



Head and Neck Associates of Orange County, Inc.

An Incorporated Medical Group

Head & Neck Surgery

Pediatric & Adult Otolaryngology

Facial Reconstructive Surgery

EXAMINATION OF THE AERO-DIGESTIVE TRACT SURGICAL INSTRUCTIONS

INTRODUCTION

Your doctor has recommended an examination of the upper aero-digestive tract for you or your child. The following information is provided to help you prepare for your, or your child's, surgery, and to help you understand more clearly the associated benefits, risks, and complications. You are encouraged to ask your doctor any questions that you feel necessary to help you better understand the above procedure.

The aero-digestive tract consists of hollow tubes in the neck and chest that allow for the safe passage of food into the stomach and air into the lungs. This process is complicated by the fact that at least initially these functions are shared by one another. Many important functions are accomplished in these areas including the initial digestion and breakdown of our food, the production and articulation of speech, and the movement and regulation of the air we breathe. Disorders in this area can cause a multitude of problems including breathing and swallowing problems, hoarseness, and aspiration.

The aero-digestive tract can sometimes be a difficult area to examine, study, or biopsy. Frequently a direct examination must be done to gather specimens, to diagnose tumors, and to find and remove foreign objects. A complete examination of the aero-digestive tract includes the following: A **direct laryngoscopy** is a formal examination of the mouth, pharynx, and larynx (including the vocal cords). Frequently, this is done in conjunction with a microscope, and is then called a **micro suspension laryngoscopy**, at which time tumors or growths may be precisely removed with a laser. A **bronchoscopy** is a formal examination of the trachea and bronchi air passages, and is done with either a flexible or rigid tube. An **esophagoscopy** is a formal examination of the esophagus or food tube. These procedures are not only diagnostic, but can involve a specific therapeutic manipulation, such as the injections of drugs or materials, or the removal of a tumor, growth, or foreign body. Your doctor will discuss with you the need to do all three procedures (**triple endoscopy**), or if it is only necessary to do a partial examination of the aero-digestive tract.

The following instructions are designed to help you, or your child, recover from surgery as easily as possible. Taking care of yourself, or your child, can prevent complications. It is very important that you read these instructions and follow them carefully. We will be happy to answer any questions.

RISKS AND COMPLICATIONS

Your, or your child's, surgery will be performed safely and with care in order to obtain the best possible results.

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You have the right to be informed that the surgery may involve risks of unsuccessful results, complications, or injury from both known and unforeseen causes. Due to the fact that individuals differ in their response to surgery, their anesthetic reactions, and their healing outcomes, no guarantee can be made as to the results or potential complications. Furthermore, surgical outcomes may be dependent on preexisting or concurrent medical conditions.

The following complications have been reported in the medical literature. This list is not meant to be inclusive of every possible complication. They are listed here for your information only, not to frighten you, but to make you aware and more knowledgeable concerning this surgical procedure. Although many of these complications are rare, all have occurred at one time or another in the hands of experienced surgeons practicing the standard of community care. Anyone who is contemplating surgery must weigh the potential risks and complications against the potential benefits of the surgery, or any alternative to surgery.

1. Perforation, which is the creation of an inadvertent hole in the aerodigestive tract. This is a rare but serious complication which may result in severe infection, abscess, or air being trapped in the soft tissues of the neck or the lung cavity.
2. Damage to the dental structures including chipping or dislodging teeth.
3. Need for further, repeated, or more aggressive surgery.
4. If a tumor is identified, there may be a need for adjuvant therapy such as radiation therapy or chemotherapy. Recurrence of the tumor or failure to cure the tumor despite effective therapy.
5. Airway obstruction, swelling of the airway, bleeding or hoarseness, and in very rare situations, an emergency tracheotomy.
6. Failure to establish a diagnosis or to remove a foreign body.
7. Prolonged pain or discomfort, impaired healing, infections, and the need for hospitalization.

