



Dr. Huang's Post-Operative Instructions: INSPIRE Hypoglossal Nerve Stimulator Placement

General Care:

Rest: After surgery, take it easy and avoid strenuous activities or heavy lifting for 1-2 weeks. It is fine to go for walks and do your normal daily activities but avoid lifting/running or golfing.

Diet: You may resume a normal diet immediately after surgery. Some mild tongue numbness or sensitivity is normal and some people will prefer a soft diet for the first few days.

Sleeping Position: Sleep with your head slightly elevated for the first few days to reduce swelling.

Incision and Wound Care:

- Two incisions will be made: one at the upper neck, one below the collar bone over the chest.
 - **Steri-strips®** will be placed over the incisions and can remain in place until your first postoperative appointment.
 - **Pressure Dressings** may cover the chest incisions. Leave them in place for 48 hours; after removal, keep the Steri-strips intact.
 - You may shower after removing any pressure dressings, leaving the Steri-strips in place. The Steri-strips can get wet.
 - Expect swelling at the incision sites, which should improve over 2-4 weeks. Swelling under the jaw, giving a "double chin" appearance, is also normal and will resolve with time.
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Pain Management:

- Pain is generally mild to moderate after this procedure and usually resolves within 7-14 days.

- Over-the-counter pain relievers like Acetaminophen (Tylenol) or Ibuprofen (Motrin, Advil) can be used as directed. Prescription pain medication may also be provided if necessary.
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Symptoms to Watch For:

Contact your doctor if you experience any of the following:

Contact Dr. Huang's nurse at 402-403-3094 extension 123 OR Option #2 followed by Option #2

- Fever higher than 100.5°F.
 - Excessive swelling at any incision site.
 - Bleeding from incisions.
 - Slurred speech or difficulty swallowing.
 - Shortness of breath.
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Activity Restrictions:

- **Avoid Lifting:** Refrain from lifting heavy objects or performing strenuous activities for the first week after surgery.
 - **Arm Movement:** Do not raise your right arm above shoulder height for 1 month to allow proper healing.
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Follow-Up:

- **Post-Op Appointment:** A follow-up appointment will be scheduled 1 week after surgery to check your incisions and recovery progress.
 - **Device Activation:** The Inspire device will not be activated immediately after surgery. It will be activated during a follow-up visit, typically 4-6 weeks after surgery with your sleep medicine physician.
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What to Expect After the Procedure:

Week 1:

At your first postoperative visit, your incisions will be evaluated, and any remaining sutures will be removed. The device will remain inactive during this period.

Week 4-6 (Device Activation):

At your 4-6 week visit, your sleep physician will activate the device. The process is painless and takes less than 30 minutes. You will receive a remote control and instructions on how to use it. Stimulation levels will start low and can be increased gradually over time. You should begin using the device every time you sleep (including naps).

Week 12-16 (Sleep Study):

At approximately 3-4 months post-surgery, you will undergo a sleep study to adjust the device settings for optimal control of sleep apnea. The results will be reviewed with your sleep physician to ensure proper device function.

Risks of Inspire Hypoglossal Nerve Stimulator Placement:

As with any surgical procedure, there are some risks, including:

- Infection or bleeding at the incision sites.
- Swelling or discomfort around the implant.
- Nerve injury (rare).
- Pain or discomfort at the device sites.
- Foreign body reaction to the implant.
- Anesthesia-related complications.

Subsequent Visits:

Your physician will schedule periodic follow-up visits to check on your progress with Inspire therapy. During these visits, the device's usage will be monitored, and any necessary adjustments will be made.

Patient Acknowledgment:

I acknowledge that I have received and understand the post-operative instructions and risks for my Inspire Hypoglossal Nerve Stimulator placement.

Patient Signature: _____

Date: _____