

Ear, Nose and Throat Surgery Patient Information Pamphlet

What is a:

☐ Myringotomy A tiny incision is created in the eardrum (tympanic membrane) to relieve pressure caused by an excessive buildup of fluid, or to drain pus from the middle ear. A small tube may be placed through the incision and left in place.	дh
■ Mastoidectomy Involves an incision behind the ear and drilling through a part of the skull bone called the mastoid to gain access to the middle ear. It is usually performed to treat either persistent or severe infection of the middle ear, or to remove cholesteatoma (a buried pocket of skin cells which can enlarge over time).	l
□ Polypectomy The removal of a small tumor like growth from the mucous membrane of the nasal passages.	
☐ Functional Endoscopic Sinus Surgery This surgical procedure is completed through the nose and removes thickened and diseased tissue that blocks the sinuses and interferes with drainage and the aeration of the sinuses. Most the healthy tissue in the sinuses is undisturbed allowing for rapid recovery.	of
☐ Septoplasty This surgical procedure is done to improve air flow through the nose by straightening the middle partition (septum) between the nostrils.	
□ Adenoidectomy/Tonsillectomy Are surgical procedures to remove the tonsils from the back of the mouth or adenoids from the back of the nasal cavity usually due to enlargement, chronic infections and/or causing obstruction For tonsillectomy patients, please be prepared to stay a minimum of 4 hours after surgery.	
□ Uvulopalatopharyngoplasty (UP3, UPPP): A surgical procedure to remove and/or remodel the tissue in the throat usually because of breathing issues during sleep.	
☐ Microlaryngoscopy/ Laryngoscopy Surgical examination of the larynx (voice box) under general anesthetic.	
☐ Bronchoscopy A thin scope with a camera is passed through your nose or mouth and into your lungs. The surgeon may require the patient to be on voice rest for a period of time post procedure.	

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Inspiring care...



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☐ Thyroidectomy/Parathyroidectomy (Total/Partial)

<u>Thyroidectomy:</u> The partial or full removal of the thyroid gland. This surgery may be recommended for a variety of reasons including enlargement of the thyroid gland (goiter), overactive thyroid (hyperthyroidism), suspicious thyroid nodules or thyroid cancer.

<u>Parathyroidectomy:</u> These are 4 pea sized glands that sit on the back of the thyroid. They work with the kidneys and intestines to control calcium levels in the body. Occasionally these glands can become hyperactive causing increases in calcium levels. A treatment option may be parathyroidectomy.

How to Prepare for Post Procedure/Operative Expectations:

- Please discuss with your surgeon if you need to stop specific medications such as diabetic or blood thinning medications, and when to restart after your procedure.
- Discuss with your surgeon dressing/incisional care, activity precautions and when you can expect to return to work.
- Please come prepared the day of surgery with a responsible adult to pick you up, stay and
 remain with you at home for 24 hours. You will not be able to drive for a minimum of 24 hours,
 or longer if you are taking certain prescribed medications for pain, or until your surgeon clears
 you to drive. You may also need to arrange transportation to outpatient clinics for surgeries
 requiring community care in the days or weeks following your surgery.
- Pain can be expected during your recovery time, and everyone experiences pain differently.
 You will be provided with directions on how to manage your pain at home.

References:

American Head & Neck Society. *Patient information about parathyroid diseases*. Retrieved July 10, 2019 from https://www.ahns.info/for-patients/patient-information-about-parathyroid-diseases/

Canadian Society of Otolaryngology- Head & Neck Surgery. *Education for general public*. Retrieved July 5, 2019 from https://www.entcanada.org/education/general-public/

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