BEFORE SURGERY

In most situations, the surgery is performed as an outpatient at either the hospital or the Surgery Center. In both facilities, quality care is provided without the expense and inconvenience of an overnight stay. An anesthesiologist will monitor you, or your child, throughout the procedure. Usually, the anesthesiologist will call the night before surgery to review the medical history. If they are unable to reach you the night before surgery, they will talk with you that morning. If your doctor has ordered preoperative laboratory studies, you should arrange to have these done several days in advance. Arrange for someone to take you home from the surgical facility and to spend the first night after surgery with you.

You, or your child, should not take aspirin, or any product containing aspirin, within 10 days of the date of your surgery. Non-steroidal anti-inflammatory medications (such as Advil) should not be taken within 7 days of the date of surgery. Many over-the-counter products contain aspirin or Advil type drugs so it is important to check all medications carefully. If there is any question please call the office or consult your Pharmacist.

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Tylenol is an acceptable pain reliever. Your doctor may give you several prescriptions at the preoperative visit. It is best to have these filled prior to the date of surgery.

If it is your child who is having the surgery, it is advised that you be honest and up front with them as you explain their upcoming surgery. Encourage your child to think of this as something the doctor will do to make them healthier. Let them know that they will be safe and that you will be close by. A calming and reassuring attitude will greatly ease your child's anxiety. Let them know that if they have pain it will only be for a short time period, and that they can take medicines which will greatly reduce it. You may want to consider a visit to the surgical facility or hospital several days in advance so that you and your child can become familiar with the setting. Contact the surgical facility or hospital to arrange for a tour.

You, or your child, must not eat or drink anything 6 hour prior to their time of surgery. This includes even water, candy, or chewing gum. Anything in the stomach increases the chances of an anesthetic complication.

If you, or your child, is sick or has a fever the day before surgery, call the office. If you or your child awakens ill the day of surgery, still proceed to the surgical facility as planned. Your doctor will decide if it's safe to proceed with surgery. However, if your child has chickenpox, do not bring your child to the office or to the surgical facility.

THE DAY OF SURGERY

It is important that you know precisely what time you are to check in with the surgical facility, and that you allow sufficient preparation time. Bring all papers and forms with you including the preoperative orders and history sheets. You, or your child, should wear comfortable loose fitting clothes, (pajamas are OK). Leave all jewelry and valuables at home. They may bring a favorite toy, stuffed animal, or blanket.

Do not take any medication unless instructed by your doctor or the anesthesiologist. In the pre-operative holding room, a nurse may start an intravenous infusion line (IV) and you may be given a medication to help you relax.

DURING SURGERY

In the operating room, the anesthesiologist will usually use a mixture of gas and an intravenous medication for the general anesthetic. In most situations, an IV will have been started either in the preoperative holding room or after the patient has been given a mask anesthetic. During the procedure, oxygen saturation (pulse oximetry), cardiac rhythm (EKG), temperature, and blood pressure will continuously be monitored. The surgical team is well trained and prepared for any emergency. In addition to the surgeon and the anesthesiologist, there will be a nurse and a surgical technician in the room.

After the anesthetic takes effect, the doctor will proceed with the procedure. The whole procedure usually takes less than 45 minutes. The Doctor will come to the waiting room to talk with any family members or friends, once you or your child is safely in the recovery room.

AFTER SURGERY

After surgery, you or your child will be taken to the recovery room where a nurse will monitor you or your child. You will probably be invited into the recovery room as your child becomes aware of their surroundings and starts looking for you. You, or your child, may be able to go home the same day of the surgery once you, or they, have fully recovered from the anesthetic. This usually takes four hours. You will need a friend or family member to pick you up from the surgical facility to take you home. They should spend the first night after surgery with you.

When you arrive home from the surgical facility, you or your child should go to bed and rest with the head elevated on 2-3 pillows. By keeping the head elevated above the heart, you can minimize edema and swelling. You, or your child, may get out of bed with assistance to use the bathroom. Avoid straining, if you are constipated, take a stool softener or a gentle laxative.

It is best for you, or your child, to eat a light, soft, and cool diet as tolerated once you or they have recovered fully from the anesthetic. Avoid hot liquids for several days. Even though one may be hungry immediately after surgery, it is best to feed slowly to prevent postoperative nausea and vomiting. Occasionally, one may vomit one or two times immediately after surgery, however, if it persists, your doctor may prescribe medications to settle the stomach. It is important to remember that a good overall diet with ample rest promotes healing.

