

ADENOIDECTOMY

Postoperative Care Instructions



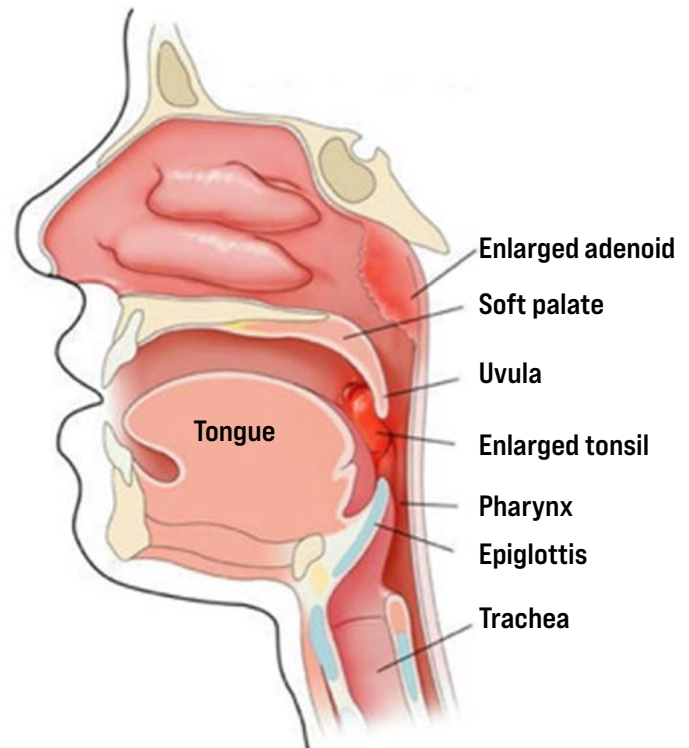
Dr. Don J Beasley, MD
Camille Buchmiller, PA-C
208-229-2368

The post-operative experience will vary for each patient. The information below includes general guidelines to help you with a smoother recovery.

Your follow up appointment in the office will be about four weeks following your procedure. If you do not have the appointment made, please contact our office at the number above to schedule when you arrive home from the surgery center.

What to Expect

- A small amount of bleeding may occur as the adenoid beds heal. If bleeding continues or occurs in large amounts, IMMEDIATELY call the doctor's office or go directly to the Emergency Department.
- An elevation in temperature is to be expected for the first 3-5 days after surgery.
- Bad breath is common several days after surgery until healing is completed.
- Snoring is common for 5-7 days until the swelling goes away.
- Head and neck congestion may occur for 5-7 days after surgery.



Activity and Care

- Limit vigorous activity the day of surgery.
- Encourage rest and quiet activity for 24-48 hours. Normal activities may be resumed after this period.

Diet

- Your child may become nauseated and vomit on the way home due to motion sickness. DO NOT feed solid food until you reach your destination.
- Begin with a clear diet and progress as tolerated.
- Push fluids after surgery. As fluids are tolerated without nausea and/or vomiting, advance to a regular diet. If nausea and vomiting occur after starting and advancing diet, return to clear liquids until solids are tolerated.
- Foods that are extremely hot should be avoided.

Medication

- Children's Tylenol, Motrin or Advil should be given for pain.

When to Call Your Doctor

- Report any evidence of bright red bleeding; if bleeding continues, call the ENT office or go to the nearest emergency room for evaluation.
- Temperature above 101.4 degrees for greater than 24 hours.
- Excessive nausea, vomiting or any concerns regarding dehydration.
- If voice has not returned to normal, or if snoring persists 1 month after surgery.

If you have any questions or concerns, call your physicians office: 208-229-2368

TONSILLECTOMY & ADENOIDECTOMY



Dr. Don J Beasley, MD
Camille Buchmiller, PA-C
208-229-2368

Postoperative Care Instructions

The post-operative experience will vary for each patient. The information below includes general guidelines to help you with a smoother recovery.

Your follow up appointment in the office will be about four weeks following your procedure. If you do not have the appointment made, please contact our office at the number above to schedule when you arrive home from the surgery center.

PAIN:

- You or your child will have severe throat pain for about two weeks following surgery
- It is common to experience ear pain, referred from the throat, during the recovery period

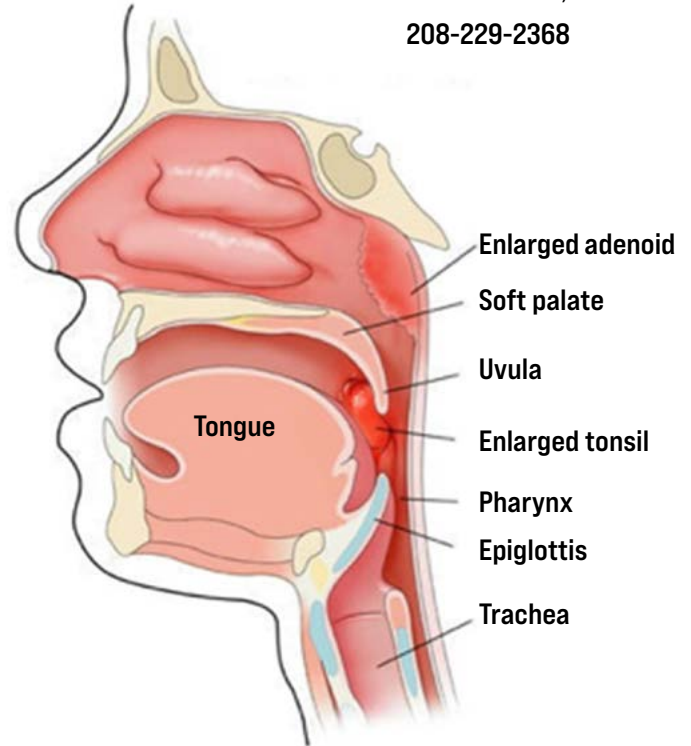
Some noisy breathing, even mild snoring, may be experienced immediately after surgery as the soft palate and uvula may be swollen. This swelling and noisy breathing should resolve within a few days.

MEDICATION:

You may take all of your routine medications as prescribed, unless told otherwise by Dr. Beasley or his PAs.

PAIN:

- It is OK to substitute Tylenol if the prescription pain medication is too strong or causes nausea
- If your child is under 5 years of age, you will not receive prescription pain medication
- We recommend alternating an anti-inflammatory/pain medication such as ibuprofen/Motrin/Advil or naproxen/Aleve with the prescription pain medication or acetaminophen/Tylenol if your child is under 5 (i.e. take the anti-inflammatory every 6 hours, alternating with the prescription pain medication or acetaminophen/Tylenol every 6 hours, so that one medicine or the other is taken every 3 hours). Alternating the 2 medications has been proven to be very beneficial for pain relief while recovering from surgery



ANTIBIOTICS:

Antibiotics are used in the initial post-op period to prevent infection while the tissues are healing.

- Ensure you finish all of the antibiotic prescription, unless you notice an adverse reaction. Call the office if this occurs.
- In an effort to avoid common reactions, we recommend taking pro-biotics or yogurt with each dose of the antibiotic.

LAXATIVES:

Constipation is a common side effect of prescription pain medications:

- It is important to stay well hydrated after surgery.
- Take a mild laxative, such as Miralax, mixed in 8 ounces of liquid. We recommend doing this every day that you are taking the prescription pain medicine.
- Avoid straining with bowel movements.

