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**(309) 663-4368**

## **Form “PO-C” Guidelines after endoscopy**

Disclaimer: This is not medical advice unless your surgeon has specifically given this to you as an active patient.



**Breathing, bleeding, pain control, hydration, urinary retention, diet, nausea/vomiting, and return to driving** are the main factors in care after endoscopy

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FORM “PO-C”**

### **Breathing:**

If you are advised to use a CPAP device for sleep apnea, it is important that you use it after throat surgery. A mask that fits over the nose and the mouth is needed, and you may need to obtain one from your CPAP device store.

In general, people tend to breathe more easily after throat surgery with their head elevated, such as in a recliner chair or with several pillows creating an incline at the head of the bed.

If you experience breathing difficulty after surgery, call the surgeon’s office or after-hours contact at **(309) 663-4368**.

### **Bleeding:**

In general, after endoscopy, it is common to have a small amount of blood in the saliva or from the nose for a few hours. It should then stop.

#### **If a nosebleed occurs:**

Spray oxymetazoline (Afrin) in the nose, pinch the nostrils closed for 5 minutes, and take slow, calming breaths. See these [nosebleed frequently asked questions](#) for more detail.



**Nosebleed  
FAQ**

#### **If oral bleeding occurs, or if a nosebleed persists:**

Call your surgeon’s office at **(309) 663-4368**. You may get connected to another ENT surgeon covering call for your surgeon. You may be directed to go to the Emergency Room where evaluation by the Emergency Room staff will occur and they will contact the ENT doctor. Do not eat or drink anything until instructed by a physician after evaluation because surgery may be necessary.

**Fever:**

A fever is a temperature greater than 101.5 F. Notify your surgeon for a persistent fever or a temperature greater than 103 F, as these raise suspicion for infection.

**Pain control:**

Pain needs to be controlled reasonably, because excessive pain raises blood pressure and risks bleeding, can prevent swallowing and thus dehydration, and make for a miserable experience. Using high doses of narcotics in an attempt to achieve a pain free state is, however, also dangerous, since the amount of narcotic required to be free of pain may yield significant sedation, putting breathing at risk. **The ideal pain level after surgery is one that allows for swallowing and some sleep.**

**Hydration:**

Despite a potentially sore throat, it is important to stay hydrated after endoscopy. As a general rule, keeping urine a light yellow or clear is a good sign of adequate hydration. For children in diapers, the frequency of diaper changes and the weight of the diaper are indicators.

**Urinary Retention:**

The inability to urinate despite having a full bladder can sometimes occur after a procedure under general or spinal anesthetic. This is more common among men above the age of 60 and when the anesthetic duration is longer than two hours. Symptoms of urinary retention include the following:

- Feeling like you need to urinate but being unable to urinate
- Feeling like you cannot fully empty your bladder after urinating
- Feeling pain in the low abdomen

Typically, if one is able to urinate normally once after surgery, the risk of urinary retention thereafter is low. Tricks to try to facilitate flow of urine include turning on some flowing water from the sink and putting a hand in warm water while trying to urinate. If symptoms of urinary retention develop, you may need to present to an Emergency Room where a bladder scan to verify urinary retention and possibly catheterization to empty your bladder may be performed. If one waits too long to get a bladder drained, the bladder may temporarily lose ability to contract, leading to needing a urinary catheter for several days while it recovers, or in extreme cases, bladder rupture.

**Diet:**

Dietary restrictions after endoscopy include starting slowly with liquids and soft foods. You may progress to your usual diet as tolerated.

**Nausea/Vomiting:**

Nausea and vomiting can occur after surgery for several reasons, including the anesthetic medicines, any swallowed blood, and use of narcotic pain medicine. Trying to avoid a nosebleed and swallowed blood, and trying to minimize or avoid narcotic pain medicines will help.

Your doctor may prescribe medicine to treat nausea or vomiting. Be aware that some of these, such as compazine, phenergan, and scopolamine can cause sleepiness, and combined with other medicines, particularly narcotics, may create too much sedation for safety. Ondansetron (Zofran) is non-sedating, as is metoclopramide (Reglan).

### **Use of Your Voice:**

If your procedure involved biopsy or removal of tissue from your vocal cords, you will need to rest your voice after surgery. Do not clear your throat for two weeks—instead, try swallowing a little water, which is gentler. For speaking, say nothing for 3 days. Then, you may gradually increase your speaking, but know that less vocal use is better for healing. Do not raise (project) your voice or whisper for 2 weeks.

### **Return to Driving and Other Activities Requiring Alertness:**

General anesthetic can affect your memory, concentration and reflexes for a day or two, so it's important for a responsible adult to stay with the patient for at least 24 hours after your operation. You are also advised to take extra precautions against falling while walking, and to avoid driving, operating machinery, drinking alcohol and signing any legal documents for 24 to 48 hours. Do not drive for at 24 - 48 hours after your anesthesia. A traffic violation while affected by anesthesia may result in a Driving Under the Influence citation.

An adult may drive when ALL of these conditions are met:

1. Greater than 24 - 48 hours since surgery have passed,
2. You have had NOT taken narcotic pain medicine for at least 8 hours, and
3. The judgement of you and your family members is that you are safe to drive.

You may find more information at [DoctorLansford.com](http://DoctorLansford.com)