

Proliance South Seattle Otolaryngology

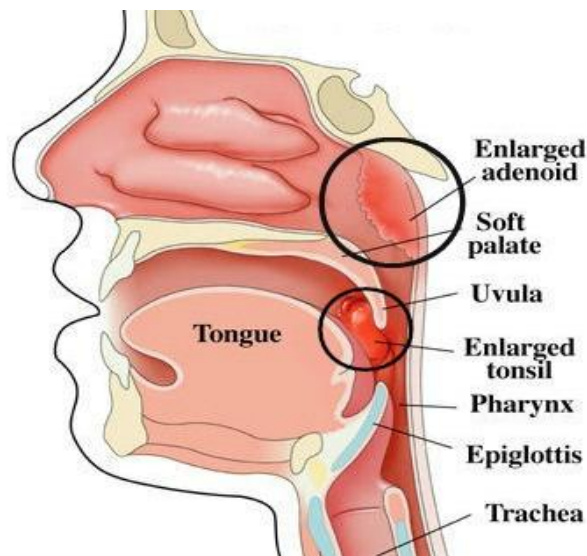
Tonsillectomy and Adenoidectomy

Pre-Operative and Post-Operative Instructions

What are Tonsils and Adenoids?

The tonsils are two pads of tissue on either side of the back of the throat that play a role in helping the body screen for diseases. The tonsils may need to be removed if they cause recurring infections or make it hard to breathe.

The adenoid is a single mass of tissue, similar to the tonsils, which is located behind the nose, hidden from view by the soft palate. An adenoidectomy may be needed if the tissue is enlarged and obstructs nasal breathing and/or obstructs the Eustachian tubes, resulting in recurring ear infections. You will not be more prone to illness without the tonsils and/or adenoids. In fact, you may develop fewer infections.



Before Surgery

- Do NOT take Aspirin or Aspirin-related products (ie. Ibuprofen, Advil, Aleve, Motrin, Excedrin) for two weeks before surgery.
- Notify your doctor if there is any family history of bleeding tendencies or a tendency to bruise easily.

Day of Surgery

- Check in at the front desk 90 minutes prior to surgery.
- The surgery is usually an outpatient procedure, and you will be able to go home after recovering for a minimum of 2 hours.

After Surgery

Medications

- DO NOT take Aspirin or Aspirin-related products (ie. Ibuprofen, Advil, Aleve, Motrin, Excedrin) until cleared by your doctor.

- Take pain medication every 3-4 hours for the first 2-3 days after surgery. This means waking your child up at night to administer pain medication to stay on schedule. It is harder to manage pain if you get behind on a dose.
- After several days, as the pain starts to improve, you may start reducing the frequency of the pain medication.
- Your doctor may prescribe pain medications. Otherwise use Acetaminophen or Tylenol to relieve pain.
- Do NOT take Acetaminophen or Tylenol and the prescribed pain medication at the same time.

Activities

- Avoid strenuous activity for two weeks after surgery. Plan to rest at home.
- No smoking, heavy lifting or bending.
- Do NOT open your mouth widely or try to look at your throat to assess healing, as this can cause bleeding. (No selfies!)
- No travelling for at least two weeks after surgery. Bleeding on a plane would be very dangerous.

Diet

- Staying well hydrated and appropriate nutrition are two aspects of safe recovery. Getting dehydrated may cause increased pain, a low-grade fever, reduced urination and constipation. It is often necessary to encourage children to drink small, frequent sips, as they will likely not want to drink.
- Recommended liquid volume:
 - Children <50 lbs.: 1 quart/day; Children 50-100 lbs.: 1.5 quarts/day; Adults: at least 2 quarts/day.
- Plain water is not enough.
 - Juice, Gatorade, Powerade, Pedialyte, lukewarm tea, flat soda, broth. Smoothies
 - Jello, popsicles, sherbet, frozen yogurt, pudding.
 - Eggs, mashed potatoes, bananas, apple sauce, soft cooked vegetables, noodles, lukewarm soups, oatmeal.
- Liquids and food to NOT consume for two weeks:
 - Abrasive foods (hard crackers, chips, cornflakes, toast), as these may cause bleeding
 - Hot liquids or foods, as these may cause bleeding.
 - Spicy food, Citrus juices, carbonated liquids, as these may be irritating and painful.
- We have found that patients who maintain sufficient calories after surgery often avoid wound healing complications and bleeding.

General estimates vary on weight, height and stress:

Children ages	2 - 6	1400 - 1600 calories
	6 – 12	1600 - 2200 calories
	13 – 18	2200 - 3200 calories
Adult women		1800 - 2800 calories
Adult men		2000 - 3200 calories

Performing calorie counts/diaries every day will help patients and their family in their goals.

Post-Operative Symptoms

- The throat will feel raw and sore for several days following surgery and can worsen slightly around 3-4 days after surgery. Recovery can be particularly painful for teenagers and adults.
- Expect the pain to last for approximately 10 days. The pain medication will help relieve some of the pain but cannot eliminate it. It is incredibly important to keep drinking fluids.
- Some patients experience nausea and vomiting after anesthesia. This typically resolves after 24-36 hours after surgery. Narcotic pain medication can also cause nausea and vomiting; many patients will prefer acetaminophen if they associate taking their narcotic pain medication with nausea and vomiting. Please call if this does not resolve.
- It is common to experience ear pain after surgery. This does not indicate an ear infection or problem with your ear.
- A low-grade temperature (<101.5 F) may occur after surgery. Frequently this is due to dehydration.
- Bad breath is common after surgery and should resolve within 8-10 days following surgery. Do NOT try using mouthwash as it will hurt.
- A white/yellow film develops over the surgical site and is normal and does not indicate infection.
- The uvula may become very swollen after surgery. This is temporary and will resolve in 5-7 days.
- It is common for snoring to worsen for several days after surgery.
- The voice may sound different after surgery.
- Occasionally fluid may regurgitate into the nose for up to two weeks after surgery. If this occurs, drink slowly.
- Pain medications, dehydration and reduced diet can result in constipation. Increasing fluid intake, prune juice and milk of magnesia (stool softener) can be helpful.
- It is okay to gently brush teeth.
- Avoid coughing, throat clearing and nose blowing after surgery.

Bleeding

- Bleeding can occur any time in the first two weeks after surgery – most commonly around day 10.
 - Slight bleeding in the first few days is common. Try temporary bed rest and ice chips for 5-10 minutes. If the bleeding persists, call the office.
 - Active or persistent bleeding requires that you immediately go to the Emergency Room (use – Highline Medical Center if it is close), Call 911 if there is significant active bleeding.
 - Do NOT open your mouth to inspect throat or the cause of bleeding as this may worsen the bleeding.

Please call (206) 242-3696 or ask your surgeon directly if you have any additional questions or concerns about your surgery or the recovery.