



Daniel L. Wohl, M.D., P.A.

4114 Sunbeam Rd., Suite 403

Jacksonville, FL 32257

(904) 262-7368

INSTRUCTIONS FOR PARENTS

GENERAL “ENT” SURGERY

Index

Introduction **Page 2**

This section highlights the various reasons for general “ENT” surgery.

Goal of Surgery **Page 2**

ENT surgery is recommended to help improve your child’s quality-of-life.

Recovery **Page 2**

Your child will most likely be discharged on the day of surgery. Full recovery is variable depending on the type of procedure performed.

Discharge to Home **Page 2**

Most children can go home the same day of a diagnostic procedure.

Post Operative Pain **Page 3**

Significant post-operative pain or discomfort is dependent upon the procedure performed.

Fever **Page 3**

A post operative fever beyond 2-3 days is not expected and should be reported.

Bleeding **Page 3**

Significant bleeding is not expected, any bleeding concerns should be reported.

Nausea & Vomiting **Page 3**

Some children may experience mild nausea and vomiting early on. Excessive vomiting is not expected and should be reported.

Diet **Page 3**

Return to a normal diet should be gradually expected.

Activity **Page 3**

Some children may require certain activity restriction based on the procedure performed.

Medications **Page 4**

Some prescription medications may be prescribed dependent on the procedure performed.

Follow-Up Appointment **Page 4**

A post-operative office consultation is requested.

Telephone Instructions **Page 4**

Please call during our office hours or if you have an Emergency call (904) 262-7368.



The following instructions are presented for your review before, during, and after your child's surgery. Please understand that every child is unique and that these instructions are offered as guidelines. Every child will handle each situation differently and every parent is similarly entitled to respond uniquely to their child's needs during the recovery and postoperative period of time.

Thank you.

Introduction:

Your child has been recommended for “Ear, Nose & Throat” surgery. Most parents are aware of the more commonly performed procedures, such as “tubes” or “tonsils.” However, ENT surgery is also performed for a wide variety of head and neck lesions and related disorders. Your child may have a major sinus or chronic ear infection requiring extensive dissection. Or, your child may have reasons for the airway and swallowing passageways to undergo a thorough endoscopic evaluation. Sometimes, ENT surgery is performed so that your child will be under anesthesia for removal of an ear or nose foreign body, to repair a broken nose or deviated septum, to sew together injured facial skin, or to manage a mass in the neck or throat. There are many more possibilities, of course, as otolaryngologists are well trained to take care of most problems in and about the head and neck region.

What is the Goal of “Ear, Nose and Throat” Surgery?

In general, ENT surgery is recommended to improve your child's quality-of-life. Usually, surgery will help fix an anatomic or physiologic problem. Sometimes, the procedure will help obtain an accurate diagnosis for your child's symptoms and signs. Whatever the indication, your ENT doctor will customize the procedure for your child based upon a thorough review of the medical history in context with the physical findings.

Recovery:

Most ENT surgery is out-patient surgery so your child will most likely be discharged to home on the same day or, possibly, the next day. The timeframe for full recovery is variable depending on the procedure and recommendations for your child's return to normal activity will be discussed with you. Some patients will require more pain medication than others because of what was done or simply because of their age. Local wound care may need to be maintained if an external incision/excision is performed until complete healing has occurred.

Discharge to Home:

In general, the timing of your child's “discharge to home” from the hospital is determined by the type of procedure performed, balanced with the parent(s) level of comfort with the required postoperative care. In general, if your child is breathing spontaneously, if there is no evidence of postoperative bleeding, if their oral intake is baseline satisfactory, and if there is no excessive nausea or vomiting, there are usually no restrictions to discharge. When you feel you are capable of handling the postoperative care, discuss this with your nurse as they can prepare you and your child for discharge.



Post-Operative Pain:

Pain occurs after surgery to varying degrees depending on the individual child, as well as the extent of the surgery performed. We suggest giving pain relief with non-narcotic acetaminophen (*Tylenol, Panadol, Tempra, etc.*) every 4-6 hours for the first 24 hours, and then every 4-6 hours as needed. You may have to set your alarm to get up and give the medications if “around-the-clock” pain management is suggested.

In older children, Dr. Wohl may prescribe **acetaminophen with codeine or hydrocodone.** **This medication is a narcotic and is to be used only as directed.** It can be given if the standard, non-narcotic acetaminophen dosing does not give adequate pain relief. **Ibuprofen, (Advil, Nuprin, Motrin, etc.) a non-steroidal anti-inflammatory medication, can be given for pain relief if approved in advance** as this class of medications can inhibit the function of natural clotting factors, something to avoid if major surgery is planned. **We do not recommend giving aspirin to your child.**

Fever:

A low-grade fever for 2-3 days is not unusual after any surgery. It is often a response of the lungs to general anesthesia and usually resolves with deep breathing. You should take your child’s temperature with a thermometer if you think it is high. A temperature up to 101 degrees F is generally acceptable within three days of surgery. Remind your child to breathe deeply on a regular basis. **Please contact us if temperatures above 101 degrees F persist beyond 2-3 days after surgery - OR – if your child’s fever does not respond to medication (eg. Acetaminophen).**

Bleeding:

Bleeding is not expected to any great degree after most ENT surgery. There may be a small amount of anticipated “spotting” that might occur over 1-2 days depending on the procedure. Please contact us if bleeding concerns develop in the post-operative period.

Nausea & Vomiting:

Some children experience mild nausea or occasional vomiting after surgery. This problem is often a response to general anesthesia, or to any blood that was inadvertently swallowed, and would be anticipated to resolve within one or two days. One or two episodes of vomiting are not unusual early on. You may have been provided with a prescription for an anti-nausea medication that you can use as directed. Excessive vomiting is not expected and should be reported.

Diet:

Depending on the surgical procedure, most children can resume a regular-for-age diet once the effects of general anesthesia have worn off. If intraoral surgery was performed, your child would benefit from avoiding hot liquids or spicy foods for 48 hours following surgery.

Activity:

A recommendation for post-operative activity restriction may be appropriate. The timetable for gradual return to normal activities will be discussed with you and your child. This may include no swimming, diving, routine exercising, or strenuous sport events. We may discourage nose blowing and may ask that your child sneeze with their mouth open for a short period of time. The goal is to maximize the potential for healing, while minimizing the risk for bleeding or other complications.



Medications:

You may receive one or more prescriptions for your child's post-operative care. The Pediatric Out-Patient Surgery team will most likely ask if you want to have the prescriptions filled before you leave the hospital. Please assure your comfort with the recommendations.

Follow-Up Appointment:

A post-operative follow-up appointment is usually prearranged for anywhere from one week to one month. If a post-operative follow-up appointment has not already been made, please call our office within one or two days following surgery so that a convenient postoperative follow-up appointment can be scheduled. If there is non-absorbable nasal packing or if a nasal splint was placed, the routine first post-operative follow-up examination is usually scheduled within 1-2 weeks after surgery. If non-absorbable sutures ("stitches") were placed, the routine first post-operative examination is usually scheduled for approximately 2-3 weeks after surgery. The specific timeframe for your follow-up appointment(s) will be discussed with you.

Telephone Instructions:

We encourage you to contact our office for routine or urgent questions during regular office hours, if possible. If you have urgent after hours questions, you can call our office at (904) 262-7368, and follow the prompts to contact Dr. Wohl or the on-call physician.

