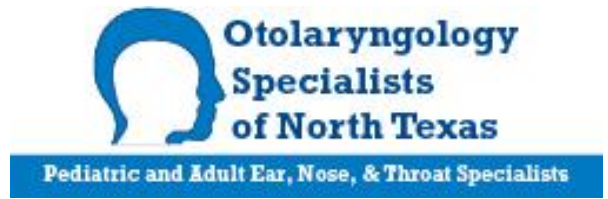


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Post-operative instructions following sialendoscopy for Dr. Brad Gamble and Dr. Michael Kubala of Otolaryngology Specialists of North Texas. Offices are located in Plano-Frisco and Dallas.

Recovery:

Recovery from anesthesia usually occurs over several hours. Following the surgery, the patient is transported to the recovery room where they are observed for approximately an hour. They are then transferred to the postoperative area to continue waking up and see if they can tolerate liquids. The patient is typically groggy and tired, but progressively improves. It is common to have a sore throat following anesthesia related to the breathing tube. Occasionally patients experience temporary numbness involving the floor of mouth inside the lower jaw, and along the side of the tongue. This usually subsides over the first few days, but can last weeks. After sialendoscopy, most patients experience transient swelling of the gland, which can last hours to days depending on the length of the procedure. The swelling is usually less painful than the episodes of sialadenitis that the patient was experiencing before surgery. Elevate the head while sleeping generally helps postop swelling and pain. Hydrating well is very important after salivary gland surgery, as salivary flow is important to resumption of normal function of the gland, and can prevent backup of saliva and infections in the gland.

Diet:

The patient is typically given clear liquids in the recovery. Ordinarily patients will be able to resume a normal diet after they recover from the anesthetic. It is a good idea to start with bland and soft food for the first 12-24 hours. If your surgery required an incision in the posterior portion of the mouth, your surgeon will advise a liquid diet initially, and provide more specific instructions for advancing this diet over the first week. Other maneuvers that **MAY** be recommended to help with increasing flow of saliva include: keeping sour candy in mouth (lemon drops, etc,) gently massaging the gland, and a warm pack.

Activity:

We typically have the patient maintain head elevation while in bed during the first week. This reduces swelling and discomfort. We suggest no heavy lifting or vigorous activity during the first week. We would request that the patient not travel out of the DFW area during the first week. It is advised not to drive if taking narcotic pain medications.

Instructions/expectations:

pain: The pain following sialendoscopy is typically surprisingly mild. Most patients have good pain control with Tylenol, Motrin, Aleve, or aspirin. Your surgeon might also prescribe some narcotic pain medication to be used if a more extensive procedure is performed. You may also receive a prescription for antiseptic mouthwash. If oral antibiotics are prescribed, it is advisable to take the full course starting the evening after surgery. It is common to have some mild throat pain for a day or two after this surgery due to the breathing tube which is in place during the surgery.

nausea: Nausea is occasionally present after a general anesthesia. If present in the hospital, the nursing staff can administer anti-nausea medications. If present after discharge, anti-nausea medications can be called in by your surgeon or their office staff.

fever: Fever is not expected after sialendoscopy. If a fever over 101 is present, please call the physician.

swelling: After sialendoscopy, most patients experience transient swelling of the gland, which can last hours to days depending on the length of the procedure. The swelling is usually less painful than the episodes of sialadenitis that the patient was experiencing before surgery. If you experience progressively increasing swelling in the region of the salivary gland, redness of the skin overlying the salivary gland or severe pain, it would be advisable to phone your surgeon.

numbness: Occasionally patients experience temporary numbness involving the floor of mouth, inside the lower jaw, and along the side of the tongue. This usually subsides over the first few days, but can last weeks.

Medications:

Pain medication(s) as per your surgeon's instructions. Commonly used medications include acetaminophen or prescription acetaminophen/narcotic. Antibiotic if prescribed by your surgeon.

Follow-up appointment:

A routine follow-up visit is usually made for about one - two weeks after surgery. This appointment is usually made by the office staff when the patient calls to set up surgery.

Notes: _____
