JACKSONVILLE
SURGICAL ARTS
ORAL AND MAXILLOFACIAL SURGERY

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PRE-OPERATIVE INSTRUCTIONS

Biopsy of the Oropharynx

ABOUT YOUR PROCEDURE

You are scheduled for a biopsy of the oropharynx — the area at the back of the mouth and upper throat that includes the base of the tongue, tonsils, soft palate, and posterior pharyngeal wall (the back wall of the throat). A biopsy involves removing a small piece of tissue so it can be examined under a microscope by a pathologist. This is the most reliable way to determine whether a growth, lesion, or area of concern is benign (non-cancerous), precancerous, or cancerous, and to guide further treatment decisions.

Depending on the location and size of the lesion, your biopsy may be performed in one of two ways:

- **Office-based biopsy (under local anesthesia, with or without sedation):** If the lesion is easily visible and accessible in the front part of the oropharynx (such as the soft palate, tonsillar pillar, or visible tonsil area), the biopsy may be performed in our office. The area will be numbed with local anesthesia, and a small sample of tissue will be removed using a scalpel, punch biopsy instrument, or forceps. Sedation (nitrous oxide, oral sedation, or IV sedation) may be offered for comfort.
- **Biopsy under general anesthesia (examination under anesthesia / EUA):** If the lesion is located deeper in the oropharynx (such as the base of the tongue or posterior pharyngeal wall), or if a more thorough examination of the throat, voice box, and upper airway is needed, the biopsy will be performed in the operating room under general anesthesia. A scope with a camera will be inserted through the mouth to visualize the area, and tissue samples will be taken from any areas of concern. This is called an examination under anesthesia (EUA) with endoscopy and biopsy.

Your surgeon will explain which approach is planned for your case. Please read the following instructions carefully and contact our office with any questions.

WHY IS THIS BIOPSY BEING DONE?

A biopsy of the oropharynx may be recommended for a variety of reasons, including:

- A visible mass, growth, or ulcer in the back of the mouth or throat
- A persistent sore throat, difficulty swallowing, or pain that has not resolved
- An abnormal area seen on imaging (CT, MRI, or PET scan)
- A neck mass or swollen lymph node that may be related to a primary tumor in the oropharynx
- Follow-up of a previously identified lesion or area of concern
- Evaluation of a suspicious area identified during a prior examination

The biopsy results will help your medical team determine the exact diagnosis and develop an appropriate treatment plan. If the biopsy shows cancer, additional testing (such as HPV/p16 testing) may be performed on the tissue sample to guide treatment decisions.

BEFORE YOUR APPOINTMENT

- Inform our office of any changes to your medical history, including new diagnoses, hospitalizations, or surgeries since your last visit.
- Provide a complete and updated list of all medications you are currently taking, including:
  - Prescription medications
  - Over-the-counter medications (including aspirin, ibuprofen, naproxen)
  - Vitamins, herbal supplements, and nutritional products
  - Blood thinners (warfarin, Eliquis, Xarelto, Plavix, or others)
  - Inhalers
- **IMPORTANT ⚠ Blood Thinners:** If you take blood-thinning medications, please inform our office well in advance of your procedure. Depending on the type of biopsy, the location of the lesion, and your individual bleeding risk, your surgeon may coordinate with your prescribing physician regarding whether to continue, adjust, or temporarily hold your blood thinner. **Do NOT stop any blood thinner on your own without specific instructions from your medical team.**
- **Heart Conditions Requiring Antibiotic Premedication:** If you have a prosthetic heart valve, a history of endocarditis, certain congenital heart conditions, or a heart transplant with valve problems, please confirm with our office that your antibiotic prescription has been arranged.
- **Steroids:** If you take oral steroids (such as prednisone or dexamethasone) or use a steroid inhaler, please inform our office, as supplemental dosing may be necessary.
- **Diabetes:** If you are diabetic, please inform our office. Contact our office for specific instructions about adjusting your insulin or diabetes medication, especially if fasting is required for sedation or general anesthesia.
- **Sleep Apnea:** If you use a CPAP or BiPAP machine for sleep apnea, please inform our office and bring your machine to the appointment if the procedure will be performed under sedation or general anesthesia.
- **Loose or Damaged Teeth, Dental Crowns, or Bridges:** If you have loose teeth, dental crowns, bridges, or removable dental work, please inform our office. Instruments placed in the mouth during the procedure can potentially damage fragile dental work.

MEDICATIONS — WHAT TO CONTINUE AND WHAT TO AVOID

Continue taking all regular medications unless specifically instructed otherwise by your doctor or our office.

- **Blood thinners:** Follow the specific instructions provided by your surgeon and prescribing physician. For office-based punch or incisional biopsies, blood thinners can often be continued with local hemostatic measures. For procedures under general anesthesia or biopsies in highly vascular areas, temporary interruption may be recommended.
- **Anti-inflammatory medications:** Unless otherwise directed, avoid aspirin, ibuprofen (Advil, Motrin), naproxen (Aleve), and other NSAIDs for 3 days before your procedure, as they may increase bleeding. Acetaminophen (Tylenol) is acceptable.
- **Herbal supplements:** Stop taking fish oil, vitamin E (high dose), ginkgo biloba, garlic supplements, turmeric, and other herbal products that may increase bleeding at least 7 days before your procedure.
- **Pre-operative antibiotic:** If you have been prescribed an antibiotic for this procedure, take it exactly as directed.

