



Bone Anchored Hearing Aid Post-Operative Instructions

Activity:

- Limit your activity for the next 24 hours after surgery.
- No heavy lifting or pushing, active sports, strenuous exercise for 72 hours. You may walk and do light household activities.
- You may plan to return to work in 48-72 hours.

Medications:

- You can expect to have some pain the first several days. Take your prescription pain medicine as often as needed for pain. Some discomfort may persist for up to 1 week.
- Do not drive or operate heavy machinery while taking your prescription pain medication. You may substitute Tylenol or over the counter medication containing acetaminophen for your prescription pain medicine. DO NOT take Tylenol containing medicines with your prescription pain meds as this can lead to an overdose of Tylenol. If in doubt, ask your doctor or a pharmacist.
- You should resume taking all other medications except as noted by your doctor.

Diet:

- You should not have a heavy meal on the evening of surgery because of the effects of the general anesthesia. It is best to limit intake to soups and clear liquids.
- You may resume your previous diet as tolerated the day after surgery with no additional restrictions or changes.

Wound Care:

- You will have a small metal abutment sticking out of the skin with a dressing around it. Leave it in place until your follow up appointment. You can gently apply antibiotic ointment 3 times per day.

Call your doctor or go to the emergency room if you have:

- a fever over 101.5 F
- pain not relieved by your pain medications
- swelling and redness around the incision or elsewhere in the neck

Follow Up:

You will need a follow up appointment at one week and four to six weeks to make sure everything has properly healed. After that we will coordinate an appointment with the audiologist to program you BAHA.

West Texas Ear, Nose & Throat (325) 793-5165



EAR TUBES POST OPERATIVE INSTRUCTIONS

PAIN: These operations are not painful. However, children may be irritable over the next 24 hours, usually from the anesthetic. Tylenol and/or Motrin may be helpful.

ACTIVITIES: Patients can return to their normal activities including daycare, school and work the day following surgery.

CARE INSTRUCTIONS: You will be given ear drops on the day of surgery. Place three drops in each ear three times a day for three days unless otherwise instructed. After three days keep these drops as they can be used to treat future ear drainage.

EAR INFECTIONS & WATER PRECAUTIONS: Clean water such as pools and showers are fine and no precautions are needed. Unclean water such as lakes, rivers, and oceans should be avoided, or ear plugs be worn. The Ear Bandit by Mac's is a great product to keep the ears dry. Soapy water should also be avoided. If the ear is actively draining, water should be avoided.

DIET: Regular diet may be resumed the day of surgery. No food or drink after midnight the day of surgery.

BLEEDING: Minor bleeding from the ear is not uncommon after ear tubes.

FOLLOW UP: Please schedule a follow up appointment to be seen 2-4 weeks after surgery. The patient will need an ENT evaluation every 6 months to check on the ear tubes until they have come out. The tubes normally stay in the eardrum for about 6-18 months.

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EUSTACHIAN TUBE DILATION

BLEEDING- There may be mild bleeding from the nose or ear after surgery. This is normal.

PAIN - There is typically very little pain following ear surgery. Motrin or Tylenol may be taken if needed.

TEMPERATURE - Generally the body temperature does not rise much above 100° following ear surgery. This rise in temperature is usually due to the fact that the patient becomes mildly dehydrated after surgery. Be sure you actually measure your temperature if you do feel warm. Please call if you have a persistent temperature above 101°.

WEAKNESS - It is not unusual after a person has had an anesthetic, or any type of operation, for them to feel weak or become lightheaded. This gradually subsides in several days with medication.

DIZZINESS - Occasionally, a patient may experience dizziness for several days after surgery. Such dizziness usually subsides within several days and is of no serious concern. If the dizziness recurs and becomes increasingly severe, the office should be notified.

HEARING - Generally, hearing cannot be evaluated for several weeks after surgery.

RETURNING TO WORK OR SCHOOL - The average patient is usually able to return to school or work the next day.

MEDICATIONS - When discharged, you may be given a prescription if you have had ear tubes placed. If prescribed an antibiotic ear drop, place three drops in the affected ear three times a day for three days.

