day of surgery and will be treated with medication as needed. Only rarely does a patient need to be prescribed nausea medicine for home use. In such cases clear liquids only should be given until all nausea has resolved.

HYGIENE:
The hair may be washed 2 days after surgery. The incision may get wet but water should not get in the ear canal for 6 weeks after surgery. Place a firm cotton ball in the ear canal and place Vaseline on the outside of the cotton ball. Hold the cotton ball in place with the finger when rinsing the hair or face in the shower. In the case of children the hair should be washed at the kitchen sink for better control. Do not use earplugs for 6 weeks after surgery.

Try for the first week to sleep either on your back or on the un-operated ear.

Avoid blowing your nose or sniffing for 6 weeks after surgery. If sneezing occurs do so with the mouth open to avoid buildup of pressure.

ACTIVITY:
You may resume non-strenuous activity as soon as you feel like. Exercising, sports, heavy lifting, and air travel should be avoided for 4 weeks after surgery. A stationary bike can be used 2 weeks after surgery.
WHAT TO EXPECT AFTER SURGERY:
Some dizziness and ringing in the ear is normal after surgery. You will not be able to hear well due to gel packing placed in the ear canal. Part of this packing will be removed at your postoperative visits. The rest will dissolve naturally. Popping and crackling in the ear is normal and may occur for several weeks after surgery. The hearing will not be checked for at least 6 weeks after surgery. The final hearing result can take 3 months to be known and may even continue to improve during the first year.

Dark red, bloody drainage from the ear is normal. If anytime after surgery the drainage becomes "snotty" with a yellow mucous like appearance or develops a foul odor, report this to our office immediately. In either case all visible drainage may be cleaned off of the visible part of the ear canal with peroxide on Qtips without disrupting the surgical repair.

If you had an "open mastoid" surgery or if a skin graft has been placed in the ear canal, there will be cotton gauze packing placed down in the ear canal that is coated with antibiotic ointment. It is important that this remain in place for the entire first week. A cotton ball is placed over the packing to absorb drainage and will need to be changed several times during the first week. To do so, carefully remove the soiled cotton ball. It is important when changing a cotton ball in the ear canal to be sure the underlying packing is not sticking to the cotton ball and being inadvertently removed. If so, separate the packing from the cotton ball and gently tuck it back into the ear canal. You will not harm the surgery by doing so. Before placing the new clean cotton ball, squirt a "glob" of over the counter antibiotic ointment into the ear canal. Neosporin, Polysporin, and triple antibiotic ointment are all acceptable. This will help keep the internal packing from drying out until it is removed one week after surgery.

If a complete behind the ear incision is used, it is normal for the ear to stand out from the head due to swelling. It will return to its normal position within a few weeks after surgery.

If you have any questions or concerns, please do not hesitate to call our office 703-941-9552
Pre-Operative and Post-Operative Teaching for UPPP Surgery

PREPARATION:

If you use a CPAP device, please wear it every night for the two weeks before surgery. Bring the device with you to the hospital. Please try to exercise and if you are overweight, please keep your weight stable or reduce it before your surgery.

MEDICATION:

Please learn the name and dosage of your medication(s) and take them right up to and including the day of admission for your surgery. There are two exceptions: Aspirin-Please discontinue the use of aspirin or aspirin-like drugs two weeks before admission. This includes Advil, Motrin, Aleve, etc. You may take Tylenol. Herbal Medications and Vitamins- Please discontinue for two weeks before admission.

COLDS:

If you develop a cold or upper respiratory infection when you are scheduled for admission, please inform Dr. Furst. The surgery will be postponed until you have recovered. Please continue taking your medication(s).

SMOKING:

If you smoke, please stop smoking at least one month before your surgery.

PREADMISSION:

You will need to call presurgical services two weeks prior to your surgery for clearance. To set up the interview please call 703-970-6565. You should have completed your pre op clearance and lab tests with your Primary Care Physician at least two weeks before your scheduled surgery.

EVENING PREPARATION:

Please do not eat a large meal the night before surgery. It is extremely important that you take no food or liquids by mouth, beginning at midnight the day prior to your surgery. Exception: if you are on medication and you need to take them the morning of your surgery, you may take them with a tiny sip of water.
HOSPITALIZATION:

You will be under close supervision for a period of time in the recovery room before you are transferred to your room. Member of the family may visit once you have returned to your room. You are expected to be up and walking the evening of the day of the surgery, with the help of the nurses. Usually you are able to take liquid and solid nourishment the day of the operation. You will stay overnight for observation and released the following day.

