

Patient Information

Discharge Information following a Laser Excision

Introduction

This leaflet gives you information about what to expect following your laser excision.

Follow up appointments

- The consultant will see you at an outpatient clinic
 2 to 4 weeks after your discharge from hospital. This will be to review your recovery progress.
- The Head and Neck speech and language therapists and dietitians will advise you on the consistency of food you can safely manage before you are discharged from hospital. They will see you at regular joint outpatient reviews to help build up your diet.

What to expect following discharge

- You should clean your teeth as normal but be careful in the area close to the laser wound. If you find that food sticks to the wound, gently rinse with the mouthwash you were given when discharged or with warm salt water.
- Immediately following the surgery, the area treated with the laser will look charred. This is normal.
- The wound may look quite large following surgery but it will heal quickly. After a week or so you may notice that the wound has turned a yellow/white colour in appearance. This is normal and does not mean it is infected.
- The wound may also be quite uncomfortable following the laser surgery. This pain can be managed with simple overthe-counter pain relief such as paracetamol and ibuprofen. You can take paracetamol and ibuprofen at the same time or spaced apart. Please ask your pharmacist for advice. Ibuprofen is best taken with food or on a full stomach. Follow the instructions on the label or leaflet about how to take the medicines.

We will also send you home with pain relief.

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Department

Head and Neck/ Oncology

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What to do if you have a problem at home

- Pain If the pain you are experiencing is not being controlled with the pain relief you have been discharged with, please contact your GP for advice. The Head and Neck Clinical Nurse Specialists (CNS) can also advise you.
- Swelling This is to be expected following a laser excision and will slowly reduce over time. However, if the swelling worsens, please contact the Head and Neck CNS for advice.
 If the swelling starts to affect your ability to breathe, call 999 and ask for an ambulance.
- Bleeding If the wound oozes or bleeds, this can usually be stopped by applying pressure over the area for at least 10 minutes with a clean rolled up handkerchief or swab. Contact the Head and Neck CNS if you are concerned. If the bleeding continues or if you are bleeding a lot, please go to the nearest Accident and Emergency Department or call 999.
- Infection If you have any signs of infection such as a raised temperature, redness, new pain or a discoloured discharge then contact your GP, as you may need a short course of antibiotics.

Contact information

Clinical Nurse Specialists

Tel: 0300 422 6785

Monday to Friday, 8:00am to 4:00pm

Head and Neck Dietitian

Tel: 0300 422 3460

Monday to Friday, 8:00am to 4:00pm

Head and Neck Speech and Language Therapists

Tel: 0300 422 8105

Monday to Friday, 8:00am to 4:00pm

Out of Hours Ward 2b

Tel: 0300 422 6184

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Making a choice

Shared Decision Making

If you are asked to make a choice, you may have lots of questions that you want to ask. You may also want to talk over your options with your family or friends. It can help to write a list of the questions you want answered and take it to your appointment.



Ask 3 Questions

To begin with, try to make sure you get the answers to three key questions if you are asked to make a choice about your healthcare.

- 1. What are my options?
- 2. What are the pros and cons of each option for me?
- 3. How do I get support to help me make a decision that is right for me?

Ask 3 Questions is based on Shepherd HL, et al. Three questions that patients can ask to improve the quality of information and Counsellina. 2011;84: 379-85







AQUA https://aqua.nhs.uk/resources/shared-decision-making-case-studies/