ORAL HYGIENE PREPARATION

Reducing bacteria in your mouth before the procedure helps lower the risk of infection at the biopsy site.

- If a chlorhexidine (Peridex) mouth rinse has been prescribed, begin using it as directed — typically starting 1–2 days before your procedure. Rinse twice daily for 30–60 seconds.
- Brush and floss all teeth thoroughly in the days leading up to your appointment.
- Rinse with chlorhexidine mouth rinse the morning of your procedure.

THE DAY BEFORE YOUR PROCEDURE

- Do not consume alcohol for at least 24 hours before your appointment.
- Get a full night of rest.
- Fill any prescriptions provided by our office (pain medication, antibiotic, medicated mouth rinse) so they are ready for use after your procedure.
- Purchase soft foods for your recovery. You will need to eat a **soft, cool, bland diet for 3–7 days** after the biopsy, depending on the location and size of the biopsy site. Good options include:
  - Yogurt, applesauce, pudding, smoothies
  - Lukewarm or cool soup and broth (not hot for the first 48 hours)
  - Mashed potatoes, scrambled eggs, oatmeal
  - Ice cream, Jell-O, popsicles
  - Protein shakes and nutritional supplement drinks (such as Ensure or Boost)
- If you have been prescribed an oral sedative to take the night before your procedure, take it as directed.

THE MORNING OF YOUR PROCEDURE

If the biopsy will be performed in the office:

- **Local anesthesia or nitrous oxide only:** Eat a light meal 1–2 hours before your appointment. Avoid heavy or greasy foods.
- **Oral sedation:** Do not eat or drink anything for at least 6 hours before your appointment, unless otherwise instructed. Take the prescribed sedation medication as directed.
- **IV sedation:** Do not eat solid food for at least 8 hours before your appointment. Clear liquids (water, apple juice without pulp — no milk) may be consumed up to 2 hours before. Do not drink anything within 2 hours of your appointment.

If the biopsy will be performed under general anesthesia (EUA):

- Do not eat solid food for at least 8 hours before your procedure.
- Clear liquids (water, apple juice without pulp — no milk) may be consumed up to 2 hours before. Do not drink anything within 2 hours of your procedure.
- Take only the medications your surgeon or anesthesiologist has approved with a small sip of water the morning of surgery.

For all patients:

- Rinse with chlorhexidine mouth rinse the morning of your procedure (if prescribed).
- Wear comfortable, loose-fitting clothing with short sleeves or sleeves that roll up easily.

THE MORNING OF YOUR PROCEDURE (CONT.)

- Remove contact lenses, jewelry, watches, and nail polish.
- Leave valuables at home.
- Arrive at the time instructed by our office. If the procedure is at a hospital or surgery center, you may be asked to arrive 1–2 hours early for pre-operative preparation.

TRANSPORTATION

- **Local anesthesia or nitrous oxide only (office-based):** You may drive yourself to and from the appointment.
- **Oral sedation, IV sedation, or general anesthesia:** You MUST have a responsible adult drive you to and from your appointment. Your driver must remain in the office, surgery center, or hospital during your procedure. You will not be permitted to drive, take a taxi alone, or use rideshare services unaccompanied. A responsible adult must stay with you for several hours after you return home.

SMOKING AND TOBACCO

- Do not smoke, vape, or use any tobacco or nicotine products for at least 1 week before your procedure.
- Smoking impairs blood flow to the tissues, delays healing, and increases the risk of infection at the biopsy site.
- If the biopsy is being performed to evaluate a lesion that may be related to tobacco use, this is an important time to consider quitting. Please ask our office or your primary care physician about smoking cessation resources.

WHAT TO BRING

- Photo ID and insurance card
- Complete list of current medications
- Any prescribed pre-medications (antibiotics or sedatives) if not yet taken
- Your inhaler, if you have asthma
- Your CPAP/BiPAP machine, if applicable (for procedures under general anesthesia)
- Any prior imaging (CT, MRI, PET scan) on disc or accessible electronically, if not already provided to our office
- A responsible adult driver (if receiving sedation or general anesthesia)
- A list of questions for your surgeon

IF YOU ARE FEELING ILL

If you develop a fever, cold, sore throat, cough, nausea, vomiting, or any new illness before your appointment, please call our office as soon as possible. Your procedure may need to be rescheduled, particularly if general anesthesia is planned, as respiratory illness increases the risk of anesthesia complications.

WHAT TO EXPECT

Office-based biopsy:

- The procedure typically takes **15–30 minutes.**
- The area will be numbed with local anesthesia (an injection to numb the tissue). You may feel pressure but should not feel sharp pain.
- A small piece of tissue will be removed using a scalpel, punch biopsy instrument, or biopsy forceps.
- The biopsy site may be closed with one or two dissolvable sutures, or it may be cauterized (sealed with heat) and left to heal on its own.
- You may experience mild to moderate soreness at the biopsy site for 2–5 days. A sore throat is common, especially for biopsies taken from the tonsil area, soft palate, or posterior pharyngeal wall.
- Minor bleeding or blood-tinged saliva is normal for the first 1–2 days.