



**SCENT**  
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DRS. BERGHASH & LANZA, P.L. D/B/A  
**South Coast Ear, Nose & Throat**

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## POSTOPERATIVE INSTRUCTIONS FOR LOBECTOMY/SUBTOTAL/TOTAL THYROIDECTOMY

The following guidelines should help during the first week after surgery. Although individual responses vary widely following any operation, you (or your child) can expect to return to normal in about ten (10) days.

**ACTIVITY:** For a day or two (2) it is wise to restrict the patient to either couch or bed rest, but he/she may be allowed to go to the bathroom. Plenty of sleep is necessary and naps are often advisable. For the first few days public places where the patient might encounter infection should be avoided. Strenuous activities should be limited for two (2) weeks. Patients usually return to school/work in one (1) week.

**DIET:** After discharge from the hospital or surgery center, adequate fluids are essential and may be given in almost any form such as water, soda, juice, jello or popsicles. Encourage fluids for at least ten (10) days. Drinking citrus fruit juices, pineapple and tomato juice may sting due to the acid, and should be discouraged. Soft foods are tolerated best at first and should be encouraged. Highly seasoned or very scratchy food should be avoided. Normal diet can be advanced as tolerated.

**PAIN:** Pain and discomfort varies with each patient after surgery. Medication may be prescribed to help control pain, take as directed. You may also use Tylenol or Acetaminophen.

**FEVER:** Very slight elevations of temperature during the first few days are usual. If the temperature goes above 101.5 degrees, please contact us. See contact information below.

**VOMITING:** Nausea and vomiting may occur following anesthesia and usually clears after the first day. If persistent nausea and vomiting occurs after the first day at home, please contact us. See contact information below.

**INFECTION:** Infection of the wound is very rare after surgery. It would present as swelling and/or redness of the wound with tenderness. A fever could also occur. Call the office if you think you may have an infection to be scheduled sooner than your regular post operative appointment.

**WOUND CARE:** After surgery you may have a drain, which prevents fluid from building up in the wound. This is removed after the fluid accumulation is minimal, usually the first day postoperatively. The neck incision should be cleaned with peroxide three (3) times a day, followed by a coating of polysporin ointment. This will improve wound healing and lead to a more asymmetrically acceptable scar. Wearing a bandage or dressing is optional. The sutures or staples will be removed approximately one (1) week post-op.

**DIFFICULTY SWALLOWING:** This is rare and clears up in the first week.

**VOICE CHANGES:** A hoarse voice-or change in voice is rare and typically clears up after a few weeks.

**MEDICATIONS:** Medication may be prescribed to help control pain, take as directed. You may also use Tylenol or Acetaminophen. If you have been prescribed an antibiotic take as directed. You may resume any other medications that you use regularly. If taking pain medications, avoid drinking alcohol or other dangerous situations.

**DO NOT TAKE ASPIRIN OR ASPIRIN CONTAINING MEDICATIONS FOR AT LEAST THREE (3) WEEKS.**

**FOLLOW-UP VISIT TO THE OFFICE:** If a postoperative appointment has not been made for you, please call the office the day after surgery to arrange an appointment within one to two (1-2) weeks following the surgery.

**PROBLEMS AND QUESTIONS:** For any problems that arise, or to ask any questions, please call the office during regular business hours at (772) 398-9911, (772) 464-6055, (863) 357-7791 or contact the Answering Service after hours by dialing (772) 320-0040. Drs. Berghash, Lanza, Wright or Zeiders are on call after hours and weekends for emergencies.