NAUSEA/VOMITING:

- You have been prescribed a medicine to help combat any nausea or vomiting

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TONSILLECTOMY & ADENOIDECTOMY



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Postoperative Care Instructions

ACTIVITY:

- No heavy lifting or vigorous exercise for 1 week following surgery.
- After 1 week, you may start easing back in to normal daily activities

DIET:

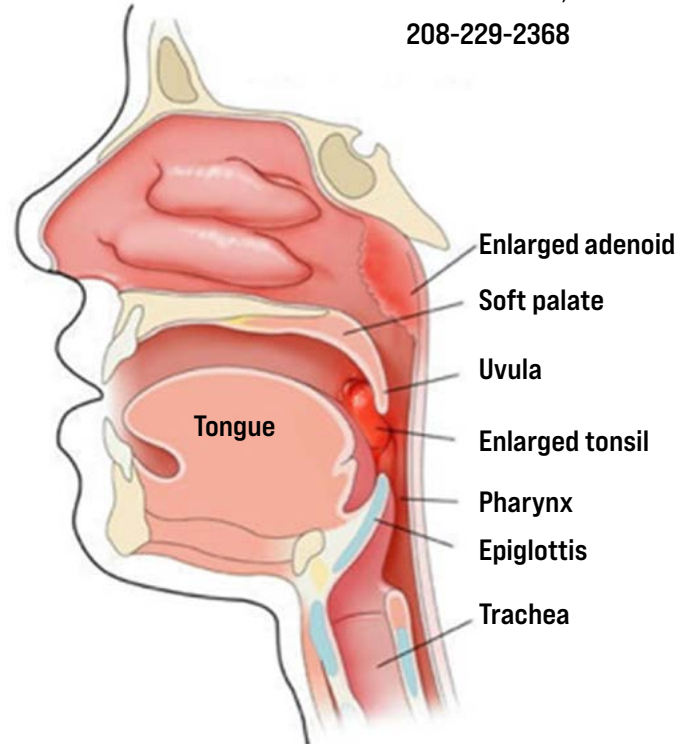
A liquid-only diet is recommended immediately after surgery:

- Good examples include water, non-acidic juices, milk and milkshakes, ice cream, Jell-O, pudding, and soup.

You may introduce soft foods as soon as tolerated:

- Examples are scrambled eggs, mashed potatoes, oatmeal, soft-cooked rice or noodles, etc.

Advance to a full regular diet as soon as tolerated.



WOUND CARE:

- A small amount of blood-tinged mucus may be expected from the nose after an adenoidectomy (removal of the adenoids).
- Blood-tinged saliva may be seen for 2-3 days after a tonsillectomy.
- Any bloody drainage after that period of time or heavier than “streaks of blood” in the mucus should be reported by calling our office.
- A white patch normally forms in the back of the throat, where the tonsils used to be.

PERSONAL HYGIENE:

- You may brush your teeth.
- Gargling is not recommended for about a week after surgery.

CONTACT YOUR SURGEON RIGHT AWAY IF:

- Bleeding heavier than “streaks of blood” in the mucus.
- Internal body temperature above 101.4 degrees for greater than 24 hours.
- Worsening throat pain more than a week after surgery.

CALL 911, OR REPORT TO THE NEAREST EMERGENCY DEPARTMENT, FOR SEVERE BLEEDING OR DIFFICULT BREATHING

Please call the office for any other postoperative concerns, questions or further instructions.

If you have any questions or concerns, call your physicians office: 208-229-2368

CLOSED REDUCTION OF NASAL FRACTURE



Dr. Don J Beasley, MD
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208-229-2368

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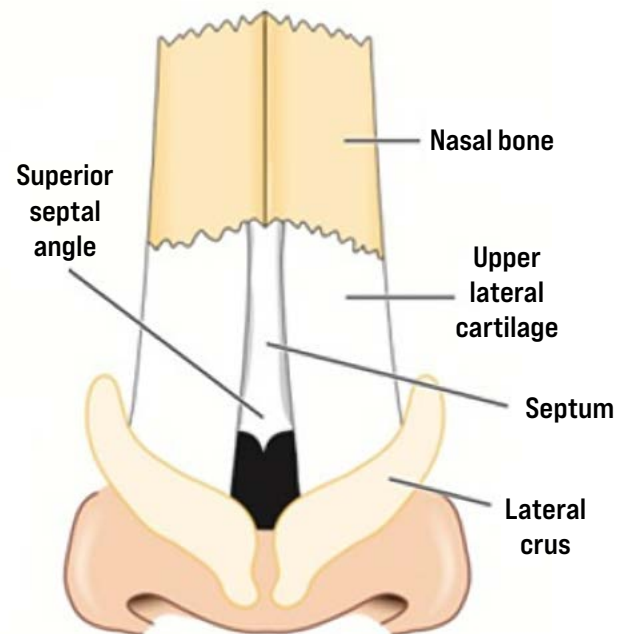
Your follow up appointment in the office will be about one week following your procedure. The nasal cast will be removed at this visit. If you do not have the appointment made, please contact our office at the number above to schedule when you arrive home from the surgery center.

What to Expect:

You will wear an external nasal cast for approximately one week following the procedure. On occasion, nasal sponge packing is placed to minimize post-operative bleeding. The nose may be congested or obstructed in the first few to several days following the procedure. This is relieved with saline spray and decongestant spray (see instructions below).

PAIN:

- Mild to moderate nasal discomfort, bruising under the eyes (black eyes) and oozing of blood from the nose is expected in the first 48 hours.
- Sleep with the head elevated for the first 48 hours; this will minimize pain and congestion. You may use two pillows to do this or sleep in a reclining chair.
- Some patients experience a mild sore throat for 2-3 days following the procedure. This usually does not interfere with swallowing.



MEDICATION:

You may take all of your routine medications as prescribed, unless told otherwise by Dr. Beasley or his PAs.

PAIN:

- It is OK to substitute Tylenol if the pain medication is too strong or causes nausea.
- We recommend alternating an anti-inflammatory/pain medication such as ibuprofen/Motrin/Advil or naproxen/Aleve with the prescription pain medication (i.e. take the anti-inflammatory every six hours, alternating with the prescription pain medication every 6 hours, so that one medicine or the other is taken every three hours).
- The prescription pain medication taken along with a medication that has anti-inflammatory properties has been proven to be very beneficial for pain relief while recovering from surgery.

ANTI-NAUSEA:

If nausea is persistent after surgery, an anti-emetic medication may be prescribed for you (e.g. Zofran or Phenergan).

If you have any questions or concerns, call your physicians office: 208-229-2368

CLOSED REDUCTION OF NASAL FRACTURE

Postoperative Care Instructions

ACTIVITY:

- No heavy lifting, straining or strenuous exercise for 1 week following the surgery.
- You should plan for 1 week away from work.
- If your job requires manual labor, lifting or straining then you should be out of work for an additional week or limited to light duty until the 2 week post-op mark.
- Walking and other light activities are encouraged after the first 24 hours.
- If you are an athlete involved in contact sports (basketball, football, soccer, wrestling, etc.) your doctor will discuss specific return to play instructions with you after your procedure. Age, level of competition, and the severity of the fracture all determine when you can return to competition. A protective mask or nasal cast may be prescribed to wear during competition.

DIET:

- You may have liquids by mouth once you have awakened from anesthesia.
- If you tolerate the liquids without significant nausea or vomiting then you may take solid foods without restrictions.
- If nausea is persistent, an anti-emetic medication may be prescribed for you (e.g. Zofran or Phenergan).
- Some patients experience a mild sore throat for 2-3 days following the procedure. This usually does not interfere with swallowing.

WOUND CARE:

- Spray the nose 3 times daily with saline solution (Ocean Saline Spray or Simply Saline bottle are available over the counter at most pharmacies) beginning the evening of surgery.
- You may also spray the nose with nasal decongestant such as Afrin (oxymetazoline) or Neo-Synephrine.
 - Two sprays to each nostril twice daily as needed for a maximum of two days following the procedure.
- Hot steam showers as needed are very helpful in relieving nasal congestion and crusting or scabbing in the nose.
- You may get the nasal cast wet in the shower 48 hours after your procedure. Let the cast air dry and dab the area around it with a towel.



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CONTACT YOUR SURGEON IMMEDIATELY IF:

- Brisk nose bleeding that does not stop after several minutes.
- Internal body temperature above 101.4 degrees for greater than 24 hours.
- Purulent discharge (pus) coming from the nose.
- Severe nasal pain or headache.

CALL 911 FOR SEVERE BLEEDING OR DIFFICULT BREATHING

Please call the office for any other postoperative concerns, questions or further instructions.

If you have any questions or concerns, call your physicians office: 208-229-2368

FRENULECTOMY

Postoperative Care Instructions



Dr. Don J Beasley, MD
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The post-operative experience will vary for each patient. The information below includes general guidelines to help you with a smoother recovery.