PHYSICAL ACTIVITIES:

After this surgery strenuous physical activity following surgery is discouraged. No stooping, lifting, bending, pushing. Anything that can increase the pressure in your head is to be avoided.

DIET:

The more you drink, the sooner the pain will subside. Water, apple juice, grape juice, and Gatorade are excellent sources of liquid. Soft foods such as ice cream, sherbet, yogurt, pudding, apple sauce and jello, should also be encouraged. Other soft, easily chewed foods are also excellent. Avoid hot or spicy foods, or foods that are hard and crunchy. Often, chewing gum speeds comfortable eating by reducing the spasm after surgery and can be started anytime after surgery.

PAIN:

For the first several days (occasionally up to 10 days) following surgery, pain in the throat is to be expected. This can usually be controlled with Liquid Tylenol (acetaminophen) or Percocet (prescription will be given at time of surgery). Avoid medication containing aspirin, ibuprofen, or other anti-inflammatory medication, for two weeks. Pain is often worse at night and may prompt the need for additional pain medication. Ear pain, especially with swallowing is also a common occurrence; it is not an ear infection but due to referred pain from the surgery. Treat it with Tylenol or Percocet. Occasionally a stiff neck may occur. Please call if it becomes excessively painful.

Ice Collar:

An ice collar can also be helpful for post operative sore throat. Make this by placing ice cubes and water in a large Zip-Loc bag and wrapping it in a towel. Gently lay the ice pack on the front of the neck.

FEVER:

A low-grade fever (less than 101 degrees) following surgery may occur and should be treated with Tylenol (acetaminophen). Follow the directions on the bottle. If the fever
persists (more than two days) or if a higher fever develops, call. Fever may indicate that you have not taken in sufficient fluids or may have an infection.

BLEEDING:

Post-operative bleeding is unusual, but it can occur up to two weeks after surgery. Most bleeding is minor and you may only see a little coating of blood on the tongue. Sit upright, and place an ice collar on your neck. Watch for spitting, coughing, or vomiting of blood. If you suspect bleeding following surgery, call immediately.

POST-OPERATIVE VISITS:

Ordinarily, you will be discharged from the hospital the day after your surgery. You will be given detailed information about your medications, diet, and activity after the operation. Please note that your first post-operative office visit with Dr. Furst needs to be scheduled for approximately two weeks after your surgery. If you need to re-schedule this appointment, please call.

SUTURES & PACKING:

The sutures in your throat will dissolve, they do not have to be removed. If you have nasal surgery, the nasal packing will be removed the third day after your surgery.

EXERTION, RETURN TO WORK AND DRIVING:

A life of leisure, with morning and afternoon rest periods, is recommended for the first one to two weeks with gradual resumption of normal activity. Depending on your occupation, you can return to work within two weeks. Driving can be resumed after two weeks.

Call the office if you have any questions or concerns that were not addressed in this hand out. 703-941-9552
Post Operative Care instructions Following Tonsillectomy

The following instructions will help you know what to expect in the days following surgery. Do not, however, hesitate to call if you have any questions or concerns.

Physical Activities

After this surgery, children should rest but may play inside after one or two days and may be outside after 3 or 4 days, if they feel up to it. Adults should avoid any strenuous physical activity following surgery. Children and/or adults may return to school and/or work whenever comfortable; a week is average, but 10 to 14 days is not unusual.

Diet

The more you drink, the sooner the pain will subside. Water, apple juice, grape juice, and Gatorade are excellent sources of liquid. Soft foods such as ice cream, sherbet, yogurt, pudding, apple sauce and jello, should also be encouraged. Other soft, easily chewed foods are also excellent. Avoid hot or spicy foods, or foods that are hard and crunchy. Often, chewing gum speeds comfortable eating by reducing the spasm after surgery and can be started anytime after surgery.