YOUR FIRST OFFICE VISIT – At the time your surgery was scheduled you should be set up for a follow up at two to three weeks. Please call the office if this was not done. Please call if experiencing problems or if you have questions prior to this follow up.

Finally, please follow these instructions faithfully so that you can attain the desired result. If you have any further questions, please don't hesitate to call the office.

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EXCISION OF NECK MASS

PAIN: These operations are usually not very painful. However, children may be irritable over the next 24-48 hours. Tylenol and/or Motrin may be helpful. Depending of the extent of the surgery, you may also receive a narcotic pain medicine. DO NOT combine this with any other Tylenol containing product.

ACTIVITIES: Patients can return to their normal activities including daycare, school and work 3-5 days following surgery.

CARE INSTRUCTIONS: The incision will be likely be closed with skin glue. It needs to stay dry for 24 hours and it can be gently washed with a cloth. Please do not submerge the incision for 2 weeks. If stitches were used, apply antibiotic ointment twice day.

DIET: Regular Diet.

BLEEDING: A small amount of blood is normal. For heavy bleeding, severe swelling, uncontrollable pain, or fever greater than 101, please contact the clinic.

FOLLOW UP: Please schedule a follow up appointment to be seen in 7-10 days after surgery.

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Branchial Cleft / Thyroglossal Duct Cyst/Lymph node biopsy Post-Op Instructions

1. You will have skin glue or stitches to close the incision. Keep the incision dry for 24 hours. Gently wash the incision with soap and water 1-2 times a day as needed. After each washing apply a thin film of antibacterial ointment if you have stitches. If you have skin glue do not apply ointment. Do not submerge the incision for 2 weeks.
2. Avoid any activity that pulls across the incision such as shaving around the incision for at least 2 weeks. Any staples or sutures that need to be removed will be done at the follow up appointment; usually 7-10 days post-surgery.
3. Elevate the head of your bed 30° to 45° for the first 3-4 days to decrease swelling. The skin above the incision may look swollen after lying down for a few hours.
4. Avoid any activity that raises your blood pressure for one week (heavy lifting, strenuous exercising, ect.)
5. You may eat a regular diet after surgery. The nerves controlling movement of the lips, tongue, and shoulder and sensation of the tongue and ear lobes may be affected with the surgery temporarily or permanently as discussed on your pre-op visit. If temporary, the movement should improve several weeks to months after the surgery. If the oral “pucker” muscles are weak, you may drool slightly when drinking.
6. Pain can be mild to moderate for the first 24-48 hours. The sooner you can reduce your narcotic medication use, the more rapid your recovery will be. As your pain lessens, try using extra-strength acetaminophen (Tylenol) instead of the prescription pain medication to reduce constipation.

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INSPIRE POST OP INSTRUCTIONS

What to expect:

- Mild to moderate discomfort along the 2 surgical sites
- Mild sore throat for the first couple of days
- Mild soreness in tongue and some mild tongue weakness is possible
- Some swelling is normal – feel free to ice as needed
- Tongue weakness/crooked smile/lisp can occur in some patients – this will get better as you heal.

Wound Care:

- Remove the outer tape/gauze after 24-48 hours then ok to shower but do not submerge in water
- Do not remove surgical tape until post-op visit
- Ice neck incision and sleep upright if swollen

Diet:

- No restrictions, resume normal diet – if throat is sore, soups, jello and liquids can be more comfortable

Activity:

- No strenuous activity, heavy lifting, bending over, or exercise for 1 week after surgery
- Return to work is variable, but is typically OK within 2-3 days with “light duty”

Medications:

- Over-the-counter pain medications such as Tylenol (acetaminophen) or Motrin (ibuprofen) can be used as-needed for discomfort at the surgical sites
- Otherwise resume normal medications unless otherwise specified

Other instructions/suggestions:

- If you develop severe pain, swelling or redness at any of your surgical sites, a fever or other sudden changes call the office immediately

Expected/Planned Follow-up:

- Post op check at 7-14 days. After post op check, start doing light neck rolls a 2-3 times per day.
- The device will be activated approximately 1 month from the surgery date.
- You will repeat a sleep study approximately 3 months from your activation date – handled by your sleep doctor/sleep lab.

