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POST-OP INSTRUCTIONS FOR NECK OPERATIONS

Parotidectomy, Thyroidectomy, Parathyroidectomy, Excision of Submandibular Gland, Carotid body tumors, Branchial cleft cyst, Thyroglossal duct cysts, Lymph nodes....

Diet

Patients who have had general anesthesia may experience some nausea and occasionally, vomiting. It is preferable to eat a bland light diet or liquid diet on the first day after surgery. Regular diet may be resumed the next day. Also pain pills can cause nausea when taken on an empty stomach. It is preferable to take this medication with some food.

Activity and Wound Care

Elevate the head as much as possible. Sit in a recliner or use two or three pillows when sleeping. Head elevation reduced bruising and swelling. Occasionally, you may notice that the bruises or swelling have migrated to other places (usually lower regions). You may have a dressing or your wound may be exposed.

Unless specifically instructed, do not remove drains and dressings. Avoid showering and keep the dressing dry. Some dressings may be sutured to the skin. Do not attempt to remove them. Drainage is expected for two to three days after surgery. Just kink the drain tubing, before detaching the bulb and emptying it. By kinking the tubing, you prevent air and old drainage from being sucked back into the wound.

Medication

An antibiotic is prescribed for 10 days following the surgery. You may also receive a prescription for painkillers in the form of Codeine or Hydrocodone. These products cause somnolence, drowsiness, and constipation. Occasionally, Phenergan suppositories may be prescribed for nausea or vomiting.

Follow-up

Please schedule an appointment to be seen in the office 2-3 days from surgery date.