Pain

For the first several days (occasionally up to 10 days) following surgery, pain in the throat is to be expected. This can usually be controlled with Liquid Tylenol (acetaminophen) or Percocet (hydrocodone/APAP) this prescription will be given at the time of surgery. Avoid medication containing aspirin, ibuprofen, or other anti-inflammatory medication, for 2 weeks. Pain is often worse at night and may prompt the need for additional pain medication. Ear pain, especially with swallowing is also a common occurrence; it is not an ear infection but due to referred pain from the surgery. Treat it with Tylenol or Percocet. Occasionally a stiff neck may occur. Please call if it becomes excessively painful.

Ice Collar

An ice collar can also be helpful for post operative sore throat. Make this by placing ice cubes and water in a large Zip-Loc bag and wrapping it in a towel. Gently lay the ice pack on the front of the neck.
**Fever**

A low-grade fever (less than 101 degrees) following surgery may occur and should be treated with Tylenol (acetaminophen). Follow the directions on the bottle. If the fever persists (more than two days) or if a higher fever develops, call. Fever may indicate that you have not taken in sufficient fluids or may have an infection.

**Bleeding**

Post-operative bleeding is unusual, but it can occur up to 2 weeks after surgery. Most bleeding is minor and you may only see a little coating of blood on the tongue. If this happens, sit upright, and place an ice collar on your neck. Watch for spitting, coughing, or vomiting of blood. If you suspect bleeding following surgery, call immediately.

**Follow up**

Arrange to see us 3 to 4 weeks after surgery.

Appointments can be made by calling our office at:

**703-941-9552**
SEPTOPLASTY AFTER CARE INSTRUCTIONS

1. Make plans to be off work for about 1-2 weeks after surgery.
2. Sleep with your head raised, either in a chair or on pillows, for a couple of nights. 
   **You will have a nasal pack that is to remain in until you see the surgeon.**
   You will have a dressing or splint on your nose.
3. Change the ice packs every 10-20 minutes. Use the icepack for 24-48 hours after your surgery.
4. Wear loose fitting clothing for a few days. Choose tops that don't need to be pulled over your head.
5. Do not blow your nose until your doctor says you can do so.
6. Sneeze with your mouth open.
7. Shower, but keep your nose dry. Take care to keep your nose dry when washing your hair.
8. Plan for rest, but also move around the house as much as you can. You can resume your normal routine when you feel ready.
9. Do not do any strenuous exercise.
10. Do not lift anything over 10 pounds until after your first clinic visit.
11. Expect areas of bruising at our incision site.
12. Do not drive while you are taking narcotic pain medicine.
13. Plan to visit your surgeon in 3-5 days and in one week from the date of your surgery.

WHENTOCALLYOURDOCTOR

1. Fever over 100.5 degrees F for 2 readings taken 4 hours apart.
2. Excess swelling.
3. Bleeding or pus from incision.
4. Increase in pain.
POST OPERATIVE INSTRUCTIONS FOR PAROTIDECTOMY AND EXCISION OF THE SUBMANDIBULAR GLAND

DRESSING CARE:
Under and behind the earlobe by the jaw incision: a surgical drainage tube will be placed once where the parotid gland was behind the ear. This drain will be removed after 24 hours before you leave the hospital. If the drainage is too much after 24 hours, you will be sent home with the drain still in place. Care of the drain will be instructed to you by the discharge nurse before you leave the hospital. It is normal for the ear to stand out from the head due to swelling. It will return to its normal position within a few weeks after surgery. It is not uncommon to have numbness around the surgery site. This can last for weeks or even in some cases months. If you still have small amounts of drainage after the tube has been removed, you can place a gauze pad at the site of the drainage and change it out as needed.

PAIN:
The severity of pain after the surgery varies greatly from patient to patient. While still at the hospital it is common for patients to need IM or IV pain medicines. We encourage you to keep your head elevated for the first week after surgery to minimize swelling and pain. Oral pain meds are all that is needed thereafter and will be prescribed for home use. You will only need them for the first few days after surgery.

DIET:
After surgery your diet will be "as tolerated." Clear liquids will be given first and if tolerated a light food diet can be started that same day. The day after surgery the patient's usual diet can be resumed. Nausea and even vomiting can occur the day of surgery and will be treated with medication as needed. Only rarely does a patient need to be prescribed nausea medicine for home use. In such cases clear liquids only should be given until all nausea has resolved.

HYGIENE:
The hair may be washed 2 days after surgery. The incision may get wet. Pat the incision area dry after you get out of the shower.

ACTIVITY:
You may resume non-strenuous activity as soon as you feel like. Exercising, sports, heavy lifting, and air travel should be avoided until your first post operative check with Dr. Furst.