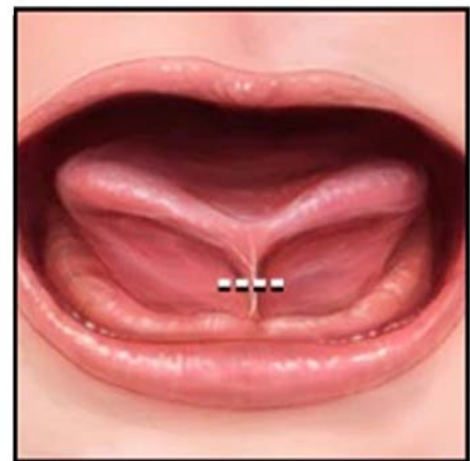
Your follow up appointment in the office will be about one week following your procedure. If you do not have the appointment made, please contact our office at the number above to schedule when you arrive home from the surgery center.

What to Expect

- Bleeding after surgery may continue for several hours. Rest quietly with the patient's head elevated. Pink or blood-tinged saliva may be seen for 2-3 days following the surgery and does not indicate a problem.
- Swelling is the body's normal reaction to surgery and healing. Swelling may not become apparent until the day following surgery and may not reach its peak for 2-3 days. Swelling may be minimized by the immediate use of ice packs. Apply the ice packs to the outside of the face 20 minutes on and then 20 minutes off while awake for the first 24 hours.
- Bad breath is common and will disappear as healing occurs. Two to three days following surgery, white, possible hard tissue may be seen in the surgical site. This signifies normal, healing tissue. Complete healing of the extraction site may take several weeks.



Lingual frenulum



Surgical cut releases frenulum

If you have any questions or concerns, call your physicians office: 208-229-2368

FRENULECTOMY

Post-Operative Instructions



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Activity and Care

- Limit vigorous activity the day of surgery.
- Encourage rest and quiet activity for 24-48 hours. Normal activities may be resumed after this period.
- With a clean or gloved finger, lift the tongue at the top of the diamond in the middle of the tongue. Your goal is to see the whole diamond open up and lengthen. It may bleed slightly when it is stretched or re-opened. This is not a concern. Begin doing this the morning after treatment. Try to make a game of it if possible and keep it playful. Repeat this 3 times a day, at various times during the day for 3 weeks. Encourage the child to move the tongue as much as possible by sticking it out and holding for 10 sec, out to the left, right, open wide and lift up, make clicking noises, and clean off the teeth. Do these exercises as often as possible, but try for at least 4 times a day.

Diet

- Your child may become nauseated and vomit on the way home due to motion sickness. DO NOT feed solid food until you reach your destination.
- Begin with a clear diet and progress as tolerated.
- Push fluids after surgery. As fluids are tolerated without nausea and/or vomiting, advance to a regular diet. If nausea and vomiting occur after starting and advancing diet, return to clear liquids until solids are tolerated.
- Foods that are extremely hot should be avoided.

Medication

- Children's Tylenol, Motrin or Advil should be given for pain.

When to Call Your Doctor

- Report any evidence of bright red bleeding; if bleeding continues, call the ENT office or go to the nearest emergency room for evaluation.
- Temperature above 101.4 degrees for greater than 24 hours.
- Excessive nausea, vomiting or any concerns regarding dehydration.
- If voice has not returned to normal, or if snoring persists 1 month after surgery.

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EPISTAXIS (NOSE BLEED)

Home Care Instructions

Why nosebleeds commonly occur:

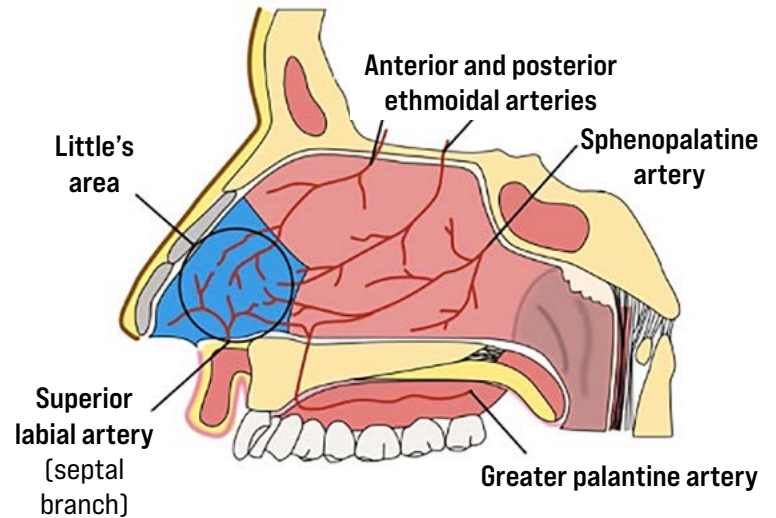
- Dry air
- Micro-trauma (picking the nose)
- Using nasal sprays not as directed or improper instillation
- Frequent colds
- Side effect of medications designed to “thin your blood”
- Snorting drugs into your nose, such as cocaine

PREVENTION:

- Spray the nose 3-5 times daily with saline solution (Ocean Saline Spray or Simply Saline bottle are available over the counter at most pharmacies). The gel formulation works well
- Use a humidifier in your bedroom overnight. Ensure this stays clean per the manufacturer’s instructions
- You may also consider ointment, such as Vaseline, applied with a clean Q-tip to the front of your nose to act as a physical barrier to help protect the area. This will also help soothe the wound
- Avoid picking your nose

IF YOUR NOSE STARTS BLEEDING AGAIN:

- If your nose is not packed, blow your nose to blow out any clots, and then immediately spray in a nasal decongestant spray such as Neo-Synephrine or Afrin (oxymetazoline)
- Sit or stand while bending forward a little at the waist
- Pinch the soft part of your nose between two fingers (below the bone)
- Do NOT pinch the bridge of the nose (between the eyes), that will not work
- Do NOT press on just 1 side, even if the bleeding is only on 1 side. That will not work either
- MAINTAIN pressure tightly for ten minutes, continuously. Do NOT release pressure at any time to “check if it is still bleeding”. Doing so will reset your 10 min timer
- If the bleeding is still severe while you are pinching or if the bleeding starts up after you let go, call the office during business hours or go to the Emergency Room if it is after hours



WOUND CARE:

- If there is packing in your nose, the doctor will schedule you to come back to the office in 2-5 days to have this removed. When this occurs depends on your condition and the severity of the nosebleed.
- If your nose is packed you can expect there to be increases in mucous production from your nose due to the irritation from the packing. This may be brown or pink since it washes out the old blood from your nose.

CONTACT OUR OFFICE IMMEDIATELY IF:

- Brisk nose bleeding that does not stop after 30 minutes, and the above steps have been taken
- If your nose starts bleeding and it is packed
- Internal body temperature above 101.4 degrees for greater than 24 hours
- Purulent discharge (pus) coming from the nose with packing in place
- Severe nasal pain or headache

CALL 911 FOR SEVERE BLEEDING OR DIFFICULT BREATHING

Please call the office for any other concerns, questions or further instructions.

