



**DR. CHRIS  
LANSFORD**

(309) 663-4368

**Form "PO-H"  
Guidelines after Osia implant  
surgery**

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



**Wound care, management of nausea/vomiting, pain control, and urinary retention** are the main factors in care after Osia implantation.

**Wound care instructions:**

**Incision and dressings:**

Keep the dressings on for 48 hours after surgery, and then gently remove them. Keep all incisions dry for at least 48 hours after surgery. During that time, you may sponge bathe, bathe, or shower however you like as long as the incision stays dry.

Once the dressings have been removed, apply a layer of antibiotic ointment to the wound three times a day. Alternatively, you may apply antibiotic ointment and cover the wound with a large Band-Aid once a day.

After 48 hours from surgery, the incisions may be washed with soap and water, but gently, with the fingertips, not a washcloth. Drying these areas should be done by blotting rather than wiping dry. Apply antibiotic ointment to the incisions immediately after drying.

Use of an antibiotic ointment on the incision should be continued until one week after surgery.

The best ways to achieve a nicely healed scar are to follow the above instructions and to avoid sun exposure to the incision for three months after surgery. Thick hair growth over the incision may suffice for this purpose. Otherwise, you may wear a hat or apply SPF 30+ sunscreen directly on the incision when outside.

**Antibiotic ointments:**

mupirocin (Bactroban)  
bacitracin  
triple antibiotic ointment  
double antibiotic ointment  
Neosporin

Note: These may be purchased over-the-counter (without a prescription).

If your surgeon has prescribed an oral antibiotic, take it as scheduled until the supply is used. Report any rash, hives or other reaction to your surgeon. If you were prescribed oral antibiotics, take them as scheduled.

**THIS FORM  
ONLINE: SCAN  
QR & SELECT  
FORM "PO-H"**

Contact your surgeon if the wound becomes more painful over time, develops more than a little swelling, or if the coloration of the skin extends more than 1/2 inch ( 1cm) from the incision.

**Bleeding:**

**If a doctor has prescribed a medicine to “thin” the blood to treat or prevent a problem such as a blood clot, pulmonary embolism, atrial fibrillation, or a mechanical heart valve, you are in a special category requiring a specific plan of balanced risk for your situation, and a coordinated plan among this prescribing doctor, your surgeon, and you needs to be in place for when to stop and when to resume this medicine. Contact your surgeon in advance of your procedure for further instructions.**

Bleeding during and after surgery adds risk to the operation. For most major operations, a patient must avoid using medications or supplements that promote bleeding. Medicines to avoid include common pain medications (see Table 1, below), blood “thinners” (see Table 2, below), and certain dietary supplements and herbal remedies (see Table 3, below). If a prescribing physician considers your risk of clotting too high to stop taking blood “thinners” according to table 2, he or she may arrange a “bridge” with a short acting blood thinner. If even this cannot be accomplished, then undertaking surgery should be reconsidered.

**Table 1: Common NSAIDs (non-steroidal anti-inflammatory drugs):**

Name	Omit (do not take) timeframe	Common <b>resume</b> date
aspirin	1 week before surgery	2 weeks after surgery
Motrin (ibuprofen)	1 week before surgery	2 weeks after surgery
Advil (ibuprofen)	1 week before surgery	2 weeks after surgery
Aleve (naproxen)	1 week before surgery	2 weeks after surgery
Voltaren (diclofenac)	1 week before surgery	2 weeks after surgery
Naprosyn (naproxen)	1 week before surgery	2 weeks after surgery
Mobic (meloxicam)	1 week before surgery	2 weeks after surgery
Indocin (indomethacin)	1 week before surgery	2 weeks after surgery
(many others)	1 week before surgery	2 weeks after surgery

