

Post-Operative Vocal Fold Microsurgery Instructions

Weeks 1&2: For the first **7 days** following surgery we ask for complete silence. Beginning on day 8 (through day 10) you are asked to sigh only (like a yawn with sound). This keeps the vocal folds flexible without taxing them. Your voice will sound a bit hoarse (like laryngitis). Do not worry, this is normal. For days 11-14, begin speaking in short, unpressed sentences, ie: yes, no, pass the butter, etcetera. No more than 5 minutes of voice use per hour. Remember: whispering is as damaging to the voice as screaming!

Week 3: Be patient! Things are still in the early healing phase! You may begin to use the singing voice, mostly warm-ups, for 10 minutes of maximum voice use per hour.

Week 4: Gradually increase your singing voice usage towards normal. Refer to page 2 for specifics.

There are no dietary restrictions. Your body will tell you what you can and can not eat.

There will be a varying amount of post-operative discomfort in the tongue and deep in the throat. The tongue discomfort is from the endoscope which rests on the tongue during the surgery. Typically, the discomfort lasts between one and seven days. We recommend extra-strength tylenol for pain relief. The discomfort deep in the throat is not from the surgery itself, but rather is irritation from the breathing tube used for general anesthesia. This usually dissipates within 24 hours. Pain that increases or does not respond to tylenol may indicate an infection, call the office immediately!

Additionally, all patients should taking prescription strength anti-acid medication for the first month post-operatively (if not already on the medication pre-operatively).

Work and activity: people respond to the anesthesia differently. Some only feel 'groggy' for the day of surgery, others are 'out-of-it' for 5-7 days. Your body and common sense will dictate when you can resume work and physical activity. Typically, one week off suffices as long as you can follow the voice restrictions. Two weeks off if you are in a vocally demanding profession.

Much of the final result of your voice will be determined by how carefully you follow these post-operative instructions.

Absolute **NOs** after surgery
NO smoking
NO smoky environments
NO yelling
NO whispering
NO cell phones for 2 weeks

If you have any questions regarding these instructions, you may call:
(585) 442-1110
and ask to speak with Dr. Haben or Nurse Sandy Morse. After-hours emergency line is:
(585) 442-1126

Singing Voice

Week 1 Singing Voice: Start out by humming: mmmm-mmmmm, uh-huuuuh, nnnn-nnnn (very forward into the ‘mask’) beginning day 7. During the first week the voice will sound strange. Do not be concerned, and just allow the voice to do what it wants.

Week 2 Singing Voice: You should now begin humming up and down the scales to warm-up the range (vv-vvvv and lip trills), and some light scales (5 minutes of singing, 2-3 times a day).

Weeks 3 & 4 Singing Voice: Begin singing warm-ups and very light, clear type vocal works, such as art songs. May increase sessions to 10-15 minutes, three times a day in week 3, and 20-30 minutes in week 4. Range stretching without pushing, and technique, technique, technique! This is an excellent time to get back to the basics.

Weeks 5 & 6 Singing Voice: May return to performance rehearsal schedule. Remember, if done correctly, you may go from surgery to public performance in 6 weeks! “Swelling tests” every morning and every evening, *every day*. The ultimate, long-term result of your surgery is 90% up to you, and how you care for your voice.

Early detection swelling tests for singers

Swelling tests are an early detection system intended to alert you of early overuse. They should be done daily (preferably first thing in the morning) and a record of your ceiling should be kept.

This should be done UN-warmed. Warming-up invalidates the test. Sing the first phrase of happy birthday in a boy-soprano ~ early-music voice (clear, *without* vibrato, in a very small voice; legato & pianissimo) in the uppermost range for women (falsetto), and in the passagio for men. The earliest signs of swellings of the vocal folds are going to be onset delays, and/or loss of the uppermost soft falsetto altogether. This should prompt one to enter ‘voice conservation mode’ until the swelling test normalizes. Remember, there is some day to day variability, and it is also not uncommon for women to lose ½-1½ tones in the upper range with their menstrual cycle. These tests are only useful if done daily, and requires you to be very familiar with where your true baseline (ceiling) rests.

The second test, also done UN-warmed, is staccato using “yo-ho-ho-ho-ho-ho-ho-ho-ho” on so-so-so-so-so-fa-mi-re-do, beginning in the uppermost range for both males and females. Again, use a very *small* voice, lightly bouncing off each note. Full voice invalidates both tests. As above, onset delays and/or loss of the uppermost range indicates swelling.

These tests are a good way to monitor your voice usage, and also to determine how long following an episode of vocal swelling, your vocal folds need to recover. Intermittent swelling is not bad, in and of itself. The vocal folds may swell and recover a thousand times without adverse effects. It is only when they are not allowed to recover completely that swellings progress to nodules.