If you have any questions or concerns, call your physicians office: 208-229-2368

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CLARIFIX® CRYOTHERAPY

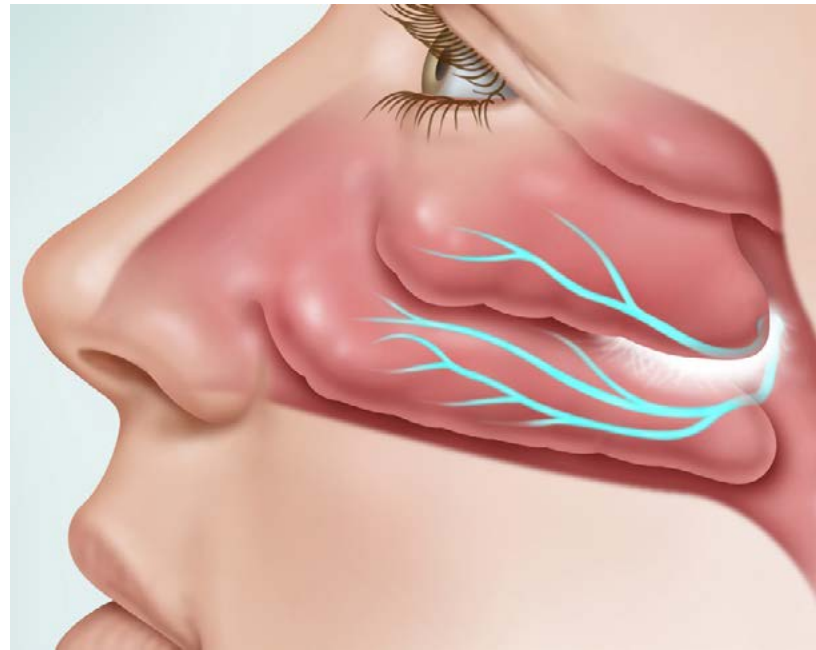


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Post-Operative Instructions

What to Expect:

- You may experience transient pain or discomfort, including headache which typically resolves in a matter of hours
- Treatment related discomfort typically resolves with 24 hours
- Most patients return to normal activity the same day
- You may experience temporary increased congestion which may last a few days
- Most patients begin to see improvement between two to six weeks post-treatment



Post-care instructions may include:

- A hot beverage just before and after treatment
- Over-the-counter analgesics
- Nasal saline irrigation
- Avoid blowing your nose for the first week

CONTACT YOUR SURGEON IMMEDIATELY IF:

There are signs of a post-operative infection, which may occur within 6 weeks after surgery:

- Internal body temperature above 101.4 degrees for greater than 24 hours
- Foul odor in the nose
- Discolored nasal secretions
- Facial pain and pressure
- Cough

If any of these signs develop, contact Dr. Beasley or his PAs to discuss treatment.

Please call the office for any other postoperative concerns, questions or further instructions.

If you have any questions or concerns, call your physicians office: 208-229-2368

NASAL CAUTERIZATION

Aftercare Instructions

The post-operative experience will vary for each patient. The information below includes general guidelines to help you with a smoother recovery.

Your follow up appointment in the office will be about one week following your procedure. If you do not have the appointment made, please contact our office at the number above to schedule when you arrive home from the surgery center.

What to Expect:

On occasion, nasal packing is placed to minimize post-operative bleeding. The nose may be congested or obstructed in the first few to several days following the procedure. This is relieved with saline spray (see instructions below).

PAIN:

- Mild to moderate nasal discomfort is expected in the first 48 hours.
- Sleep with the head elevated for the first 48 hours; this will minimize pain, congestion, and lessen the risk for re-bleeding. You may use two pillows to do this or sleep in a reclining chair.

MEDICATION:

You may take all of your routine medications as prescribed, unless told otherwise by Dr. Beasley or his PAs.

PAIN MEDICATION:

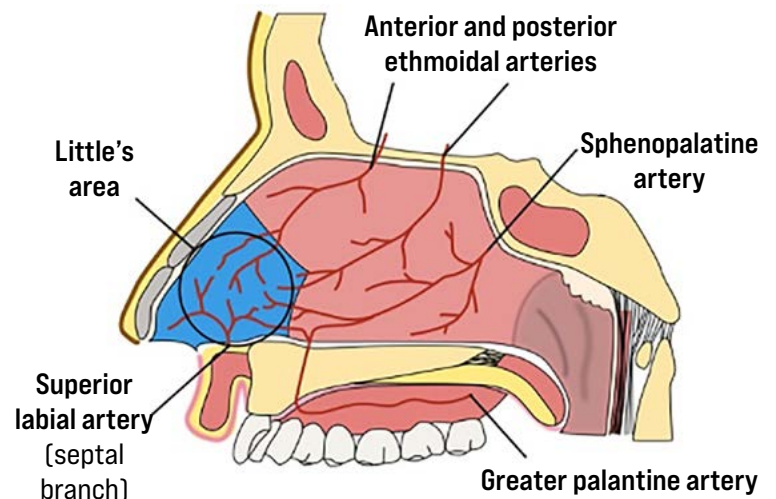
- It is OK to take Tylenol for aches, pain, or fever.
- Do not take any products containing aspirin, Motrin, Advil, Ibuprofen, or any of the non-steroidal anti-inflammatory drugs commonly prescribed for arthritis. If you are not sure if you take one of these medications, ask the doctor or his PAs. You should not take any of these medications for at least one week because they can prevent you from forming the blood clots that stop nosebleeds. If you are prone to nosebleeds, you should never take any of these medications.

ANTI-NAUSEA MEDICATION:

If nausea is persistent after surgery, an anti-emetic medication may be prescribed for you (e.g. Zofran or Phenergan).



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ACTIVITY:

- Rest at home. Do no housework. Do no cooking. Let others wait on you. Get up only to go to the bathroom, or to the refrigerator. Foods, liquids, baths or showers should not be warmer than body temperature (lukewarm, no steam).
- After two days (48 hours), if you have had no more bleeding, you may resume some of your normal activities. There are important restrictions, however, for the first week after the nose bleed. No prolonged bending is allowed (longer than it takes to pick one thing off the floor), no lifting anything heavier than 20 pounds. Foods, liquids, showers and baths should still be lukewarm for the whole week.
- You should plan for 1 week away from work.
- If your job requires manual labor, lifting or straining then you should be out of work for an additional week or limited to light duty until the 2 week post-op mark.

If you have any questions or concerns, call your physicians office: 208-229-2368

NASAL CAUTERIZATION

Aftercare Instructions



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DIET:

- You may have liquids by mouth once you have awakened from anesthesia.
- If you tolerate the liquids without significant nausea or vomiting then you may take solid foods without restrictions.
- If nausea is persistent, an anti-emetic medication may be prescribed for you (e.g. Zofran or Phenergan).

WOUND CARE:

- Spray the nose 3 times daily with saline solution (Ocean Saline Spray or Simply Saline bottle are available over the counter at most pharmacies) beginning the evening of surgery (unless there is packing in place).
- If there is packing in your nose, the doctor will schedule you to come back to the office in 2-5 days to have this removed. When this occurs depends on your condition and the severity of the nosebleed.
- If your nose is packed you can expect there to be increases in mucous production from your nose due to the irritation from the packing. This may be brown or pink since it washes out the old blood from your nose.

IF YOUR NOSE STARTS BLEEDING AGAIN:

- If your nose is not packed, blow out any clots, spray in Neo-Synephrine or Afrin (oxymetazoline) and pinch together between two fingers the part of your nose below your nasal bones tightly for ten minutes, continuously. If the bleeding is still severe while you are pinching or if the bleeding starts up after you let go, call the office during business hours or go to the Emergency Room if it is after hours.

CONTACT YOUR SURGEON IMMEDIATELY IF:

- Brisk nose bleeding that does not stop after several minutes.
- If your nose starts bleeding and it is packed, call the office.
- Internal body temperature above 101.4 degrees for greater than 24 hours.
- Purulent discharge (pus) coming from the nose.
- Severe nasal pain or headache.

CALL 911 FOR SEVERE BLEEDING OR DIFFICULT BREATHING

Please call the office for any other postoperative concerns, questions or further instructions.

If you have any questions or concerns, call your physicians office: 208-229-2368

PAPER PATCH TYMPANOPLASTY



Dr. Don J Beasley, MD
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208-229-2368

Post-Operative Care Instructions

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Your follow up appointment in the office will be about **four weeks** following your procedure. If you do not have the appointment made, please contact our office at the number above to schedule when you arrive home from the surgery center.