- **VERY IMPORTANT**

**PLEASE DOWNLOAD THE INSPIRE SLEEP APP (QR CODE BELOW) AND
CREATE AN ACCOUNT PRIOR TO YOUR ACTIVATION VISIT.**

Bring your remote to every Inspire appointment



Scan this QR code with
your smartphone's camera
app to download.



**FOR ANY DEVICE/REMOTE RELATED QUESTIONS, PLEASE CALL INSPIRE'S 24 HOUR
PATIENT SERVICES LINE 844-OSA-HELP (844-672-4357)**



LARYNGOSCOPY POST OPERATIVE INSTRUCTIONS

1. Throat discomfort may persist for several days. Tylenol or prescribed pain medication should relieve the pain; if it becomes worse please contact the office.
2. If any of the following occur, please contact the office:
 - Spitting up large amounts of bright red blood. Blood tinged sputum is normal.
 - Fever higher than 101.5 F
 - Inability to eat or drink
3. Call 9-1-1 or go to immediately to the nearest emergency room for:
 - Difficulty breathing, shortness of breath, abnormal wheezing, high-pitched crowing-like sound when breathing, or bluish discoloration of the lips.
4. Absolute **VOICE REST (no speaking)** for the day of surgery and no voice excessive voice use (shouting or whispering) for 2 weeks after surgery.
5. No smoking or alcohol.
6. Maintain high humidity at home with a vaporizer or sauna.
7. Follow up appointment should be about 2 weeks after surgery. Please contact the office if this has not already been scheduled.

WEST TEXAS EAR, NOSE & THROAT (325) 793-5165



INFORMATION SHEET- NASAL SURGERY (Septoplasty, Rhinoplasty, & Turbinate Reduction)

PAIN: The pain with this surgery is usually described as moderate. You will receive a narcotic combined with Tylenol, so you **cannot** take any products with Tylenol (acetaminophen) in them while you are on the pain medication. You may still take Motrin in addition to the pain medication. You should not drive while taking narcotic pain medications.

ACTIVITIES: Avoid strenuous activities for the first week. You may resume normal activities after the first week.

DIET: Regular diet

FEVER: It is normal to have a fever for the first 24-48 hours. After the first 48 hours if you have a fever greater than 101, please contact the clinic.

BRUISING: If the nasal bones had to be addressed during this surgery, it is possible to have black eyes. This is normal, and will resolve within 10-14 days.

SWELLING: If your surgery included rhinoplasty, then you may have some mild external swelling. This will resolve over weeks to months (depending on the patient). An external splint may be applied to the nose after surgery. It will likely stay in place 48-72 hours. If it is still present at the post-op appointment it will be removed. It is also very normal to have numbness of the nose and front teeth if you have had a rhinoplasty.

POST OPERATIVE CARE: At the time you pick up your post-operative prescriptions you should purchase nasal saline (i.e. ocean mist nasal spray). It is important to use this for the first two weeks to help moisturize the nose and remove blood clots and mucous. It can also be used long term to prevent recurrence of your symptoms. You should sleep with the head elevated (in a recliner or with extra pillows) for the first two to three nights to help minimize bleeding and swelling. If you have an external incision you will be prescribed an antibiotic and an ointment to place on the incision. Avoid blowing your nose for the first two weeks following surgery. If you feel congested, irrigate with saline solution.

BLEEDING: Nose bleeding is common after this surgery. Sleeping upright for the first 48 hours can help to minimize this. Saline irrigations will help keep the nose moist and to minimize bleeding and crusting. Over the counter Afrin nasal spray can also help minimize this.

FOLLOW UP: A post-operative appointment will be scheduled at the time your surgery is scheduled. If you have sutures they will need to be removed within 4-7 days.

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Parotidectomy

PAIN: You may have some moderate pain after this surgery and will be given a narcotic pain medication. You should not drive while taking this medicine.

ACTIVITIES: Patients can return to their normal activities including school and work 5-7 days following surgery.

