



**Ear, Nose, & Throat Surgery Center
Physician Order**

Patient Label

DR. HENRY'S POST OP INSTRUCTIONS after Thyroid Surgery

Call the ON-call doctor immediately if any of the following occur:

You have a fever over 101 F (<101 is frequent for the first few days after the surgery).

- You have redness, sudden swelling or worsening pain at the surgery site.
- You have persistent nausea and vomiting.
- If you have numbness or tingling of the fingertips or around the mouth, take two calcium pills and go to the nearest emergency room.
- If you experience difficulty breathing, shortness of breath or severe bleeding, call 911 or go to the nearest emergency room.

WHAT TO EXPECT:

PAIN: You can expect neck/throat pain and neck stiffness. The pain should progressively improve over the next few days after the surgery. You may also have a sore throat/hoarseness from the placement of the anesthesia breathing tube during surgery.

Your neck may be slightly swollen as well. You may feel like you have a lump in your throat when you swallow. Throat lozenges or gargles may soothe the discomfort.

DIET: Regular diet (as tolerated). You may have a scratchy throat for the first couple of days and may prefer soft foods initially. Drink plenty of fluids.

ACTIVITY: Engage only in light activity (rest at home, watch TV, read books, etc.). Elevate your head with two pillows while sleeping. Avoid heavy activity/exercise/lifting heavy objects (>10lbs)/straining) for at least four weeks after surgery. You may carefully turn your head from side to side and look up/down. You should not drive for at least a week. Most patients take one to two weeks off to recover.

WOUND CARE: You will have a dressing over your neck. If there is gauze, then remove this after 24 hours. You will notice underneath that the incision is covered with white tape (Steri-Strips) and purplish glue. It is okay if some dried blood is on

them. You may shower, but do not scrub over the area. Pat dry. Do not soak or submerge incision underwater.

You may have a drain placed during surgery. You should empty this drain at least once daily until it is removed in the office, usually in three days.

MEDICATIONS: For mild pain, use Tylenol every four hours. Do NOT use aspirin, Advil, Motrin, ibuprofen, Aleve or vitamin E, as these increase your risk of bleeding. You may be prescribed antibiotics; take them as directed. You may use the prescribed pain medicine every four hours for moderate to severe pain. Do not drive while taking narcotic pain medications. Narcotics may cause constipation; stool softeners such as over-the-counter Colace or dulcolax may help. You may be prescribed antibiotics; take them as directed.

If the surgeon removed your entire thyroid gland (total thyroidectomy), a thyroid hormone replacement pill such as Synthroid or levothyroxine is necessary and will be prescribed. The dosage may need to be adjusted and is usually monitored by your endocrinologist. Your doctor may also prescribe calcium pills for a few weeks. Numbness and tingling of the fingertips or around the mouth are signs of low calcium in your blood, and this situation requires urgent treatment.

POST-OP VISIT: If you have a drain, you will follow up in the office 3 – 5 days after surgery to have it removed. The next visit will be about 7-14 days after surgery to check your wound and discuss your results.