ACTIVITY

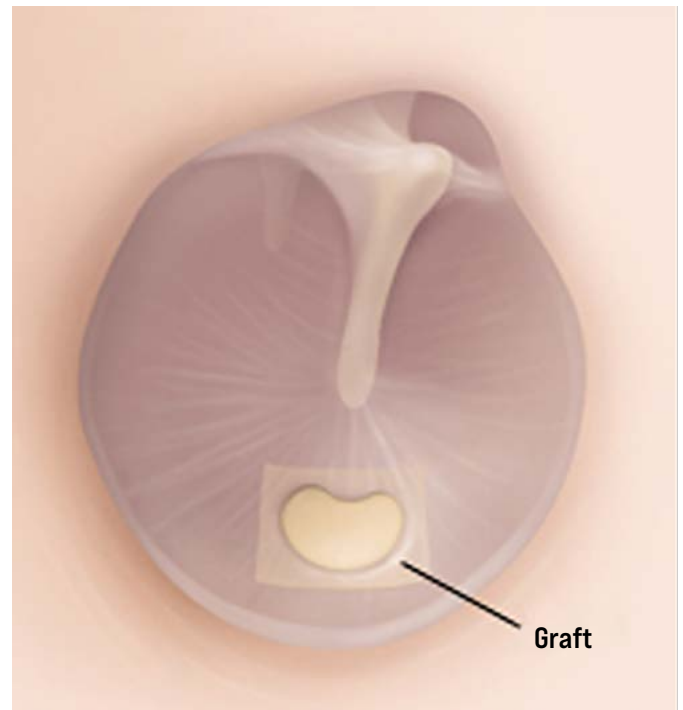
- Do not get water in ears for 1 month
- Take shallow tub baths or before your child showers or takes a bath, dip cotton balls in Vaseline® and gently place them in his or her ear to keep water out
- If your child's ear is draining, you can gently set a sterile cotton ball in his or her ear to absorb drainage, especially for the first 3 to 5 days.
- Ear drainage may be gently cleaned from the OUTSIDE of the ear with cotton swabs dipped in hydrogen peroxide, or by using a washcloth with soap and water
- NOTHING, except eardrops, should be put directly into the ear canal, and only when directed by your surgeon

DIET

- Regular Diet as tolerated

SPECIAL INSTRUCTIONS

- Notify Physician if 1 or more of the following occur:
 - Signs of infection (usually 36-48 hours), increased pain, redness, swelling, green drainage, foul odor, fever, chills
 - Large amounts of bright red blood
 - Nausea and/or vomiting that doesn't stop
 - Intolerable or severe pain
 - Elevated temperature above 101.4 F for 24 hours



If you have any questions or concerns, call your physicians office: 208-229-2368

PE TUBE INSERTION

Post-Operative Care Instructions



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Your follow up appointment in the office will be about four weeks following your procedure. If you do not have the appointment made, please contact our office at the number above to schedule when you arrive home from the surgery center.

What to Expect:

Pulling on the ears is common after PE tube insertion. This should not cause any worry unless there is drainage coming out from the ear.

MEDICATION:

You may take all of your routine medications as prescribed, unless told otherwise by Dr. Beasley or his PAs.

EAR DROPS:

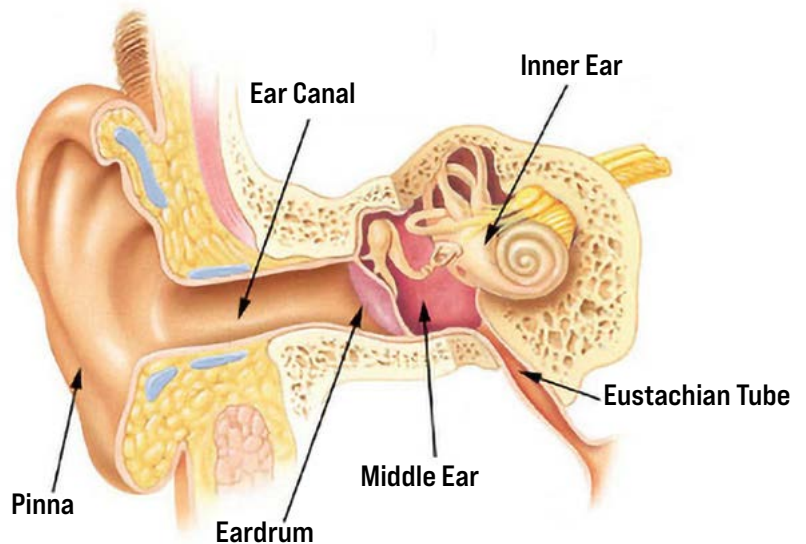
- Dr. Beasley or his PA's have prescribed eardrops following surgery.
- Please follow the instructions on the prescription.

NAUSEA:

- Nausea or vomiting may occur, this should not last longer than 12-20 hours after surgery.
- If nausea persists, please contact our office.

PAIN:

- If needed, pain medication such as acetaminophen (Tylenol) or ibuprofen (Advil, Motrin) may be given.



ACTIVITY:

- It is not unusual for your child may be somewhat tired or irritable for a few hours after surgery.
- Allow your child to resume normal activity as tolerated.

After PE tubes are inserted, prevent dirty water from entering the ear canals.

- Dirty water can carry bacteria into the middle ear through the tube and cause an ear infection.
- Dirty water includes lake, river, ocean and non-chlorinated water and excessively soapy or dirty bathtub water.
- Dirty water should be avoided or children should wear silicone ear plugs.
- No scuba diving.
- If the head is completely submerged, ear plugs should be worn.

If you have any questions or concerns, call your physicians office: 208-229-2368

PE TUBE INSERTION

Post-Operative Care Instructions



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DIET:

Since your child has had a short general anesthetic procedure, proceed slowly with his/her diet. Start with clear liquids and progress as they tolerate.

WOUND CARE:

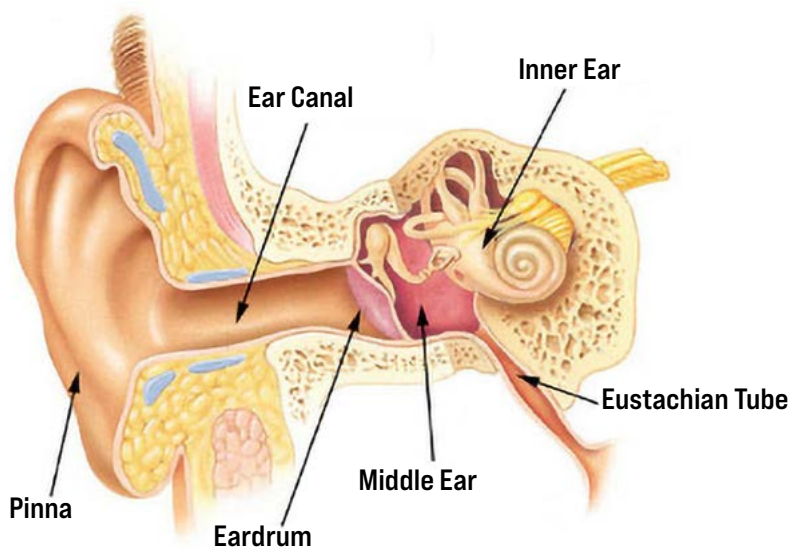
There may be drainage (clear to slightly bloody) for the first 2 to 3 days postoperatively.

- Clean any drainage from the outside of the ear with hydrogen peroxide on a Q-Tip.
- Do not worry about cleaning the inside of ear canal.
- If the drainage is different than described above, or persists beyond 48 hours, please notify our office.

PERSONAL HYGIENE:

There is generally no need for ear protection when bathing, showering, or swimming in clean or chlorinated water.

- When bathing, hair should be rinsed with fresh water from the tap.
- If the head is completely submerged, ear plugs should be worn.



Contact us or your Family Doctor when:

- If you have foul-smelling drainage (may be clear, yellow, green, brown or bloody) from the ear, this usually indicates an infection.
- If your child develops this ear drainage, ear drops are typically used to treat the infection and may be obtained from your Family Doctor, an Urgent Care, or from this office.

Please call the office for any other postoperative concerns, questions or further instructions.

If you have any questions or concerns, call your physicians office: 208-229-2368

SEPTOPLASTY AND/OR SINUS SURGERY



Dr. Don J Beasley, MD
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208-229-2368

Post-Operative Care Instructions

The post-operative experience will vary for each patient.

The information below includes general guidelines to help you with a smoother recovery.

Your follow up appointment in the office will be about 5-7 days following your procedure. If you do not have the appointment made, please contact our office at the number above to schedule when you arrive home from the surgery center.

What to Expect:

You can expect to have a stuffy nose for about 3-5 days after surgery. There may be intermittent congestion for up to 2 weeks depending on a personal history of allergies or other factors.

