



Diagnostic Microlaryngoscopy Surgery Perioperative Instructions

We would like to make sure all your questions are answered before your procedure. We previously discussed the risks, benefits and alternatives to having the procedure at your preoperative appointment, but please contact us if you have further questions.



If you would like to learn more about your procedure, we would like to direct you to the trusted information at this website <http://www.entnet.org/content/patient-health>. We want to make sure you use only trusted sites since not all online medical information is accurate.

- It is important for your care team to know about your medications. If you take any medications regularly, please write each one down. Include dose amount and how often medications are taken. Remember to bring this list with you to your procedure. Be sure to leave your medications at home.



If your health history requires it, do not forget to obtain written clearance for anesthesia from your PCP or appropriate physician. This would have been discussed at your pre-operative appointment.



If your health history requires it, do not forget your pre-surgical testing at the surgery center. This would have been arranged at the time you scheduled surgery. You DO NOT have to fast for this work up.

Appointment date/time: _____

- Illness can interfere with your procedure, so please let us know if you are experiencing any flu-like symptoms such as fever over 100F, chest congestion, wheezing, vomiting, diarrhea or ongoing cough with mucous (phlegm).

One week before surgery

- **For one week prior to your procedure, DO NOT** take any medications that contain aspirin, ibuprofen or naproxen. Also, stop herbal medications and supplements. These medications interfere with blood clotting and may increase the risk of bleeding during and after surgery. Aspirin is found in several over-the-counter medications; for example, Anacin, Pepto-Bismol, and Alka-Seltzer Cold. Ibuprofen is an ingredient in medications such as Advil, Motrin and Pediaprofen. Naproxen sodium is found in Aleve. Some supplements and herbal medications such as omega 3, flaxseed oil, fish oil and ginkgo biloba may also increase the risk of bleeding. Check with your pharmacist or refer to information provided about the content of medications.



For pain or fever, you can take acetaminophen (Tylenol) or the pain medication prescribed by your doctor, **but not both**. Acetaminophen does not increase the risk of bleeding but too much can be harmful to your body. Many prescription pain medicines including Norco, Vicodin, Percocet and Tylenol with codeine contain this ingredient. Be sure to check the contents of your prescription pain medications.

- If you have been prescribed a blood thinner by another physician for a health condition, be sure to speak to them about when to stop/restart these or an alternate plan.
- Make arrangements for your postoperative care. As you prepare for your procedure, we encourage you to identify a care plan partner to support you during your recovery. It is important to have someone to help you for at least the first 24 hours after your procedure.



You'll appreciate having a family member or friend help you at home after surgery to assist with routine activities like cooking, bathing and getting around. If you are unable to get assistance, please let us know.

- Smoking anything or using tobacco products can cause problems during and after your procedure. We want your recovery to be as smooth as possible, so please refrain from using any of these now. If you need help stopping, please speak with your primary care doctor.

Before Your Procedure

- **Driving after your procedure**
- We don't want you to drive following your procedure, so please prepare for someone to drive you home after you have been discharged. You must also wait at least 24 hours after you have had anesthesia to resume driving.



Driving may resume as soon as you are no longer taking prescription (narcotic) pain medication, you are comfortable, have the ability to turn your head from side to side and are able to control your vehicle in the event of an emergency.

- **It's important to stay well hydrated after your procedure** so go ahead and stock up on items you will need. We recommend that you eat or drink whatever feels most comfortable after your procedure. In our experience, most find that clear fluids and soft foods are the most easily tolerated during the first 24 hours. Liquids such as water, apple juice and Gatorade are fine. It is best to avoid acidic liquids (orange juice, lemonade), hot liquids and carbonated drinks as these can increase swelling and pain.



Did you know that drinking lots of fluids will help speed up your recovery and reduce your discomfort? It will feel difficult to swallow at first, but the more you drink and swallow, the less pain you will have. Also, try room temperature liquids as they seem to cause less discomfort.

- It's a good idea to stock up on foods that will be soothing to eat so they will be available following your procedure. For example, you can try soft noodles, soups, ice cream, yogurt, puddings, mashed potatoes, eggs, cooked cereals or very soft fruits and vegetables. It is also important that you avoid hard, crunchy, spicy or hot foods, as these can irritate the throat.
- If you take reflux medications, be sure to take these both before and after your procedure. This will help prevent any injury to your vocal cords from stomach acid.

The Night Before Your Surgery

- **Don't Eat or Drink Anything After Midnight**
It's important to not eat or drink ANYTHING after midnight unless we have advised you otherwise. This is to prevent you from vomiting when you are put to sleep which could cause a problem in your lungs and elsewhere. You can take your usual medications with a sip of water unless your prescribing doctor(s) has told you otherwise. Nothing to eat includes mints, candy, cough drops and gum. Even a nibble can be grounds for cancelling your surgery.
- If your procedure is after noon**, you may have CLEAR liquids **up to two hours prior to arriving** for your procedure. This includes black coffee, chicken broth, Gatorade, apple juice and plain Jell-O (no fruit, etc. added in).

