

POST-OPERATIVE INSTRUCTIONS: Thyroplasty, Arytenoid Adduction, and Injection Laryngoplasty

These are general guidelines only. Your case may be different. If your physician has given you specific instructions, please follow them.

DEFINITION:

- Thyroplasty, arytenoid adduction, and injection laryngoplasty are surgical procedures to move a paralyzed or weak vocal fold (cord) closer to the center of the larynx in order to improve the voice. Thyroplasty is accomplished by placing either a goretex or plastic implant between the cartilage of the larynx (the “Adam’s Apple) and the vocal fold. Arytenoid adduction is accomplished by rotating the cartilage to which the vocal fold is attached. Injection laryngoplasty is accomplished by injecting a substance into the vocal fold.

ROUTINE INSTRUCTIONS:

Activity:

- Limit voice use for a week after surgery. This means use the voice only when necessary. This helps reduce swelling of the vocal folds and avoids “slippage” of the implant..
- Your physician will discuss with you if more strict or longer voice rest is necessary.
- No coughing, heavy lifting, or straining until instructed by your surgeon.

Diet:

- Eat lightly at first.
- Eat slowly and avoid choking or coughing.
- Maintain your reflux diet.
- Stay well-hydrated.

Medication:

- Go back to your prior medication unless otherwise told by your physician
- Be diligent with your reflux medications.
- Tylenol® may be taken as needed for pain.
- You may have been given a prescription by your physician, take as directed.
- Robitussin DM or Mucinex DM may be taken to help suppress a cough.
- Do not drink alcohol; take tranquilizers, sleeping medication, or any non-prescription medication unless approved by your surgeon.

WHAT TO EXPECT:

- You may have a dressing wrapped around your neck. You may remove this the morning after surgery unless otherwise instructed by your surgeon. When you remove this you will pull out a small rubber-band drain that is attached to the dressing.
- If you had an injection laryngoplasty, you may have a mild sore throat, mouth, or tongue. You may also have temporomandibular joint, and/or ear pain.

CONTACT YOUR PHYSICIAN IF YOU HAVE:

- Difficulty breathing.
- Uncontrollable cough.
- A fever of 101 degrees (by mouth) or higher.
- Heart rate > 100 beats per minute
- Chest discomfort
- Severe trouble swallowing
- Redness or drainage from your incision

POST-OPERATIVE CARE:

- You should keep your incision dry except for cleaning it gently with ½ strength hydrogen peroxide and applying bacitracin ointment twice a day.
- You should see Dr. Rubin and Dr. Menaldi 1 week after surgery unless instructed differently.
- **If you have an urgent problem and are unable to reach your physician surgeon through the office phone system, please go to the emergency room.**

PRECAUTIONS:

- You should not drink alcoholic beverages or operate power driven equipment/appliances while taking pain medication which contains codeine or derivatives of narcotics such as Lortab as these medications may impair judgment.

If you have any concerns not covered here or by your surgeon, please contact the office. After office hours the telephone answering machine will instruct you as to how to contact the physician on call.

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