- Sense of smell will be diminished during this time and sense of taste may also be affected
- There may be some tenderness or numbness in your upper teeth
- You may express old clot and discolored mucus from your nose for up to 3-4 weeks after surgery, depending on how frequently and how effectively you irrigate your nose with the sinus rinses (this will be discussed at your first postop visit)
- Nasal and/or sinus debridement/cleaning is performed at post-op visits and splints will be removed if present
- Debridement may be repeated again 1-2 weeks later. This is done to remove blood, mucus and crusts that build up in the nasal passages and/or sinuses which could lead to infection or further obstruction

MEDICATION:

You may take all of your routine medications as prescribed, unless told otherwise by Dr. Beasley or his PAs.

PAIN:

- It is OK to substitute Tylenol if the prescription pain medication is too strong or causes nausea

ANTIBIOTICS:

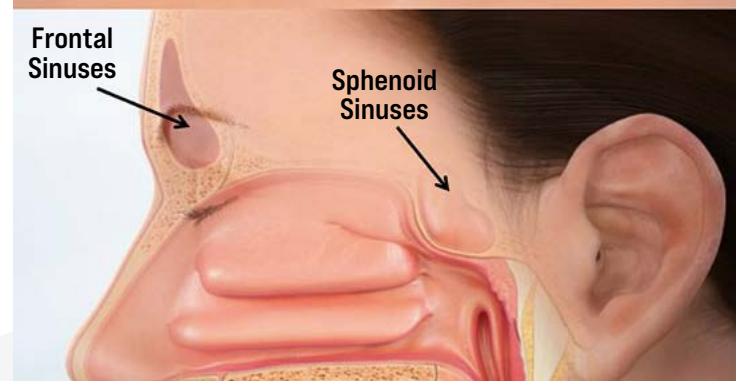
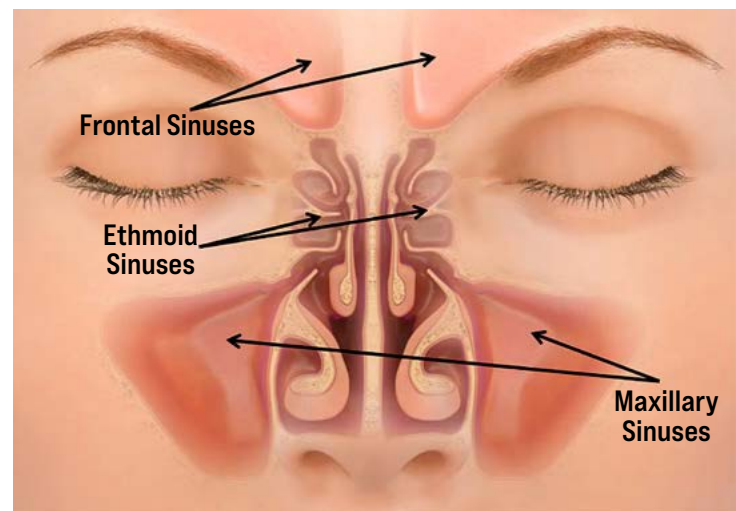
Antibiotics are used in the initial post-op period to prevent infection while the sinuses are healing.

- Ensure you finish all of the antibiotic prescription, unless you notice an adverse reaction. Call the office if this occurs
- In an effort to avoid common reactions, we recommend taking pro-biotics or yogurt with each dose of the antibiotic

LAXATIVES:

Constipation is a common side effect of prescription pain medications:

- It is important to stay well hydrated after surgery
- Take a mild laxative, such as Miralax, mixed in 8 ounces of liquid. We recommend doing this every day that you are taking the prescription pain medicine
- Avoid straining with bowel movements



If you have any questions or concerns, call your physicians office: 208-229-2368

SEPTOPLASTY AND/OR SINUS SURGERY



Dr. Don J Beasley, MD
Camille Buchmiller, PA-C
208-229-2368

Post-Operative Care Instructions

ACTIVITY:

- Do not blow your nose until cleared to do so
- Sleep with an extra pillow or two, elevating your head slightly. You do not need to sleep sitting up in a chair
- No heavy lifting (nothing more than 10 lbs) for the first week after surgery
- No bending or stooping to lift for the first week after surgery
- No vigorous exercise until at least one week after surgery and cleared by Dr. Beasley or his PAs
- No airplane travel for 2 weeks following sinus surgery (airplane cabin pressure changes can cause pain and swelling within the sinuses. You may fly sooner after nasal septal surgery alone)

DIET:

There are no diet restrictions, however:

- Alcohol consumption is not recommended
- Tobacco use is prohibited, as nicotine decreases blood flow to the healing nasal tissues and can actually compromise wound healing

Please make sure that you have eaten something the morning of splint removal; low blood sugar may make you feel faint when the splints and/or packs are removed.

WOUND CARE:

- Some oozing of blood and mucus is expected for 2-3 days after surgery, and the dressing may need to be changed frequently during the first 24 hours following surgery
 - Change the moustache dressing as often as needed
 - In case of profuse nasal bleeding, apply ice to the bridge of the nose and pinch the nose just above the tip and hold for 10 minutes
 - If bleeding continues, contact our office or consider reporting to the Emergency Department if bleeding is severe

- You may have splints in your nose for 1 week following surgery; this may make breathing through your nose difficult
- A humidifier or vaporizer may be used in the bedroom to prevent throat pain with mouth-breathing
- Frequent hot showers, breathing in steam from a pot of boiling water, or gently spraying a small amount of saline nasal spray (i.e. Ocean or Ayr nasal spray) into your nose will help break up congestion and help prevent clot or mucus from building up after surgery
- You may also clean the front of the nose and nostrils with a Q-tip dipped in hydrogen peroxide or warm soapy water. You may also apply an ointment to your nostrils using a Q-tip
- Do not pull at the splints or the suture holding them in place

CONTACT YOUR SURGEON IMMEDIATELY IF:

There are signs of a post-operative infection, which may occur within 6 weeks after surgery:

- Internal body temperature above 101.4 degrees for greater than 24 hours
- Foul odor in the nose
- Discolored nasal secretions
- Facial pain and pressure
- Cough

If any of these signs develop, contact Dr. Beasley or his PAs to discuss treatment.

Please call the office for any other postoperative concerns, questions or further instructions.

If you have any questions or concerns, call your physicians office: 208-229-2368

SMRT SURGERY

(SUBMUCOSAL RESECTION OF TURBINATES)



Dr. Don J Beasley, MD
Camille Buchmiller, PA-C
208-229-2368

Post-Operative Care Instructions

The post-operative experience will vary for each patient. The information below includes general guidelines to help you with a smoother recovery.

What to Expect:

You can expect to have a stuffy nose for about 3-5 days after surgery. There may be intermittent congestion for up to 2 weeks depending on a personal history of allergies or other factors.

- Sense of smell will be diminished during this time and sense of taste may also be affected
- There may be some tenderness or numbness in your upper teeth
- You may express old clot and discolored mucus from your nose for up to 3-4 weeks after surgery, depending on how frequently and how effectively you irrigate your nose with the saltwater spray (see further information below)

MEDICATION:

You may take all of your routine medications as prescribed, unless told otherwise by Dr. Beasley or his PAs.