You, or your child, may be prescribed antibiotics after surgery, and should finish all the medications that have been ordered. Some form of a narcotic will also be prescribed (usually Tylenol with Codeine), and is to be taken as needed. If you require narcotics you are cautioned not to drive. If you have nausea or vomiting postoperatively, you or your child may be prescribed an anti-emesis medication such as Phenergan. If you have any questions or you feel that you or your child is developing a reaction to any of these medications, you should consult your doctor. You should not take or give any other medications, either prescribed or over-the-counter, unless you have discussed it with your doctor.

An appointment for a checkup should be made 14 to 21 days after the procedure. Call the office to schedule this appointment.

NOTIFY YOUR DOCTOR IF YOU OR YOUR CHILD HAS

1. Difficulty with breathing or swallowing, or shortness of breath.
2. A fever greater than 101.5 degrees F which persistent despite increasing the amount of fluid you or they drink and Tylenol. A child with a fever should try to drink approximately one-half cup of fluid each waking hour, and an adult should drink one cup per hour.
3. Swelling of the neck or face.

SURGICAL FINANCIAL POLICY

Head and Neck Associates of Orange County will submit claims to your insurance company for any surgical procedures performed by our physicians. Prior to your scheduled surgery date our staff will verify eligibility and benefits. We will also obtain pre-certification and/ or authorization when required by your insurance company.

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Please be aware however, that this is not a guaranty of payment. Any expenses deemed not covered by your insurance company for any reason, will be your financial responsibility. All monies owed by the patient, i.e., remaining deductible or coinsurance amounts and any procedures or fees deemed not medically necessary, are due prior to the date of surgery. All financial arrangements must be made prior to the date of surgery. Please be aware that this office will bill only for the physicians' services. Any other services related to your surgery, i.e., facility, anesthesiology, radiology, laboratory or pathology will be billed by the facility providing these services, and not included in our billings.

Our office accepts the following forms of payment; Visa or MasterCard, cash and personal checks. A twenty dollar service charge will be assessed to your account for any check returned by your bank.

IMPORTANT PHONE NUMBERS

If you have any questions, do not hesitate to call the office at (949) 364-4361. At night or on the weekends, if your need is urgent and cannot wait until regular business hours call our main number at (949) 364-4361 and you will have an option to redirect your call to the answering service who will contact the doctor on call. If for some reason you cannot reach the doctor on call and your need is life threatening, go to the emergency room.

IF YOU WOULD LIKE TO LEARN MORE

The physicians of Head and Neck Associates recommend **www.medicinenet.com** as an internet source of information. MedicineNet® is a network of U.S. Board Certified Physicians and Allied Health Professionals. Find easy-to-understand medical information to make smart health decisions with your doctor. Stay informed on all aspects of health and medicine. Get the latest health and medical news delivered to your e-mail box!

Please visit our web site at **www.hnaoc.com.com**

DISCLOSURE OF OWNERSHIP INTEREST IN MISSION SURGERY CENTER

If you are having your surgery at Mission Surgery Center, we must inform you that the surgeon has an ownership interest in the facility. This disclosure is to acknowledge such ownership interest, and to assure you that you are not compelled to have the surgery performed at the Mission Surgery Center. You are free to select any surgical facility of your choice for this procedure.

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ATTESTATION

I have received, read, and understood the information provided to me regarding my upcoming surgery. I have been given the opportunity to discuss freely with my doctor any concerns, alternative therapies, and have had my questions answered to my satisfaction. I understand my rights as a patient, which includes the right to a second opinion, and have discussed and made clear my preferences with my doctor. I understand that unless time permits for designated donor blood to be prepared, and my doctors feel that blood must be given emergently, I will accept banked community blood products.

I acknowledge receipt of the above discussion of potential risks and complications, as well as patient information, financial policy, surgery center disclosure and surgery pre & post-operative care information. I am comfortable with all aspects of the upcoming surgery and ask that we proceed with surgery.

Printed Name of Patient

Date of Birth

(Signature of patient or guardian)

(Date)

Witnessed by _____

(Date)

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