

Collin County Ear Nose and Throat

TONSILLECTOMY/ADENOIDECTOMY POST-OPERATIVE INSTRUCTIONS

You may have questions about the post-operative period. This sheet will address the most frequently asked questions. Read this carefully and keep it in a convenient place for easy reference. If you have questions that are not adequately answered or not covered by this instruction sheet, then please ask me during the post-operative rounds or call me during normal office hours.

Immediate post-operative period

The patient will likely be disoriented in the immediate post-operative period. This is due to the anesthetic agent(s) and may last up to several hours. The patient may have nausea and vomiting. This can be controlled with medication. Pain medication will be given as needed. Once the patient is alert, the recovery room nurse will give him/her something to drink. Once the patient can drink some liquid without vomiting, he/she can be released from the recovery area. At this point the patient will either be discharged home if all of the discharge criteria are met or admitted into the hospital as previously planned. If the patient does not meet all of the discharge criteria, then plans will be made for overnight admission.

Medicines

The patient will be discharged with several medications. An antibiotic will be prescribed. It is important to take this as instructed; it will facilitate more rapid healing. There will be a narcotic prescribed for severe pain. Please follow the dosing schedule on the prescription. It is also helpful to give a full dose approximately 30 minutes prior to mealtimes to lessen the pain associated with swallowing. Minor pain or fever should be treated with Tylenol. Avoid aspirin or other non-steroidal anti-inflammatory drugs, e.g., ibuprofen, Motrin, Advil, Aleve, as these medications can cause bleeding. A third medication may be given as needed. It will be a suppository or orally dissolving tablet to alleviate nausea and vomiting.

Activity Restrictions

- 1) Avoid strenuous activities for the first week. No lifting greater than 10- 20 lbs for an adult.
- 2) Light activities such as paperwork, schoolwork, watching television, or walking are acceptable.
- 3) The level of activity should be slowly increased after the first post-operative week as tolerated. By the end of the second postoperative week, the patient should be back to his/her pre-operative level of activity.
- 4) The patient should not travel out of town for at least 2 weeks after surgery.

Post-operative Care

If the patient is old enough to gargle, gargling with a salt and baking soda solution may help soothe the throat. Topical anesthetic sprays, such as, Chloraseptic spray, may also be helpful in relieving some of the pain. Vigorous brushing of the teeth in the back of the mouth should be avoided for the first post-operative week.

Food

Adequate fluid intake is the most important thing for the first few post-operative days. A minimum of 4 cups of liquids must be taken a day. Toddlers should take at least 2 cups a day. Obviously, the more the patient can take in, the better. A good rule of thumb is to have at least 2 wet diapers or urinations in a 24 hour period.

Swallowing early on will also facilitate faster healing. Taking the pain medication 30 minutes prior to mealtimes can help the patient swallow with less pain and discomfort. Start with clear liquids - Gatorade or something similar is a good first choice - then progress to other liquids and then gradually to soft solid foods as tolerated. Small bites of food are usually more easily tolerated. There is no need to push solid food in the first post-operative week. It is much more important to have adequate fluid intake. Avoid hard foods, that is, anything with a hard crust or hard edges, such as chips, pretzels, bread crusts, etc. No food restrictions with adenoidectomy alone.

Return to Work/School

Most patients are able to return to school or work within 5-7 days. For those patients whose work involves strenuous activities, light work may be performed after the first week. I would not recommend resuming strenuous work until 2 weeks after surgery. School-aged patients may be excused from gym classes or school athletics for these 2 weeks.

Exposure

The patient should not be exposed to cigarette smoke for at least 2 weeks. Avoid exposure to extreme heat, cold, damp weather or sick people for 2 weeks. Avoid large crowds of people for a week.

Follow Up

Call the office to schedule a follow up appointment. It generally takes about 2-3 weeks to completely recover from the surgery, but we typically see you within 7-10 days.

Anticipated Problems & Complications

- **Sore Throat** - this may *not* be very severe after adenoidectomy alone. On the contrary, this can be very severe with a tonsillectomy, and the pain often gets worse day by day (3-4 days out) before it gets better.

- **Ear Pain** - This is usually referred pain from the throat and does not represent an ear infection. Pain medication should help this problem.
- **Fever** - A low grade fever (<101 F/<38 C) is common during the first 48 hours after surgery. This can be readily treated with either the prescription analgesic, such as Lortab or Tylenol #3, which already contains Tylenol, or regular Tylenol. Do not give aspirin or ibuprofen-related products. The fever can be caused by or exacerbated by dehydration due to inadequate oral fluid intake. It is therefore important to continue to take in an adequate amount of fluids throughout the postoperative period. Please call if the temperature is >101.5 F/>38 C.
- **Nausea/Vomiting** - This is not uncommon during the first 24 hours and usually disappears after 48 hours. There are a number of causes for the nausea. One, it could be a reaction to the anesthesia. Two, sometimes during the surgery a small amount of blood is swallowed, which could cause the nausea. Finally, the narcotic analgesic taken on an empty stomach itself can contribute to the nausea. Use the prescribed suppositories or orally disintegrating tablets as needed.
- **Tonsil Scab** - During the normal post-operative convalescence, you may notice a thin white or pale yellow membrane covering the tonsillar areas. Do not be concerned; this does not indicate an infection. It is a part of the normal healing process. This film will begin to slough off in 7-10 days; the majority should be gone by the end of 2 weeks. It may give the breath a foul odor. Gargling with a salt and baking soda solution should help.
- **Bleeding** - Fortunately, this only occurs in about 2% of the cases. This will most likely occur one of 2 times: within the first 24 hours due to release of a blood vessel that was in spasm in the OR; or it may occur in 6-10 days when the scab sloughs off and that tissue is raw. This can often be stopped by gargling ice water, hydrogen peroxide (straight from bottle), and even Afrin nasal spray. Call us 24 hours a day if bleeding persists longer than 20 minutes after doing the above gargles.
- **Snoring**-This will usually improve postoperatively. The full effect will not be seen until several weeks later, after the swelling subsides. The snoring may even worsen initially due to the swelling.
- **Swollen Neck Lymph Nodes** - Usually self-limited with resolution in 1-2 weeks.
- **Weight Loss** - Very common. Usually 2-8 pounds over the first 10 days but may be as high as 15 pounds in some individuals. Should regain back to preoperative weight within a month.

- **Excessive Mucus & Salivation** - This is common and expected. Encourage patient to swallow. This will improve as the swallowing improves.
- **Nasal Obstruction** - Can occur, especially with adenoid surgery. Self-limited. Topical decongestants may be helpful in severe cases.
- **Constipation** - This is usually not a problem. It may be due to the narcotic pain reliever. You may use any mild over-the-counter laxative.

**William B. Cobb, MD
Ewen Y. Tseng, MD
Keith E. Matheny, MD**

**8380 Warren Parkway, Suite 504, Frisco, TX 75034
(972) 596-4005**