CARE INSTRUCTIONS: The wound needs to stay dry until your first post-operative appointment. You may shower or bathe, but do not get your incision wet. You will be given an ointment to place on the incision 3 times a day. You will have a drain which will be removed when the amount of fluid coming out is low enough. The nurses will review how to care for it and record it prior to discharge. When the discharge is less than 30mL in a 24 hour period call the clinic to schedule follow up. You will receive an antibiotic ointment to place on the incision and drain site as well as an oral antibiotic. Numbness of the face and ear is common and is to be expected after surgery. It typically resolves over weeks to months. If you start experiencing significant swelling or pain after surgery, call the office for further guidance.

DIET: Regular Diet.

BLEEDING: A small amount of blood is normal. For heavy bleeding, severe swelling, uncontrollable pain, or fever greater than 101, please contact the clinic.

FOLLOW UP: Please schedule a follow up appointment to be seen in 7-10 days after surgery.

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Endoscopic Sinus Surgery Post-operative Instructions

What to Expect After Endoscopic Sinus Surgery:

- **Bleeding:** It is normal to have some bleeding after sinus surgery. You can expect some bloody discharge for the first 3 to 5 days after surgery, especially after you irrigate your sinuses. If steady bleeding occurs after surgery, tilt your head back slightly and breathe through your nose gently. You may dab your nose with tissue but avoid any nose blowing. If this does not stop the bleeding you may use Afrin nasal spray. Several sprays will usually stop any bleeding. If Afrin fails to stop steady nasal bleeding than you should call our office or the on call doctor (see contact below).
- **Pain:** You should expect some nasal and sinus pressure and pain for the first several days after surgery. This may feel like a sinus infection or a dull ache in your sinuses. You will have a prescription for a postoperative pain medication to take after surgery. If you prefer a non-narcotic medication NSAIDs such as Motrin, Advil, and Aleve work well. **Be sure that if your post-operative pain medication contains Tylenol, do not combine this with over the counter Tylenol.**
- **Fatigue:** You can expect to feel very tired for the first week after surgery. This is normal and most patients plan on taking at least 1 week off of work to recover. Every patient is different and some return to work sooner.
- **Nasal congestion and discharge:** You will have nasal congestion and discharge for the first few weeks after surgery. Your nasal passage and breathing should return to normal 2-3 weeks after surgery.
- **Postoperative visits:** You will have a number of postoperative visits depending on what surgery you have. During these visits we will clean your nose and sinuses of fluid and blood left behind after surgery. These visits are very important to aid the healing process so it is essential that you attend all those scheduled for you

What to Avoid After Endoscopic Sinus Surgery:

- **Nose Blowing and Straining:** You should avoid straining, heavy lifting (> 20 lbs) and nose blowing for at least 10 days after surgery. Straining or nose blowing soon after surgery may cause bleeding. You can resume 50% of your regular exercise regimen at 1 week after surgery and your normal routine 2 weeks after surgery.
- **Steroid Nasal Sprays:** If you were taking nasal steroid sprays prior to surgery you should avoid using these for at least 2 weeks after sinus surgery to allow the lining of the nose and sinuses to heal. Your doctor will tell you when it is safe to restart this medicine.

Postoperative Care Instructions:

- **Head elevation:** For the first two nights you should sleep in a recliner, or with extra pillows under your head to help minimize congestion and bleeding.

• **Sinus Irrigations:** You will start the sinus irrigations with the sinus rinse kits (NeilMed Sinus Rinse Kit) the day after surgery. This must be performed at least twice daily. At first they will feel strange if you haven't done them before. Soon, however, they will become quite soothing as they clean out the debris left behind in your sinuses after surgery. You can expect some bloody discharge with the irrigations for the first few days after surgery. These irrigations are critical for success after sinus surgery!

When to Call After Surgery:

- Fever after the day of surgery higher than 101°F
- Constant clear watery discharge after the first week of surgery
- Sudden visual changes or eye swelling
- Severe headache or neck stiffness
- Severe diarrhea
- Steady, brisk nose bleeding that doesn't get better after using Afrin

Who to Call After Surgery:

For questions or concerns contact the clinic at: **325-793-5165**

For emergencies such as chest pain, shortness of breath, or severe uncontrolled bleeding, or other emergent symptoms call **9-1-1** or go to the nearest emergency room.