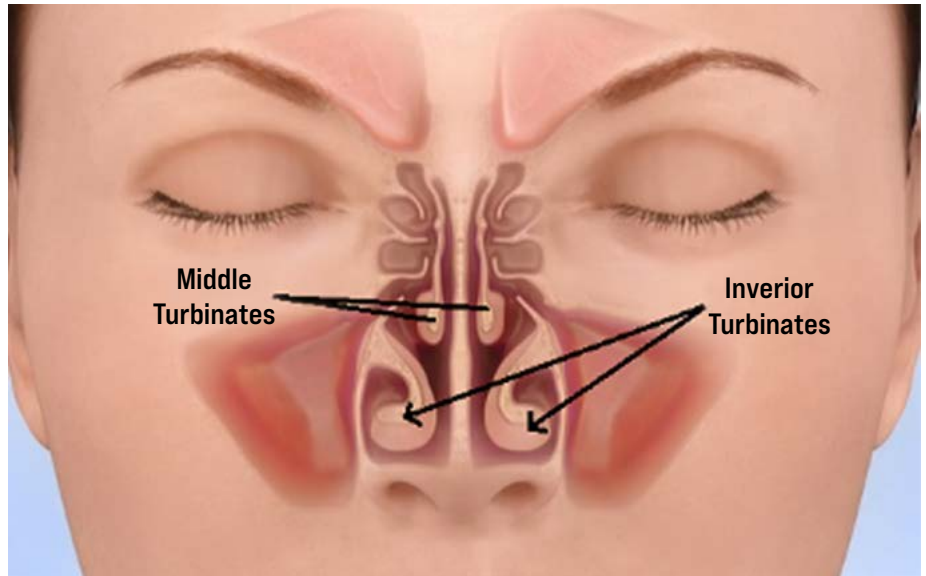
PAIN:

- It is OK to substitute Tylenol if the prescription pain medication is too strong or causes nausea

LAXATIVES:

Constipation is a common side effect of prescription pain medications:

- It is important to stay well hydrated after surgery
- Take a mild laxative, such as Miralax, mixed in 8 ounces of liquid. We recommend doing this every day that you are taking the prescription pain medicine
- Avoid straining with bowel movements



ACTIVITY:

- Do not blow your nose for the first week after surgery
- Sleep with an extra pillow or two, elevating your head slightly. You do not need to sleep sitting up in a chair
- No heavy lifting (nothing more than 10 lbs) for the first week after surgery
- No bending or stooping to lift for the first week after surgery
- No vigorous exercise until at least one week after surgery

DIET:

There are no diet restrictions, however:

- Alcohol consumption is not recommended
- Tobacco use is prohibited, as nicotine decreases blood flow to the healing nasal tissues and can actually compromise wound healing

If you have any questions or concerns, call your physicians office: 208-229-2368

SMRT SURGERY

(SUBMUCOSAL RESECTION OF TURBINATES)

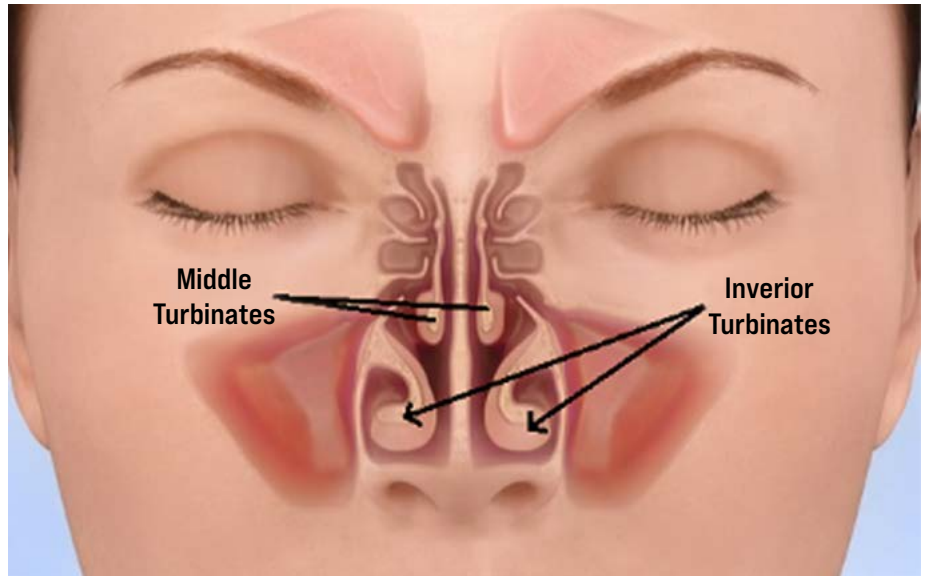


Dr. Don J Beasley, MD
Camille Buchmiller, PA-C
208-229-2368

Post-Operative Care Instructions

WOUND CARE:

- Some oozing of blood and mucus is expected for 2-3 days after surgery, and the dressing may need to be changed frequently during the first 24 hours following surgery
 - Change the moustache dressing as often as needed
 - In case of profuse nasal bleeding, apply ice to the bridge of the nose and pinch the nose just above the tip and hold for 10 minutes
 - If bleeding continues, contact our office or consider reporting to the Emergency Department if bleeding is severe
- A humidifier or vaporizer may be used in the bedroom to prevent throat pain with mouth-breathing
- Frequent hot showers, breathing in steam from a pot of boiling water, or gently spraying a small amount of saline nasal spray (i.e. Ocean or Ayr nasal spray) into your nose will help break up congestion and help prevent clot or mucus from building up after surgery
- You may also clean the front of the nose and nostrils with a Q-tip dipped in hydrogen peroxide or warm soapy water. You may also apply an ointment to your nostrils using a Q-tip



CONTACT YOUR SURGEON IMMEDIATELY IF:

There are signs of a post-operative infection, which may occur within 6 weeks after surgery:

- Internal body temperature above 101.4 degrees for greater than 24 hours
- Foul odor in the nose
- Discolored nasal secretions
- Facial pain and pressure
- Cough

If any of these signs develop, contact Dr. Beasley or his PAs to discuss treatment.

Please call the office for any other postoperative concerns, questions or further instructions.

If you have any questions or concerns, call your physicians office: 208-229-2368

MYRINGOTOMY WITH TUBES & ADENOIDECTOMY



Post-Operative Care Instructions

The post-operative experience will vary for each patient. The information below includes general guidelines to help you with a smoother recovery.

Your follow up appointment in the office will be about four weeks following your procedure. If you do not have the appointment made, please contact our office at the number above to schedule when you arrive home from the surgery center.

What to Expect

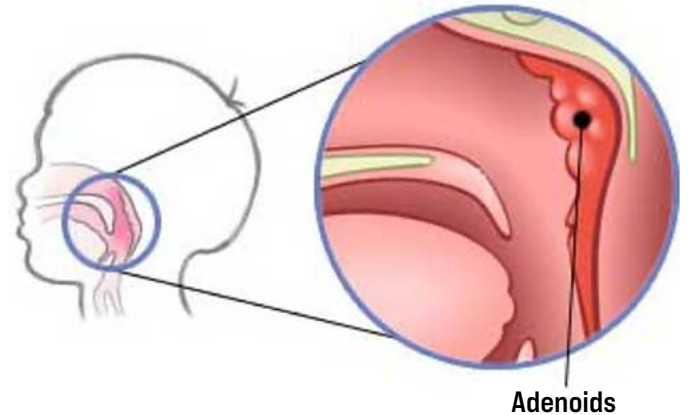
- Immediately after surgery, you may see drainage from the ear canal. There may also be drainage from your child's ear for several days after surgery. The drainage may be clear, yellow or blood-tinged. Use the prescribed ear drops as directed.
- Infrequently, ear infections may occur after tubes are in place, which will manifest as drainage or pus from the ears. To help prevent this, it is very important not to get dirty water into the ears.
- A small amount of bleeding may occur as the adenoid beds heal. If bleeding continues or occurs in large amounts, IMMEDIATELY call the doctor's office or go directly to the Emergency Department.
- An elevation in temperature is to be expected for the first 3-5 days after surgery.
- Bad breath is common several days after surgery until healing is completed.
- Snoring is common for 5-7 days until the swelling goes away.
- Head and neck congestion may occur for 5-7 days after surgery.

Activity and Care

- Limit vigorous activity the day of surgery.
- Encourage rest and quiet activity for 24-48 hours. Normal activities may be resumed after this period.
- You should never permit your child to swim until the infection is resolved. Ear plugs should be used at all times when swimming in a river, lake, ocean, or any type of "dirty" water (water with bacteria). Ear plugs do not have to be worn in clean bath water or chlorinated swimming pools.

If you have any questions or concerns, call your physicians office: **208-229-2368**

Dr. Don J Beasley, MD
Camille Buchmiller, PA-C
208-229-2368



Diet

- Your child may become nauseated and vomit on the way home due to motion sickness. DO NOT feed solid food until you reach your destination.
- Begin with a clear diet and progress as tolerated.
- Push fluids after surgery. As fluids are tolerated without nausea and/or vomiting, advance to a regular diet. If nausea and vomiting occur after starting and advancing diet, return to clear liquids until solids are tolerated.
- Foods that are extremely hot should be avoided.

