

What to expect at home

The following things are normal:

- Redness right around the incision
- Small amount of drainage around the incision
- Feeling more tired than normal
- If you have a skin graft, the donor and recipient sites may itch. This is normal.

Incision care

- It is OK if water runs onto incision area while showering, but do not soak or scrub the area.
- Pat the area dry with a clean towel.
- If your incision is draining, cover it with a dry gauze pad and medical tape or with an adhesive bandage. Leave your incision uncovered if it is not draining.
- If you have strips of tape on your incision, leave the tape on until it falls off.
- If you have staples at your incision, they will be removed at your follow-up visit seven to 14 days after surgery.
- If you have clear surgical glue on your incision, it will fall off in 10 to 14 days.

Graft site management

- If you have a skin graft, please keep the graft site(s) dry while showering, so that your graft sites and incisions have the best chance of healing without complications.
- Make sure you meet your calorie and nutritional goals, through oral intake if cleared by your surgeon, or by g-tube if applicable.

While you are healing:

- **Do NOT** use hydrogen peroxide or alcohol on your incision.
- **Do NOT** soak in a bath or get in a pool until at least two weeks after surgery.
- You will receive specific information for your post-surgical care while you are in the hospital.

Who and when to call for problems

Call your surgeon's office for:

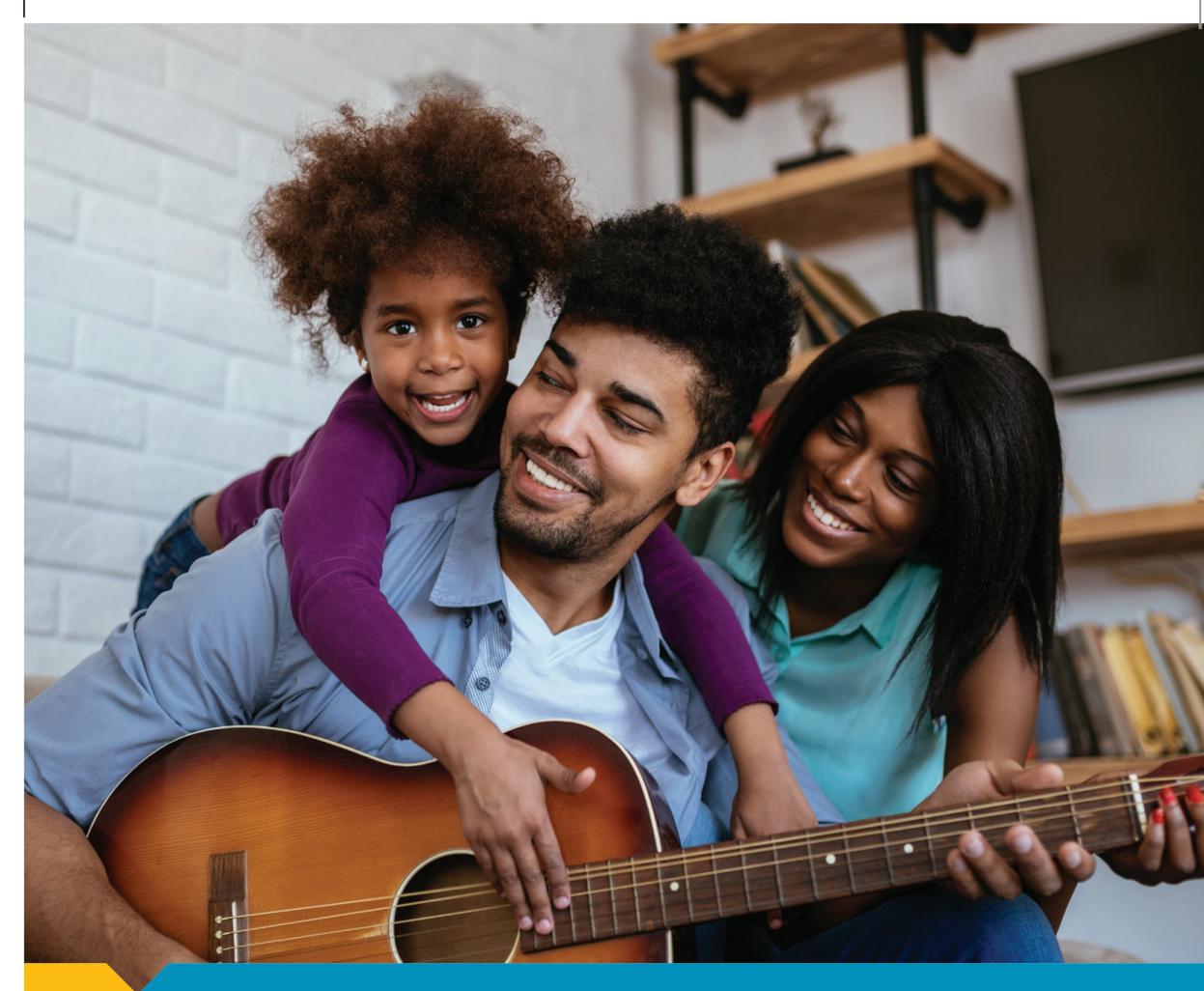
- Pain that is not getting better or gets worse
- Fever over 100.4° F
- If your PEG tube comes out of the insertion site
- If your PEG tube will no longer flush with water
- Incision opens up or is bleeding
- Incision becomes more red, hard or has pus in it
- Urine is cloudy or smells very bad
- Difficulty urinating
- Not able to have a bowel movement for three days
- Nausea or vomiting that does not stop
- Not getting better as expected

Call 911 for:

- Passing out
- Sudden chest pain
- Shortness of breath that is getting worse

Additional information

- Refer to discharge instructions for additional information.



