

ADENOIDECTOMY

Postoperative Care Instructions



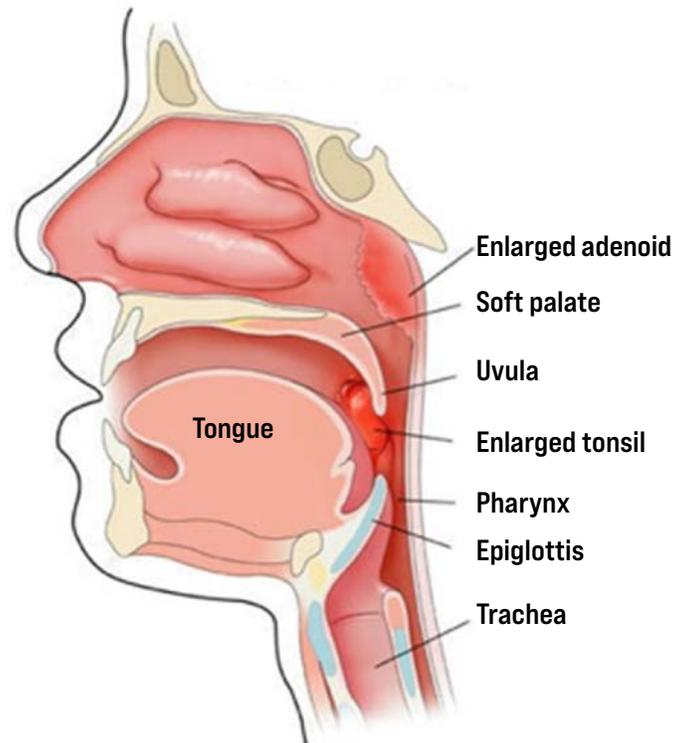
Don J Beasley, MD
208-229-2368

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

EPISTAXIS (NOSE BLEED)

After Care Instructions



Don J Beasley, MD
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 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:

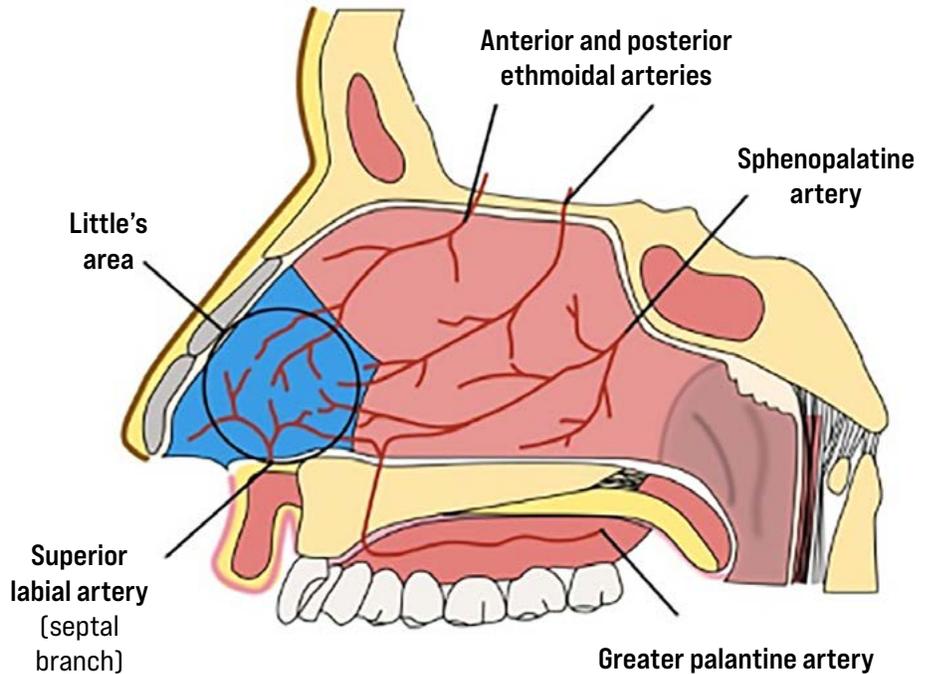
You may take all of your routine medications as prescribed, unless told otherwise by Dr. Beasley or his PAs.

PAIN:

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

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

EPISTAXIS (NOSE BLEED)

After Care Instructions

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.

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.



Don J Beasley, MD
208-229-2368

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 concerns, questions or further instructions.

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

CLOSED REDUCTION OF NASAL FRACTURE



Don J Beasley, MD
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.

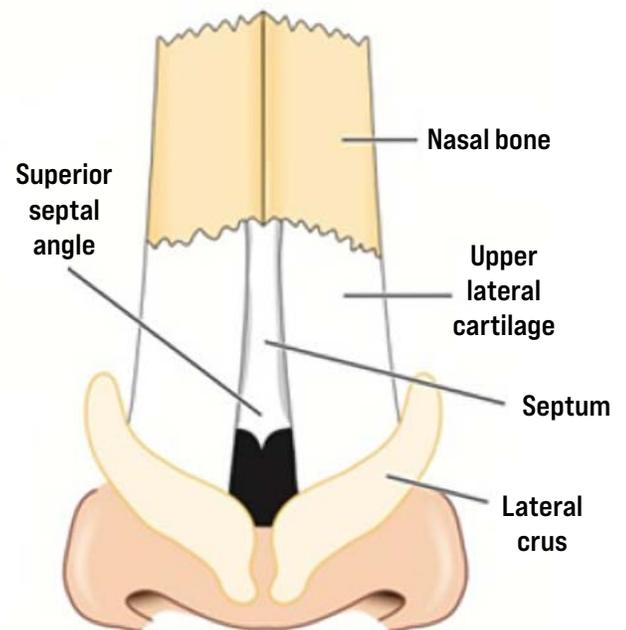
Your follow up appointment in the office will be about one week following your procedure. The nasal cast will be removed at this visit. If you do not have the appointment made, please contact our office at the number above to schedule when you arrive home from the surgery center.

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



Don J Beasley, MD
208-229-2368

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.

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