

Mouth and Throat Surgery

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ENT North

General Information

- After an anaesthetic, it is common to feel groggy for up to 24 hours. Children are often quite disorientated for the first hour or so. Nausea +/- vomiting is quite common after an anaesthetic. Medication can be given if this is difficult to tolerate.
- Depending on the exact operation, pain can vary from very mild to significant. Ask your surgeon about how to manage any expected pain.
- Arrange for someone else to drive you home from the hospital, and to stay with you overnight.

Pain Relief/Antibiotics

Your surgeon will provide a script for pain relief, or instructions on what to buy from the chemist. Typical types of pain relief include:

- Paracetamol (Panadol, Chemist's Own etc): use this regularly (four times a day, spread evenly throughout the day), as your 'first line' pain relief. Make sure you use the dose appropriate for your/your child's weight, rather than purely based on age.
- Numbing gargles/jelly: this often offers excellent relief. If the wound is in the mouth, leave a 'dollop' of jelly (e.g. Xylocaine Viscus) on its surface until the area is completely numb, then spit it out. If the wound is in the throat, use an over the counter gargle (e.g. Difflam, Cepacaine) to numb the area, then spit it out. These can be used multiple times a day, enabling you to eat and drink while the area is numb.
- Stronger pain relief: e.g. codeine, oxycodone. This may be prescribed as an additional medication, or in a pre-prepared mix with paracetamol (e.g. PainStop, Panadeine Forte). If using a combination medication, make sure you use it IN PLACE of paracetamol, rather than as well as this, to avoid overdosing.
- Anti-inflammatory medication (e.g., Nurofen): these can usually be used quite safely after surgery, unless your surgeon advises against them.

If your surgeon prescribes antibiotics, oral steroids, or any other medication for you, take them as directed.

Eating and Drinking

- It's usually perfectly fine to eat normal foods immediately following surgery. Your surgeon will explain if there are any restrictions in what you can eat after your operation.
- It is very important that you drink plenty of fluid during recovery. Dehydration results in increased pain, risk of readmission to hospital, and risk of bleeding.
- Acidic foods such as citrus fruits and tomatoes often 'sting' when in contact with raw surfaces in the mouth or throat. However, they won't cause any physical damage. Soft foods such as jelly, ice cream and yoghurt are often more easy to eat in the first few days.

Activities

- Take the remainder of the day off once you get home from your operation. Sometimes the 'hangover' of the anaesthetic can last through the next day, so anticipate having this off. Many people feel well enough to get back to regular activities the next day.
- If you have had surgery on your voice box (larynx), please check with your surgeon about when and how you should recommence talking and other speaking duties. Note that talking at a normal volume is less strain on your voice box than whispering. If you need to talk, do so at a normal volume.
- Check with your surgeon about when to return to work. Most people are right to get back to work after one week for desk based or 'sedentary' work, or two weeks if your job is physically strenuous. If the area operated on is quite limited, you may be back to full speed after one or two days.
- Be careful with driving if you still feel groggy from the anaesthetic, or if the seatbelt or moving your head causes pain.
- Avoid strenuous exercise (team sports, jogging, heavy weights etc) for two - three weeks after the operation, and be sensible when you recommence these.

When to Seek Medical Advice

- A fever of >38degrees.
- New fresh bleeding, increasing swelling, redness or increasing mouth, throat or chest pain.
- A 'bubbly' feeling under the skin, like bubble of air trapped there.
- Excessive pain, which doesn't respond to pain relief or excessive sedation from pain relief tablets.
- Severe pain, nausea with vomiting, or severe dizziness, especially if it persists for more than a day.
- If you/your child can't drink enough fluid/eat enough to avoid dehydration.
- If you need to return to hospital due to post-operative complications, Dr Amott advises that, if possible, both adult and paediatric patients attend Austin Health in Heidelberg. She can care for you there and has access to continuous back-up from other ENT surgeons, the Emergency Department and Operating Theatre, if those services are needed. Most other major metropolitan public hospitals also have emergency ENT services, including Royal Children's Hospital or Sunshine Hospital for paediatric patients specifically. Our other surgeons all have appointments at various public hospitals – please discuss which locations they work at if you do need to present for emergency care.
- DO NOT PRESENT TO A PRIVATE HOSPITAL EMERGENCY DEPARTMENT following discharge for any post-operative concerns or symptoms. Our surgeons do not work at these hospitals apart from their designated operative sessions and are unable to provide safe care for you at those locations outside your surgical admission.

Please call your surgeon for advice if any of the above occur, or if you have any other concerns.

Follow-Up

- For routine surgery, please make an appointment about one - two weeks after your operation to see your surgeon.
- Your surgeon may make this appointment for you after your operation. Please feel free to contact the rooms if the date, time, or location is inconvenient, as it is usually easy to change.
- If you are having voice box (laryngeal) surgery, and have been seeing a speech therapist as part of your care, please let them know when your operation is planned and book a post-operative appointment with them according to their advice. Early speech therapy after vocal fold surgery will dramatically improve your early and later recovery.