Major head and neck surgery guide





What is a transoral resection?

Transoral resection surgery removes a tumor through the mouth. The tumor could be on the tongue, under the tongue, inside the cheek or any place inside the mouth that's fairly easy to reach.

What is a surgical flap?

Flap surgery is done by transferring tissue from one part of your body (donor site) to the area that needs to be reconstructed or repaired (recipient site).

What is a tracheostomy?

Tracheostomy is a hole that surgeons make through the front of the neck and into the windpipe (trachea). A tracheostomy tube is placed into the hole to keep it open for breathing.

What is a laryngectomy?

Laryngectomy is the removal of part or all of the larynx (voice box). It involves making an incision (cut) on the outside of the neck over the area of the Adam's apple. The trachea (windpipe) is then brought up through the skin of the front of your neck as a stoma (or hole) that you breathe through.

What surgical devices may you encounter?

- **Surgical drain** – Drains remove blood or other excess fluids that can collect after surgery.
- **Wound VAC** – Vacuum-assisted closure (VAC) is a method of decreasing air pressure around a wound to assist in healing. It is also referred to as negative pressure wound therapy.
- **Doppler** – A Doppler ultrasound is a noninvasive test that can be used to estimate the blood flow through your blood vessels by bouncing high-frequency sound waves (ultrasound) off circulating red blood cells.
- **(PEG) tube** – A percutaneous endoscopic gastrostomy (PEG) is a surgery to place a feeding tube. Feeding tubes, or PEG tubes, allow you to receive nutrition through your stomach. You may need a PEG tube if you have difficulty swallowing or can't get all the nutrition you need by mouth.
- **NG tube** – If you cannot eat or swallow, your doctor or nurse may insert a thin plastic tube through your nostril, down your esophagus, and into your stomach. Once this tube is in place, they can use it to give you food and medicine.

Prepare: Getting ready for your surgery

Today

- Be active for at least 15 to 20 minutes each day.
- Limit alcohol like beer, wine, and liquor. Stop drinking alcohol 24 hours before surgery.
- Stop smoking.
- If you have diabetes, work with your healthcare team to get blood sugar well controlled.
- Continue taking medications as usual unless instructed otherwise by your healthcare provider.
- Visit [BSWHealth.com/Specialties/Surgical-Services](https://www.bswhealth.com/Specialties/Surgical-Services) for more information.

Day before surgery

- Do not drink alcohol.
- Take off all jewelry, including rings and piercings. Leave valuables at home.
- Bathe your entire body with soap and water, including your face, hair and genital area.
- **Do NOT** shave.
- **Do NOT** use lotions.
- **Do NOT** put on makeup or perfumes.

Did you know?

Bathing before surgery helps prevent infection after surgery.

Morning of surgery

- Stop eating all solid food eight hours before surgery.
- Drink only clear liquids up to two hours before surgery.
- The special pre-surgery drink should be the last drink you have if it was given to you. Finish it at _____
- Arrive at the hospital at _____
- **Do NOT** shave.
- **Do NOT** use lotions.
- **Do NOT** put on makeup or perfumes.

Recover: What to expect as you start your recovery

Surgery day

- Ask your healthcare team about appropriate ways to stay hydrated.
- Cough and deep breathe as much as possible.
- Spend time out of bed or walk if able.

Day AFTER surgery and beyond

- Manage pain with minimal to no IV opioid medications.
- Start eating by mouth or receiving nutrition by tube feedings as directed by your care team.
- Cough and deep breathe as much as possible.
- Walk, stand or sit on the side of the bed within 24 hours after surgery.
- Starting the second day after surgery, walk at least four times daily.

Before going home, you will need to:

- Walk safely in the halls.
- Maintain hydration and nutrition without nausea or vomiting.
- Manage pain without taking IV medications.
- Be able to urinate (pee) without problems.
- Show signs bowels are working.
- Know about your new prescriptions.
- Know when your follow-up visit is scheduled.
- Understand how to take care of your incision.

Resume: What to expect when going home

Pain management

- It is normal to have some pain while you are healing.
- Follow medicine instructions given to you by your healthcare team.
- Use deep breathing, walking and distractions like music to help with pain management.

Drinking

- Stay hydrated according to nutrition plan.
- Watch for signs of dehydration, including being overly tired, having a dry mouth, feeling dizzy, nausea, dark-colored urine or urinating less than normal.
- Call your healthcare team if you have signs of dehydration.

Eating

- Follow your nutrition plan.
- Notify your care team if you are having nausea, pain or unable to follow your nutrition plan.



Activity

- Increase what you do each day to get back to your regular activities.
- Sit up for all meals.
- Spend at least six to eight hours out of bed each day.
- Walk for 15 minutes four to six times during the day.
- Rest when you feel tired.
- Do NOT** lift more than 10 pounds until your healthcare team says you can and follow all other activity instructions.
- Ask your healthcare team when you can start activities like jogging, cycling and lifting weights.

Driving

- Do NOT** drive if you are taking opioid medicine.
- You must be able to wear a seatbelt and turn your body to see for safe driving.
- Ask your healthcare team when it is safe for you to drive.

Returning to work

- Talk with your healthcare team to decide what is best for you. Going back to work depends on the type of work you do.
- Slowly increase the hours you work.