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RHINAER® PROCEDURE

POST-TREATMENT INSTRUCTIONS

Patient Name _____ Procedure Date _____

DURING THE FIRST FEW DAYS FOLLOWING YOUR PROCEDURE:

- Avoid blowing your nose for the 1st week following your procedure.
- You may experience some mild bloody discharge, especially after a nasal rinse.
- Call your doctor if you have any bright red bleeding or bleeding is heavy.
- Perform nasal rinsing as recommended.
- Keep the inside of your nose moist using a nasal saline spray, as recommended.

DURING THE FIRST 3 WEEKS FOLLOWING YOUR PROCEDURE:

- You may experience some temporary congestion, increased sensitivity, and/or pain during the healing process.
- If needed, you may use pain medications, such as _____
- We will discuss with you continuing usage of any rhinitis medications you are currently taking.

ACTIVITIES: Most patients can return to normal activities the same day.

SYMPTOM IMPROVEMENT: Most patients begin to see improvement between 2 and 6 weeks following the treatment.

ADDITIONAL NOTES:

PLEASE CONTACT OUR OFFICE WITH ANY ADDITIONAL QUESTIONS.



POST OPERATIVE INSTRUCTIONS- TONSILLECTOMY AND ADENOIDECTOMY

PAIN: This can be a painful surgery. Younger children can usually be treated with Motrin or Tylenol, but older children and adults will typically require narcotic pain medications. If you receive a narcotic it will be combined with Tylenol for additional pain control, so you cannot take any products with Tylenol (acetaminophen) in them while you are on the pain medication. You may still take Motrin with the pain medication. In addition, adults may receive a numbing medication that can be gargled and spit to help with pain. Ear pain is also common with this surgery, do not be alarmed. It is often difficult to be pain free during the recovery period (up to two weeks), but you must control the pain enough to be able to drink (to stay hydrated). You can assess hydration by the frequency and color of the urine. If you are not urinating at the usual frequency, or if your urine is dark you are likely dehydrated. If you are dehydrated and cannot drink or your pain is out of control and you (or your child) are completely unable to drink, you should call the office during business hours or report to the emergency room for evaluation.

ACTIVITIES: Children will require one week out of school, and no PE or sports for the first fourteen days. Adults will need to be off work for two weeks. During the first two weeks adults will need to avoid vigorous activity such as working out.

DIET: Avoid crunchy and spicy foods (pretzels, chips, etc.) for two weeks. Start with very soft foods (ice cream, jello, pudding) for the first two days, and after that slowly advance toward a soft diet. The more the patient drinks, the sooner the pain will subside. Water, apple juice, grape juice, and sports drinks are excellent sources of liquid. Soft foods such as ice cream, sherbet, yogurt, pudding, apple sauce and jello, should also be encouraged. Often, chewing gum speeds comfortable eating by reducing the spasm after surgery and can be started any time after surgery. Avoid spicy foods, tangy drinks (orange juice, lemonade), carbonated drinks, and alcoholic beverages for two weeks.

FEVER: It is normal to have a fever for the first 24-48 hours. After that it is likely a sign of dehydration. Try taking your pain medication and hydrating. It is very rare to have an infection after this surgery. If you look in the mouth you will notice white or sometimes greenish scabs where the tonsils were. This is normal.

SCABS: It is normal to have white, green, or yellow tissue covering the space where the tonsils were. This is not a sign of infection.

BLEEDING: Coughing up a blood clot or a few bloody strands of mucous is normal. Anything beyond that is abnormal, and if the patient is spitting bright red blood or vomits bright red blood call the ENT clinic for guidance or report to the emergency department.

GO TO OUR WEBSITE AND CLICK THE YOUTUBE LINK FOR AN INSTRUCTIONAL VIDEO!

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Instructions Following a Thyroidectomy or Parathyroidectomy

This information is to help answer some of the questions you may have about your operation and to give you instructions to follow during your recovery period. If you have any other questions, please ask them.

Activity:

- Limit your activity for the next 24 hours. You may then gradually resume your usual activities as you feel up to it.
- No heavy lifting or pushing, active sports, strenuous exercise, or heavy household work for two weeks. Objects that cannot be lifted with one hand are considered too heavy. You may walk and do light household activities.
- You may plan to return to work in 1-2 weeks, or as instructed.