**Table 2: Common drugs to “thin” the blood:**

Name	Omit (do not take) timeframe
Plavix® (clopidogrel)	5-7 days before surgery
Warfarin™ (coumadin)	5 days before surgery
Pradaxa™ (dabigatran)	
normal-mild kidney dysfunction (CrCl > 50)	2-4 days before surgery
moderate kidney dysfunction (CrCl 30-49)	4-6 days before surgery
Xarelto™ (rivaroxaban),	
normal-mild kidney dysfunction (CrCl > 60)	2-4 days before surgery
moderate kidney dysfunction (CrCl 30-59)	3-5 days before surgery

severe kidney dysfunction (CrCl 15-29)	5-7 days before surgery
Eliquis™ (apixiban)	
normal-mild kidney dysfunction (CrCl > 60)	2-4 days before surgery
moderate kidney dysfunction (CrCl 30-59)	3-5 days before surgery
severe kidney dysfunction (CrCl 15-29)	5-7 days before surgery
Saveysa™ (edoxaban)	4-5 days before surgery
Arixtra™ (fondaparinux)	
normal-mild kidney dysfunction	5 days before surgery
Lovenox™ (enoxaparin)	2 days before surgery
Fragmin™ (dalteparin)	2 days before surgery
<b>These medications are commonly resumed 7-10 days after surgery, as determined by the surgeon's assessment of bleeding risk.</b>	

**Table 3: Dietary Supplements and herbal remedies that “thin” the blood:**

Name	Omit (do not take) timeframe	Common resume date
Vitamin E	2 weeks before surgery	At least 2 weeks after surgery
Fish oil (including omega-3-fatty acids)	2 weeks before surgery	At least 2 weeks after surgery
Ginko biloba	2 weeks before surgery	At least 2 weeks after surgery
Ginger	2 weeks before surgery	At least 2 weeks after surgery
Garlic	2 weeks before surgery	At least 2 weeks after surgery

**Table 4: Drugs for erectile dysfunction:**

Name	Omit (do not take) timeframe:
sildenafil (Viagra®)	24 hours before surgery
tadalafil (Cialis®)	24 hours before surgery
vardeafil (Levitra®)	24 hours before surgery
<b>These erectile dysfunction medications may be resumed two weeks after surgery.</b>	

**Pain Control:**

Pain after Osia surgery is usually moderate initially, and gradually subsides to a mild level over a day or two.

Narcotic pain medicines must be respected and used sparingly. Note that some pain medicines are combinations of narcotic and Tylenol (acetaminophen). Plain Tylenol (acetaminophen) may be used for mild to moderate pain, but the total amount of Tylenol (acetaminophen) from all sources must be less than 3 g (3000 mg) per day for an adult. Non-steroidal anti-inflammatory drugs (NSAIDs) should be avoided for two weeks after surgery because they promote bleeding. Ice may be used gently, but heat should be avoided for the first week after surgery.

Do not try to attain a pain-free state, since this would require too much pain medicine, and risk dangerous side effects. On the other hand, do not try to just suffer through your pain since doing so will make your blood pressure too high with potential risk. The ideal degree of pain is low enough to be able to sleep a couple of hours at a time.

Narcotic pain medicines should be taken with food.

### **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.

### **Nausea/Vomiting:**

Nausea and vomiting can occur after surgery. 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, may create too much sedation for safety. Ondansetron (Zofran) is non-sedating, as is metaclopramide (Reglan).

### **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.

### **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.

**Physical Activity:**

For 2 weeks after surgery, avoid strenuous activity (such as running, jogging, sports, sexual activity, lifting more than 15 pounds, and gardening). (See Table 4.) You should be active with walking regularly during this time.

**Skin numbness:**

It is normal to have some numbness on and around the ear after Osia implant surgery. This typically improves over time. Some numbness, especially around the ear, may not resolve completely, but with time this becomes much less of a nuisance.

**Device Programming:**

Programming (“turning on”) the Osia typically occurs about one month after the operation, and is performed by an audiologist.

**Please note:**

**Cautery:** The electronics in the Osia implant will be damaged by electrical current. Please inform your surgeon for any future head or neck surgery that you have an Osia implant and that monopolar cautery should **not** be used in the head and neck area.

**MRI:** After Osia implantation, you may undergo Magnetic Resonance Imaging (MRI) provided that **1)** the magnet used during imaging is 1.5 Tesla or less and that **2)** you use the MRI Cochlear MRI kit. Alternatively, if you have your implant surgically removed, there is no restriction related to Osia that would prevent you from undertaking an MRI of a higher magnet strength.

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