

Randall S. Lomax D.O.

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Neck Surgery / Parotid Gland / Submandibular Gland / Neck Dissection After Surgery Care Information

Activity:

- Avoid strenuous exertion including heavy lifting, bending, and straining for 1-3 weeks after your surgery. Your doctor will let you know when it is ok to resume strenuous activity.
- General anesthesia can affect physical coordination and mental abilities. You should not make any major decisions, drive, cycle, etc. for 24 hours after the anesthetic.
- Avoid looking up for 1-3 weeks as this can potentially cause your surgical incision to open up. Limit chewing and facial expressions that put stress on the incision until cleared by your doctor.

Diet:

- Unrestricted - resume your usual diet. Start with clear liquids and advance your diet as tolerated after surgery. A mild sore throat is not atypical for 3-5 days after surgery.

Medications:

- For the best surgical result, take all medications as prescribed.
 - No aspirin or aspirin-related products (such as Advil, Aleve, Motrin, Ibuprofen, *etc.*) should be taken for at least 10 days following surgery.

Tylenol	Please take 1000 mg every 6 hours
Oxycodone	A pain medication such as oxycodone may be given. Take it in addition to scheduled Tylenol for moderate / severe pain that is not controlled with Tylenol. Do NOT drive while taking this medication
Keflex / Clindamycin	If an antibiotic is given, please take as directed to completion

Wound care:

- Keep the operated area **dry** unless otherwise instructed.
- If you have a **pressure dressing** (large dressing or head wrap with large tape) over your incision, you may remove it carefully in 24 hours.
- **Steri-strips**, (tapes on skin), should be left in place as long as possible. If the tapes come off before your first scheduled postoperative visit, call the office for instructions. If steri-strips peel up on the edges, the edges can be carefully trimmed back.
- If your incision was not taped/covered, then you should gently cleanse the area with a 1:1 ratio of **hydrogen peroxide and water** three times per day. Clean parallel to the incision to avoid pulling the incision apart.
- If a crust forms around the incision line or over the area, do NOT remove it, but clean with the hydrogen peroxide and water gently.
- Apply **bacitracin or polysporin ointment**. You may need to purchase ointment if none was supplied to you after surgery. **Do NOT use Neosporin.**

Special precautions:

- Avoid cigarette smoking or exposure to smoke filled environments as much as possible. Smoking can negatively affect your overall healing. If you currently smoke and are interested in stopping, please notify us. We can provide helpful information.



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Drain:

- Some patients are discharged with a thin drain tube and reservoir called a grenade.
- **Instructions:** Every 12 hours empty the grenade and record (on paper) the amount of fluid collected, the date, and the time. Discard the fluid that is removed from the grenade. Bring the paper with the recorded amounts to your after surgery appointment.
 - Please **call the office daily** with drain output totals. Once drain output is less than 25-30 mL in a 24 hour period, the office will schedule an appointment to have drain removed.

Call the doctor's office for:		(702) 834 - 5886
Infection	Yellow or white discharge from the drain or surgical site may indicate infection. Other signs or symptoms include: increased pain, increased redness, increased swelling, fevers, or general feeling of unwellness (flu-like symptoms).	
Bleeding / Hematoma	Increased swelling with increased pain, dusky surgical site appearance, or significant increase in drain output that is bright red blood are signs of bleeding or hematoma (blood collection under skin) formation.	
Fever	It is normal for the patient to have a slightly higher temperature after surgery. The higher temperature can last a few days. This is normal. Please call the office if the patient has a moderate to high temperature (greater than 101 degrees orally).	
Pain	If the pain is not helped by routine and/or prescribed medication or the pain is getting worse, it should be reported to the doctor.	
Parotidectomy-specific	<p>The nerve controlling the blinking, eye-closure, and half of the face may have been affected by the surgery temporarily or permanently as discussed during your before surgery visit. Follow instructions given by your doctor.</p> <p>It is likely the ear lobe on the side of your surgery will be numb. This typically is temporary, but you will need to take precautions to prevent sun exposure or extreme cold exposure to avoid sunburn and/or frostbite for now.</p>	
Follow-Up	<p>If the follow up visit for after surgery is not already scheduled, please call the office. This visit should be 6-10 days after your surgery.</p> <ul style="list-style-type: none"> • If you have a drain, you may need to follow up 1-3 days after surgery for drain removal. See drain section for details. • Sutures and staples (if present) are typically removed 5-10 days after surgery. Final pathology results will be reviewed at this appointment. 	

If the office is closed, your phone call will go to the on-call ENT doctor.

If you are unable to reach the on-call ENT doctor, **go directly to the Emergency Room (NOT an urgent care)**. There will be a doctor there to treat the patient and to notify your doctor. However, it is best to talk to your doctor first.

If you are unsure about any of the above items or have questions, please contact our office at (702) 834-5886 from 8:00am to 5:00pm Monday through Friday.

After hours, if you have an emergency, call the office number first and you will be connected to the on-call doctor. If you can't reach the on-call doctor, go to the emergency room.