



**OTOLARYNGOLOGY - HEAD & NECK SURGERY
FACIAL PLASTIC & RECONSTRUCTIVE SURGERY**

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**MOHS RECONSTRUCTIVE SURGERY POSTOPERATIVE
INSTRUCTIONS
CARSON WILLIAMS, MD**

You have undergone the procedure MOHS RECONSTRUCTIVE SURGERY in which the tissues of your face, neck, ears and/or scalp have been repaired. After your surgery has ended, you will be taken to the post-anesthesia care unit and given time to recover under the watchful eye of anesthesia doctors and nurses. Here, once you're awake, you'll be allowed to drink clear liquids and have something small to eat, if you choose. You will likely have some moderate swelling of the operated area and a feeling of tightness and mild discomfort; this is normal. You will have ointment covering your incisions and raw surfaces and possibly some small additional wound dressings. Your surgeon expects you to do very well recovering from this procedure and he thinks these instructions will help to improve the recovery process, answer common questions and serve to calm the nerves of the healing patient.

THINGS TO EXPECT

PAIN: Postoperative pain is an unavoidable reality, however there are many ways your surgeon and you can minimize that discomfort. First, it is likely your pain will be fairly low or non-existent in the recovery room. This is because of numbing medication that has not yet worn off. An increase in pain within the first minutes to hours after surgery is expected. If indicated, your surgeon will provide you a prescription for a strong pain reliever. It is imperative to take this medication only as directed because it can cause serious complications if misused. These strong pain relievers typically are taken every 4-6 hours as needed for pain. PLEASE DO NOT TAKE THEM MORE OFTEN, OR IN HIGHER DOSES, THAN DIRECTED. After the first few days, typically nothing more than a few Extra Strength Tylenol is needed for pain. Please DO NOT take medications like Ibuprofen, Motrin, Aleve, Aspirin, or other NSAIDs as these all increase the risk of postoperative bleeding and bruising. Elevating your head when lying down decreases pain, swelling and the throbbing sensation typical of postoperative pain. If your pain is not controllable after taking these measures outlined above, please call your doctor to receive further instruction.

DRAINS: There is a possibility you will have one or more surgical drains left in place. This is standard care and not to be worried about. This helps to draw off excess fluid from the operated area to improve healing. The postoperative nurses will have taught you how to care for the drain, and you may always contact your surgeon with questions. The drain(s) will be removed at the first postoperative visit. Please note the color of the drainage may be dark red, bright red, yellow-red, yellow, or even totally absent in the drain tube and bulb; all of these are normal. **The two most important things are the bulb remains compressed and sealed at all times and to contact your surgeon immediately if the bulb is filling rapidly with bright red blood.**

BLEEDING: Some mild bleeding and oozing from the incision lines the first few days after surgery is expected and normal. Some light pressure applied to the area with gauze should slow or stop the oozing, but if this does not stop the bleeding, please contact your surgeon.

FEVER: A mild fever postoperatively is normal. This is your body's response to the surgery and is an important part of the healing process. This should be controlled with some Tylenol. However, if your temperature goes above 101.5°F, take an extra dose of Tylenol and retest the temperature after 4 hours. If it remains above 101.5°F (38.6°C) please contact your surgeon for instruction.

NAUSEA/VOMITING: Nausea with or without vomiting is common after general anesthesia. If this occurs ensure good hydration, eat bland foods and if it does not stop after 24 hours, please contact your surgeon.

THINGS TO DO

INCISION CARE: Your incisions are going to need some care daily. Incisions that are kept clean and then covered with ointment heal the best. Other than the day of surgery, your incision/surgical site will need to be cleaned **AT LEAST 3 TIMES PER DAY** with reapplication of ointment to the incisions. Using a Q-tip and/or some clean gauze saturated in hydrogen peroxide or antibiotic soap and water, gently move along all incisions to loosen and remove any old blood, scabs and secretions. Do not worry if all scabs don't fall off with one cleaning, rather slowly work the scabs off over several cleaning sessions. After the hydrogen peroxide/soap and water cleaning, gently pat dry the incisions with a clean gauze or towel. Then apply a liberal amount of **VASELINE ointment**(there is no such thing as too much ointment) to all incision lines.

DIET: Most importantly, you must stay very well hydrated after surgery. This helps with decreasing pain and supports your body as you heal. You may eat whatever is appealing to you, but limiting your salt to less than 2000mg/day will help to avoid additional swelling. Please do not drink alcoholic beverages while using the strong pain medication or high doses of Tylenol.

BATHING: Starting 24 hours after surgery, it's advised to shower daily. Shower only, please no soaking in a bathtub or hot tub. Let soap and water run on and over the incisions, but please do not scrub them vigorously. You may gently pat them with soap and water followed by patting them dry.

ACTIVITY: While you have just had invasive surgery, you should not remain sedentary during your recovery. Please refrain from anything strenuous, no squatting down, no bending to 90 degrees at the waist and no lifting over 10 pounds. You should rest with your head elevated. Please get up and move around or take a slow walk each day for the first week. After being seen at the first postoperative visit, your surgeon will direct the level of activity after that.

MEDICATIONS: Take any prescribed medications as directed. These typically include pain medication, an antibiotic and sometimes some steroids or antibiotic ointment. If you take any blood thinning medication, please refrain until your first postoperative visit unless specifically instructed by your surgeon. Medications and supplements to avoid include, but are not limited to: Aspirin, Ibuprofen, Motrin, Aleve, Warfarin/Coumadin, Xarelto, Eliquis, Lovenox, Garlic, Ginkgo, and Ginger. The natural supplement Arnica Montana has shown some benefit for reducing bruising and may be taken if you wish. If you are curious whether a medication you take is OK to continue please ask your surgeon.

DANGER SIGNS THAT MUST PROMPT A CALL TO YOUR SURGEON

1. Quick increase in pain, swelling of the cheek, neck, ear, eye, forehead or scalp, or redness of the operated area.
2. Any acute change in level of alertness or activity (extreme lethargy, slurring of speech, etc)
3. Temperature >101.5°F
4. Any active bleeding that does not stop with applied pressure and elapsed time of 30 minutes
5. Brisk filling of the drain bulb
6. Continuous nausea lasting >24 hours or refusal to take fluids
7. Eye pain or acute change in vision (double vision, loss of vision), especially when accompanied by significant bleeding, bruising or swelling around the eyes

FOLLOW UP APPOINTMENTS

DRAIN PULL: If a surgical drain was left in place, this will likely need to be removed before the first official postoperative visit. This usually occurs 1-5 days after surgery.

1-2 WEEK: At this appointment your surgeon will examine your surgical site and evaluate how it's healing from surgery. Sutures and any staples are typically removed at this visit. There may be some additional incision care performed at this time.

2 MONTHS AND BEYOND: Additional follow up appointments are needed to evaluate the progression of healing and address any issues. Postoperative photographs will usually be taken at regular intervals.

IMPORTANT CONTACT INFORMATION

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