Day of Surgery

- Someone from our office will call you a day in advance to advise you on when to arrive for your surgery. The order of surgeries is often scheduled by age with children having surgery first. Bring reading material if you would like as your arrival time will be a couple of hours before your surgery.

Surgery date/time: _____

Things to Bring with You to Your Procedure

- In addition to your medication list, bring any inhalers you use, a case for eyeglasses or contacts, your insurance card and enough money for any co-payments and/or prescriptions. If you have a Social Security card or number, bring either with you as well. **DO NOT BRING** your medicines (except inhalers), jewelry (a wedding ring is OK), credit cards or large amounts of money.
- **Showering/bathing** may be resumed immediately after you return home following surgery. You have probably been looking forward to showering and/or bathing at home. It is okay to shower now or take a bath as long as the water is warm, not hot. Do not submerge your face under water at this time.
- It's common to have a low-grade fever during the first week of recovery. However, if you feel feverish, and your temperature is 102F or greater (oral thermometers are the most accurate), let us know as soon as possible.



Reminder: It's common to feel "down" a few days after a procedure. This may last for a few hours or a few days, and you may feel emotionally exhausted. Don't worry, this is a normal response and it will go away as you recover.

24-72 Hours After Your Surgery

- Now that the procedure is behind you, let's focus on keeping you comfortable and work toward a strong recovery. You're probably feeling uncomfortable today, but it is important to get up and move around a bit (following our instructions) at least three times each day. Movement helps prevent blood clots and preserve your muscle strength.
- Avoid excessive coughing or throat clearing. These actions can damage your vocal cords and delay proper healing. Also, be sure to follow our instructions about voice rest. If you have not been instructed to be on total voice rest, it is important that you use your normal tone of voice and do not talk for very long. **DO NOT** whisper, sing, scream or yell as these put much more strain on your vocal cords.



If you have been instructed to be on total voice rest, you will need to refrain from speaking at all during this time. It is helpful to have a pen and paper or a dry erase board handy for any communication that cannot be answered with shaking your head yes or no.

- You can expect to have blood-tinged sputum (when coughing) for 5-6 hours after you come home. If this symptom persists after that, please notify us as soon as possible.

Pain management



Constipation and nausea are common side effects of narcotic pain medicine. Stool softeners, a high fiber diet, apple juice or prune juice and drinking plenty of water help prevent constipation. Taking your narcotic with food helps decrease nausea.

For Two Weeks After Surgery

- Some patients may feel better in just a few days and others may take weeks to recover. You should take it easy for the first week after your procedure, gradually resuming normal activities. Do not engage in strenuous activities such as sports and exercise for at least two weeks.



We do **NOT** recommend that you travel long distances the first two weeks, as this is when issues are most likely to arise. It makes sense for you to be able to get back to us quickly in case you have any problems following your procedure.

- **Do not lift anything over 20 pounds**, including a child, for the first two weeks following your procedure. The strain of lifting puts pressure on blood vessels in the process of healing, causing them to re-open and bleed.
- You may experience a sore throat, difficulty swallowing and/or some hoarseness, a change in pitch of your voice and difficulty speaking at loud volumes for several weeks following your procedure. You may even have some numbness in your tongue. These symptoms are normal and should improve over the next few weeks.

- During the first week after your procedure, you are probably going to eat less than usual. This can result in temporary weight loss. Don't worry, you will probably gain it back after you start eating normally again. You may want to try high calorie drinks if you are not eating well. Keep drinking and stay well hydrated even if you are unable to eat much.



It is best to advance your diet from liquids to soft foods the first few days and then add in more solid foods as you can tolerate them.

Postoperative Appointment (generally 1-2 weeks after surgery)

- We look forward to seeing how well you are doing following your procedure. Please don't forget your already scheduled follow-up appointment in our office. If you don't remember the date, please let us know at (479) 750-2080.

Follow-up appointment date/time: _____

- Remember that you may resume driving once you are no longer taking prescription (narcotic) pain medication, are comfortable, have the ability to turn your head from side to side and are able to control your vehicle in the event of an emergency. If you are taking narcotic pain medication, please make arrangements for someone to drive you to and from your appointment.
- If you had a biopsy taken at the time of your procedure, we will discuss the results with you during your follow-up visit.



If you need to communicate with your Care Team directly during business hours, please call our main phone number at (479) 750-2080. If at any point you need urgent medical attention, please call 911 or go to the nearest emergency room.