POST OPERATIVE INSTRUCTIONS
Sialendoscopy

Please read these instructions carefully. If you have any questions or concerns, either before or following the surgery, please call the office at 540-347-0505.

The post operative patient will be discharged from the Outpatient Department of the hospital, after he/she is fully awake and the danger of anesthesia and airway complications are minimal. He/she may be drowsy and nauseated. Please allow the patient to rest as much as possible upon arrival at home.

1. Oral Drainage -- Following sialendoscopy, there will be some drainage that comes out of the duct for the next 24-72 hours (cheek for parotid and under the tongue for submandibular gland sialendoscopy). This drainage may be milky and/or blood tinged. It is normal for the drainage to taste like medicine or metallic.

2. Swelling -- For 24-72 hours, it is normal to have significant swelling of the salivary gland. The swelling should slowly dissipate back down to normal size.

3. Discomfort After Surgery -- Discomfort after this type of procedure will mainly consist of an ache or pressure over the salivary gland as well as a more sharp pain involving the duct opening into the mouth. These symptoms arise from the salivary duct being stretched from active flushing in order to open up the duct to allow the camera to be inserted. Take as directed the pain medication that has been prescribed for you. It is OK to take Tylenol or ibuprofen for mild discomfort not requiring narcotics.

4. Medications -- Take any medications, as directed, that have been prescribed for you. Generally these include an antibiotic to prevent infection, something for pain relief, and something for nausea. Peridex mouthwash may also be prescribed to help prevent infection and should be used after every meal.

5. Stitches -- If any sutures were placed, they are dissolvable and will disintegrate away after a few weeks. If any stents are placed, a non-dissolvable suture is used to hold it in place and will need to be cut in order to remove the stent, typically in 2 weeks.

6. Post Operative Visits -- It is very important to keep all post-operative appointments. At these visits, the surgeon will examine your operative area. The frequency of these visits varies, depending on your rate of healing.

PRECAUTIONS DURING THE FIRST WEEK

Activity -- There are no dietary restrictions. Activity should be light until one is no longer taking narcotics at which time there are no activity restrictions.

Avoid CPAP -- For patients suffering from sleep apnea and use a CPAP machine… For 3 days, avoid using a CPAP machine if a full face mask is used, otherwise air may be pushed into the salivary gland causing swelling and pain. During this period of time, sleep in an upright chair position. However, if you use a nasal mask, there is no need to stop using the CPAP machine.

CALL YOUR DOCTOR IMMEDIATELY IF YOU HAVE ANY OF THE FOLLOWING:

1. Fever over 101.5 degrees.
2. Excessive bleeding from the mouth.
3. Swelling that has not resolved after 3 days.