

Voice Masculinization Surgery Post-Op Instructions:

PLEASE READ THROUGH EVERYTHING CAREFULLY AND
KEEP FOR REFERENCE

OFFICE (585) 442-1110

AFTERHOURS (888) 549-2261

EMAIL: www.professionalvoice.org/masculinization.aspx

Days 1-7:

KEEP ICE over your incision as much as possible for the first week, until the outside stitch is removed.

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. 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.

Your first meal or two after surgery should be small, soft and bland (yogurt, soup, rice) to keep you from vomiting. If and when your nausea is under control, you may resume a normal healthy diet that avoids alcohol, carbonated or sugary drinks and junk food.

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!

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.

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. The stitch and steri-strips need to be removed EIGHT

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.

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 **voiceless** work and light physical activity. Do not lift anything heavier than a gallon of milk until the outside stitch is removed*.

Days 1-30:

There are 30 days of strict voice rest after the surgery. This also means no whispering or mouthing words, moaning, groaning, sighing, grunting (think aerobic exercise) or vocalized straining.

You may contact me by email while on voice rest for NON-urgent questions:
www.professionalvoice.org/masculinization.aspx

After the stitch is removed on the 8th day after surgery, use heat compresses 4-5 times a day until Day 30. 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.

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.

Days 31-90:

Once you begin to gently use the voice on Day 31 expect a severe "surgical laryngitis" (hoarseness) for the first 4-8 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.

*Avoid **ALL contact sports** which could (even remotely) result in trauma or blunt contact to the neck.

You may begin using a silicone scar gel, scar bands, vitamin E oil or other commercially available scar reducer if you choose after Day 30.

NO ELECTIVE surgery under general anesthesia should occur for a minimum of 6 months unless you are seen in our clinic and personally cleared beforehand. ALWAYS disclose this surgery to your surgeon and anesthesiologist so that they may contact me for special precautions.

Beyond 3 months:

IF you are doing or resuming speech therapy, do not start or resume until you are at least 3 months out from surgery. Speech therapy prior to 3 months could actually harm the final results.

NEVER try to revise the neck incision before one year. It rarely needs to be done if you are patient, and if you are not, doing it before a year will make it much WORSE.

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.