Medications:

- You can expect to have some pain the first several days. Take your prescription pain medicine as often as needed for pain. Some discomfort may persist for up to 1 week.
- Do not drive or operate heavy machinery while taking your prescription pain medication. It may make you drowsy. You may substitute Tylenol or over the counter medication containing acetaminophen for your prescription pain medicine. DO NOT take Tylenol containing medicines with your prescription pain meds as this can lead to an overdose of Tylenol. If in doubt ask your doctor or a pharmacist.
- Do not take aspirin, ibuprofen, naproxen or over the counter medications containing these medications for two weeks.
- You should resume taking all other medications except as noted by your doctor.
- If you were on any blood thinners (Plavix, Coumadin, Etc.) generally you should not take these for 1 week following surgery. Please ask your nurse before you leave the hospital about when to resume these medications.
- If prescribed, take your calcium as directed. Be sure to finish the calcium and not stop before you are scheduled to.

Diet:

- You should not have a heavy meal on the evening of surgery because of the effects of the general anesthesia. It is best to limit intake to soups and clear liquids.
- You may resume your previous diet as tolerated the day after surgery with no additional restrictions or changes.
- Drink plenty of fluids - 6 to 8 glasses of water or juices a day.

Wound Care:

- If you have skin glue you may bathe or shower as usual as soon as you like after surgery. Do not scrub the incision but it's okay to get it wet. Do not pick at or remove the skin glue until 2 weeks after surgery. If you have stitches you will need to keep the area dry until they are removed.

- You can expect some pain when swallowing or difficulty talking for the first 1-2 days. If it lasts more than 2-3 days or is severe, call your doctor.
- *If you had your whole thyroid removed, or had parathyroid surgery, you may be given calcium. If you experience numbness or tingling of your lips or fingers, take additional calcium until it resolves. You may take 2 pills every 30 minutes until resolution. If it doesn't get better, call your doctor.*

Call your doctor or go to the emergency room if you have:

- a fever over 101.5 F
- pain not relieved by your pain medications
- any active bleeding
- any trouble breathing
- swelling around the incision or elsewhere in the neck
- numbness or tingling in your hands or feet, or around your lips that doesn't get better after taking more calcium
- cramping or spasms in your hands or feet

Follow Up:

We will give you an appointment to return to the office. It is important that you keep this appointment so that your doctor can be sure you are healing and to arrange any other care you might need.

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Ear surgery post-operative sheet

SWELLING - Every operation, no matter how minor, is accompanied by swelling of the surrounding tissues. If an incision was made behind the ear, the ear may appear to protrude from the side of the head more than the opposite ear. This is the result of post-operative swelling and it should subside over a period of several weeks. It may also be noticed that there is some numbness over the top of the ear after the bandages have been removed. This is the result of bruising of the sensory nerves to the ear as a result of the incision. This numbness will gradually subside over a period of several months.

DRESSING- You will need to wear the hard shell dressing for 24 hours. You can then remove it and should wear it at night for the first seven days. After that you may wear it if you prefer

BLEEDING - There may be occasional mild bleeding from the incision behind the ear. This is usually of no concern unless there is a constant flow of blood as when one would cut a finger. If the bleeding becomes troublesome and is of concern, you should call the office. After the surgery is completed, the ear canal is packed with an absorbable material. As this material liquefies, it usually results in a bloody drainage from the ear canal. It is wise to keep a clean piece of cotton in the ear in order to collect the drainage. The cotton can be changed as needed.

PAIN - There is typically mild pain following ear surgery. There may be occasional fleeting, stabbing pain in the ear up to one week after surgery. Pain medication will be prescribed for after surgery.

CLEANING THE EAR - Any dried blood in the outer ear may be gently cleaned with a Q-tip and hydrogen peroxide. If there is an incision behind the ear, it should be cleaned twice a day with a Q-tip and hydrogen peroxide in order to remove all dried blood.

TEMPERATURE - Generally the body temperature does not rise much above 100° following ear surgery. This rise in temperature is usually due to the fact that the patient becomes mildly dehydrated after surgery. Be sure you actually measure your temperature if you do feel warm. Please call if you have a persistent temperature above 101°.