POSTOPERATIVE APPOINTMENT:
Call the office and schedule a post operative appointment two weeks after your surgery. 703-941-9552
POST-OPERATIVE INSTRUCTIONS FOR THYROIDECTOMY

Diet
Patients who have received general anesthesia may experience nausea and occasionally, vomiting. It is therefore preferable to eat a bland light meal or a liquid diet on the first day after the surgery. Regular diet may be resumed the next day. Also, pain pills may cause nausea if taken on an empty stomach. It would be better to take those pills with a piece of toast or food.

Activity and Wound Care
Elevate the head as much as possible. Head elevation reduces bruising and swelling. Occasionally, you may notice that the bruises or swelling have migrated to lower regions of the body. Avoid straining and heavy lifting, but do not stay in bed. Walk or move your legs as much as possible to prevent blood clots and gradually resume your normal activity. You may have a dressing or your wound may be exposed.

For exposed wounds:
If your wound is not sealed with acrylic (Dermabond), keep the exposed wound dry. Avoid showers. You may take a bath with lukewarm (not hot) water. If accidentally, water reaches the wound, dry it immediately with a clean towel. Make sure you have someone with you in the house in case you feel drowsy or weak from taking painkillers. Clean the wound once a day. This is best done with a cotton swab dipped in 3% hydrogen peroxide. If you have not received a prescription for antibiotic ointment, use over-the-counter triple antibiotic. Apply a scanty amount on the suture line. At times, you may not see the sutures because they have been placed inside the wound. On other occasions, there may be metallic staples instead of sutures. Occasionally, a thin film of clear adhesive is placed over the wound to protect it and allow you to take a shower.

Wounds with dressings or drains:
In rare instances, you may have a dressing or a drain. Unless specifically instructed, do not remove them. Avoid showers and keep the dressing dry. Some dressings may be sutured to the skin. Do not attempt to remove them. Drainage is expected for two to three days after surgery. Just kink the drain tubing, before detaching the bulb and emptying it. By kinking the tubing, you prevent air and old drainage from being sucked back into the wound.

Medications
An antibiotic is usually prescribed for seven to ten days following the surgery. You may also receive a prescription for painkillers in the form of hydrocodone. These products cause somnolence, drowsiness and constipation. **DO NOT DRIVE IF YOU ARE TAKING PAIN KILLERS.** Occasionally, Zofran may be necessary for nausea or vomiting.

Follow-up
Please schedule a follow-up visit in the office: PHONE: (703)941-9552.
SINUS SURGERY PRE & POST OPERATIVE INSTRUCTIONS:

Surgery can improve drainage and relieve many sinus symptoms. The technique may be limited to working inside the nose with a nasal endoscope, allowing your surgeon to clear blockages and obstructions with little damage to the surrounding tissue.

Postoperative debridement of your nose is an indispensable part of the surgery and helps relieve persistent or recurrent sinus disease. This involves several visits to our office for 4 to 6 weeks after surgery. These post-operative visits should be anticipated when scheduling your surgery date.

As with any surgery, you run a slight risk of infection and bleeding.

BEFORE SURGERY

Here are a few things you can do before surgery to help things go more smoothly:
1. Purchase a Neil Med Sinus Rinse Kit for salt water rinses you will do after surgery. These are available at our offices and area pharmacies.
2. Eliminate aspirin products 2 weeks before surgery. Ibuprofen (Advil, Motrin, Aleve) should be stopped 5 days before surgery.
3. Stop smoking at least 3 weeks before your surgery date.
4. Arrange for a ride home after the surgery.

DURING SURGERY

Expect the procedure to last from 1 to 3 hours.

AFTER SURGERY

You can expect some nasal stuffiness and crusting for 3-6 weeks after surgery. Many patients are back to work or school the week following surgery.

Important Tips

Cough and sneeze with your mouth open.
Do not blow your nose during the first week. During that time, if you have congestion, sniff gently and spit into a tissue.
Avoid hot, spicy foods.
Do not drink through a straw.

Call your Doctor if:

You are bleeding excessively.
You have signs of an infection such as fever, yellow-green drainage, unrelieved headache, or increased pain.
You have decreased or double vision, swelling of the eyes, a stiff neck, or extreme fatigue.
You have clear watery drainage from your nose.