Medication

- Children's Tylenol, Motrin or Advil should be given for pain.
- If drainage occurs after your post op appointment, begin drops and call our office. You should not permit your child to swim until after the infection has been resolved.

When to Call Your Doctor

- Report any evidence of bright red bleeding; if bleeding continues, call the ENT office or go to the nearest emergency room for evaluation.
- Temperature above 101.4 degrees for greater than 24 hours.
- Excessive nausea, vomiting or any concerns regarding dehydration.
- If voice has not returned to normal, or if snoring persists 1 month after surgery.

VOCAL CORD BIOPSY

Post-Operative Care Instructions



Dr. Don J Beasley, MD
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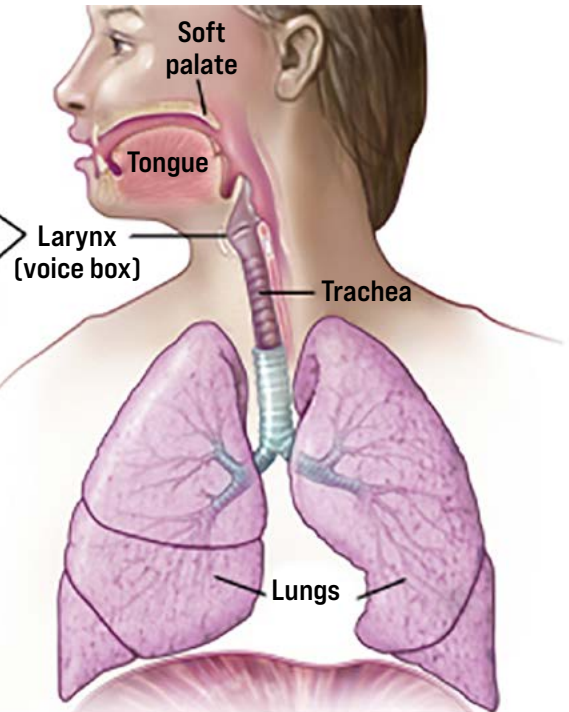
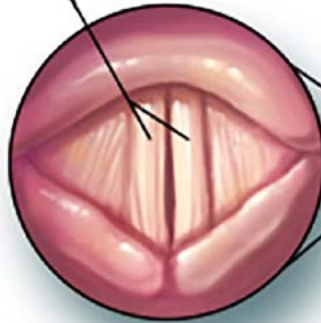
PAIN:

- Throat discomfort may persist for several days. Tylenol or Motrin/Advil/Ibuprofen should relieve the pain.

WOUND CARE:

- If any of the following occur, call our office at the number above
 - Spitting up bright red blood (a small amount of blood-tinged sputum is ok)
 - Internal body temperature above 101.4 degrees for greater than 24 hours
 - Inability to eat or drink

Vocal cords



ACTIVITY:

- Absolute VOICE REST for 2 days after surgery and no voice excessive voice use (shouting or whispering) for 2 weeks after surgery when vocal cord polyps or lesions are removed.
- No smoking or alcohol.
- Maintain high humidity at home with a vaporizer or sauna.

Follow up appointment should be about 1 week after surgery.

CALL 911 OR HAVE SOMEONE DRIVE YOU TO THE ER IF:

- Difficulty breathing, shortness of breath, abnormal wheezing, high-pitched crowing-like sound when breathing, or bluish discoloration of the lips.

If you have any questions or concerns, call your physicians office: 208-229-2368

BALLOON DILATION PROCEDURE



Dr. Don J Beasley, MD
Camille Buchmiller, PA-C
208-229-2368

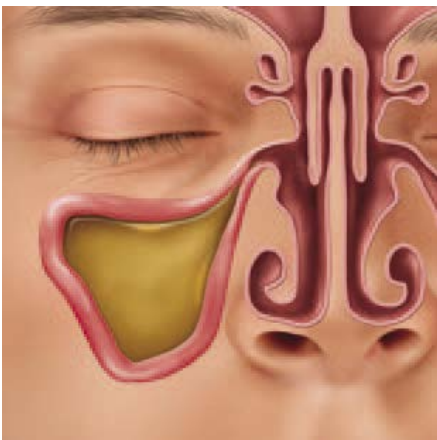
Post-Operative Care Instructions

You received:

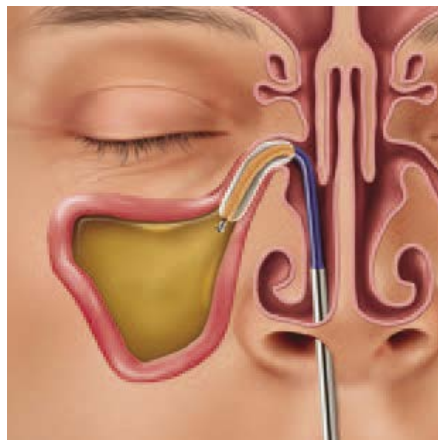
Sinus dilation Eustachian tube dilation Sinus and Eustachian tube dilation

Sinus Dilation:

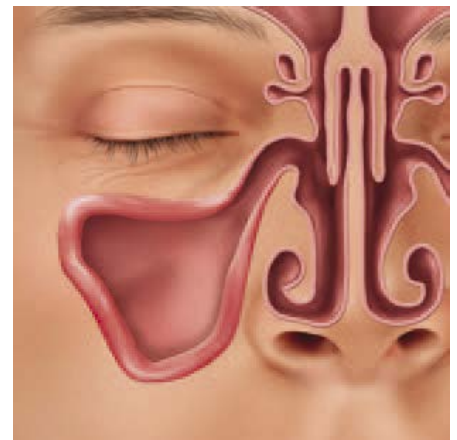
Your doctor will insert a small balloon and inflate the balloon for approximately five seconds to open the sinus pathway and restore drainage. Once the pathway is opened, your doctor will deflate the balloon and remove the device. Nothing stays in your nose. Your doctor may treat more than one sinus during your procedure.



Blocked sinus pathway



Balloon inflated



Drainage restored

Eustachian Tube Dilation



Your doctor will insert a small balloon through your nose into your Eustachian tube and inflate the balloon for approximately two minutes. Your doctor will then deflate the balloon and remove the device. Your doctor may treat the other side in the same way if needed.

If you have any questions or concerns, call your physicians office: 208-229-2368

BALLOON DILATION PROCEDURE

Post-Operative Care Instructions



Dr. Don J Beasley, MD
Camille Buchmiller, PA-C
208-229-2368

What to Expect:

- After the procedure, you may experience some numbness in your throat due to the numbing medication.
- You may experience light bleeding from your nose for a few days after your procedure.

Quick Recovery:

Many patients return to normal activity the day of the procedure. Your physician may ask you to refrain from vigorous physical activity for a period of time after the procedure.

- Schedule a follow-up appointment with your physician (seven to 10 days for sinus procedure; 30 days for Eustachian tube procedure).
- Avoid blowing your nose for the week immediately after the procedure or until your follow-up appointment.
- You may sniff inward all you want.
- If necessary, sneeze with an open mouth.
- Sleep with your head elevated on two or three pillows for 5-7 days. This will help reduce swelling.
- Moisturize your nose two or three times a day with normal saline spray or Ayr nasal spray.
- When you use the saline spray, spray it in your nose and sniff inward.
- If you use a CPAP machine, do not use it for one week after the procedure.
- You may resume a regular diet as tolerated after the procedure.
- You should not fly, scuba dive, skydive, or parachute for 2 weeks, to ensure all the swelling from the procedure is gone.
- If you have severe nausea or headaches, a heavy uncontrollable nosebleed, or have other questions about your recovery, call your doctor.

CONTACT YOUR SURGEON IMMEDIATELY IF:

There are signs of a post-operative infection, which may occur within 6 weeks after surgery:

- Internal body temperature above 101.4 degrees for greater than 24 hours
- Foul odor in the nose
- Discolored nasal secretions
- Facial pain and pressure
- Cough

If any of these signs develop, contact Dr. Beasley or his PAs to discuss treatment.

Please call the office for any other postoperative concerns, questions or further instructions.

If you have any questions or concerns, call your physicians office: 208-229-2368