WEAKNESS - It is not unusual after a person has had an anesthetic, or any type of operation, for them to feel weak or become lightheaded. This gradually subsides in several days with medication.

DIZZINESS - Occasionally, a patient may experience dizziness for several days after surgery. Such dizziness usually subsides within several days and is of no serious concern. If the dizziness recurs and becomes increasingly severe, the office should be notified.

HEARING - Generally, hearing cannot be evaluated for at least six weeks after surgery. This is because of the fact that the middle ear becomes swollen and fills with blood as a result of the surgical procedure. Also, the entire ear canal is filled with packing material. It takes approximately six weeks for the blood and the packing material to resorb. You may begin to notice occasional popping of the ear several weeks after surgery. This is the result of resorption of the blood and entrance of air into the middle ear cavity. It is a normal part of the healing process.

RESUMING ACTIVITIES - It is advisable to sleep with the head of the bed elevated for the first week after surgery. This helps to minimize swelling behind the ear and in the middle ear cavity. The head of the bed may be elevated by sleeping on two or three pillows or by placing several pillows under the mattress. You should avoid all activities that may increase the blood pressure in the head area. Therefore, avoid all bending over and lifting heavy objects for at least two weeks after surgery. You should not blow your nose for three weeks. Try to avoid sneezing for the first several weeks post-operatively. If you must sneeze, let it come out of the mouth like a cough. Excessive coughing should also be avoided. You should avoid gym classes or strenuous athletic activity for one month after surgery. Swimming, diving and water skiing should be avoided for two months after surgery. Eyeglasses may be worn as soon as the surgical dressing is removed. Contact lenses may be inserted the day after surgery. Tub baths or showering can be resumed as soon as the patient feels strong enough to do so. The hair may be washed with someone's help. It is essential, however, that the ear canal be kept completely dry. This may be accomplished by placing cotton coated with Vaseline into the ear canal opening. Care must be used with hair dryers since the top of the ear may be numb and could be injured if care is not taken.

RETURNING TO WORK OR SCHOOL - The average patient is usually able to return to school or work one to two weeks following surgery. Return to work or school is dependent upon the amount of physical activity involved. Following simple tympanoplasty, most patients may return to their school or work activities in one week. If your job involves heavy lifting or vigorous physical activity you should plan on taking off two weeks.

MEDICATIONS - When discharged, you will be given several prescriptions. One prescription will be for an antibiotic ear drop which should be placed in the affected ear twice a day, starting two weeks after surgery. A second prescription will be for pain medication. If there is evidence of infection during the procedure you may be given an oral antibiotic as well.

YOUR FIRST OFFICE VISIT – At the time your surgery was scheduled you should be set up for a follow up at three weeks. Please call the office if this was not done. Please call if experiencing problems or if you have questions prior to this follow up.

Finally, please follow these instructions faithfully so that you can attain the desired result. If you have any further questions, please don't hesitate to call the office.

ENT Specialists of Abilene (325) 437-3687

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VIVAER® PROCEDURE

POST-TREATMENT INSTRUCTIONS

Patient Name _____ Procedure Date _____

DURING THE FIRST FEW DAYS FOLLOWING YOUR PROCEDURE:

- You may experience some inflammation and tenderness at treatment site.
- You may experience some mild bloody discharge, especially after a nasal rinse.
- Call your doctor if you have any bright red bleeding or bleeding is heavy.
- If you need to blow your nose, please do so gently.
- Do not pinch or manipulate the treatment area.

DURING THE FIRST 3 WEEKS FOLLOWING YOUR PROCEDURE:

- You may experience some congestion and crusting at treatment site.
- You may use nasal sprays/rinses, such as _____.
- You may apply ointment to treatment area, such as _____.

ACTIVITIES: Most patients can return to normal activities the same day.

SYMPTOM IMPROVEMENT: Most patients begin to see improvement between 2 and 6 weeks following the treatment.

ADDITIONAL NOTES:

PLEASE CONTACT OUR OFFICE WITH ANY ADDITIONAL QUESTIONS.