

Voice Masculinization Surgery Post-Op Instructions:

There are 30 days of strict voice rest after the surgery. This also means no whispering or mouthing words, grunting (think aerobic exercise) or vocalized straining. Early or excessive voice use is associated with premature breakage of the stitches and surgical failure. Do not worry about things that you have no control over, such as talking in your sleep, sneezing, minor slip ups, etcetera. Concentrate instead on what you DO have control over.

Once you begin to gently use the voice, expect a severe “surgical laryngitis” (hoarseness) for the first 6-12 post op weeks. In the beginning the voice will sound much, MUCH worse before it gets better. BE PATIENT! The final results could take 3-6 months until all of the swelling from the surgery resolves. NO ELECTIVE surgery under general anesthesia should occur for a minimum of 6 months unless you are seen in the clinic and personally cleared at 3-6 months post-op.

Gentle throat clearing is OK, severe coughing is not. Warm tea with lemon and honey cuts down on the mucus and the throat clearing. Plain Mucinex may be tried, but is usually not all that useful or necessary. You will go home with a codeine-based cough suppressant to use as necessary.

Use extra-strength Tylenol (or generic) AND ibuprofen AT THE SAME TIME for post-operative discomfort. Follow the instructions on the bottles for the dose and frequency.

Every patient goes home on steroids. The steroids are MANDATORY and could be life-threatening if not taken. If you are spending the night in the hospital, the steroids are given IV during your stay, and you will begin the oral steroids the evening of the day AFTER your surgery. If you go home the same day you will begin the steroids the evening OF your surgery day. In either case, take the entire day's steroids all at once. That will be six tiny pills on the first dose/ first day, 5 tiny pills for the second dose/ second day, and so on until gone. Call the office immediately for any breathing difficulty.

If you are discharged on the day of surgery, you will be given a single anti-nausea dissolvable wafer to be used that night if you are having nausea. If not, you do not need to take it. In any case, the nausea goes away within 24-36 hours after general anesthesia. The codeine cough suppressant WILL increase your nausea, so use it only if really necessary.

Every patient will be taking stomach acid suppression medication for 1-3 months to limit silent reflux which could cause the stitches to dissolve early. Begin taking the morning after you are discharged from the hospital. After the surgery you are required to abstain all alcohol/ soda/ junk foods/ more than 1 cup coffee that could cause reflux for as long as you are on reflux medicine. A healthy diet = better healing. There are no other dietary restrictions. Sometimes taste will be altered post operatively for up to a month or so. This is due to the pressure of the scope on the tongue causing a “Charlie-hoarse” on the taste nerve. This is annoying, however is expected to fully resolve in time. Please be patient.

Work and activity: people respond to anesthesia differently. Some only feel ‘groggy’ for the day of surgery while others are ‘out-of-it’ for 4-5 days. Your body and common sense will dictate when you can resume work and light physical activity. Typically, one week off of all activity suffices for recovery. Also, any exercise or activity that causes panting, groaning or grunting IS USING your

voice. Remember the voice restrictions! Do not lift anything heavier than a gallon of milk until the neck stitch is removed. AVOID contact sports to the larynx.

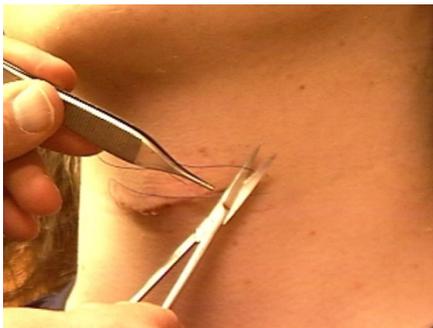
After the surgery the 2-inch neck incision is held by a blue stitch and “steri-strips” (little bandages), which should be left alone and kept dry. KEEP ICE over the incision 2-3 times a day for 30 minutes each until the stitch is removed, then apply heat 2-3 times a day for 20 minutes each until you are off of voice rest (microwave a wet washcloth until very warm but NOT scalding). The stitch and steri-strips need to be removed exactly 8 days after the surgery, by myself or by your local medical professional. You may bathe from the chest down and wash your hair in the sink, but may not shower or get the incision wet until the stitch is removed. Once the stitch is removed you may shower as usual, just pat the incision dry (do not scrub) and keep the incision covered when outside and exposed to full sunlight for 3 months by using a scarf and/or a high SPF sunscreen. You may begin using a silicone scar gel or equivalent if you like after one month.

Antibiotics are given after the surgery. Start your antibiotic prescription on the evening of the surgery if you go home the same day; or the evening of the day after the surgery if you are spending the night in the hospital. Call the office immediately if you develop increasing redness, swelling, pain or drainage from the incision, or a fever greater than 101 degrees. The swelling over the voicebox and incision generally takes 6-12 months to fully mature. Be patient!

NO PATIENT IS ALLOWED TO BE DISCHARGED FROM THE HOSPITAL WITHOUT ALL MEDICATIONS IN HAND.

To whom it may concern,

Patient is 8 days status post open cervical laryngoplasty, performed in Rochester, NY, and is currently on **strict voice rest**, presenting on my orders for cervical suture removal. Instructions are provided below. Please call the office during regular business hours at (585) 442-1110, or page afterhours at (888) 549-2261 and ask to speak with Dr. Haben should there be any questions or concerns.



After removal of the steri-strips, there will be a single long blue prolene running subcuticular suture that needs to be removed. The blue prolene will extend from both sides of the incision. Cut one end flush with skin.



Grab the other end and using your free hand for counter-traction against the incision, pull out the suture slowly so as not to break it. It will come out as a single 3-4 inch length suture. The incision requires no dressing.