

## **Operative Instructions Tonsillectomy and Adenoidectomy**

### **What are Tonsils and Adenoids?**

The tonsils are paired pads of tissue located on either side of the back of the throat. The adenoids are a similar pad of tissue located very high in the throat, behind the soft palate.

### **Most common reasons for Tonsillectomy or adenoidectomy:**

1. Upper airway obstruction: Enlarged tonsils and/or adenoids can block the airway causing difficulty breathing, especially during sleep.
2. Recurrent infections: The tonsils and/or adenoids can be a reservoir for bacteria and cause recurrent infections. These infections can lead to time missed from school and/or work, and can also lead to more serious infections.

### **Preoperative care:**

No aspirin or Pepto-Bismol for one week before. Please notify your doctor if there is any family history of bleeding or clotting problems, a history of bleeding or clotting problems with the patient or the patient is taking any blood thinners.

### **The Surgery:**

The surgery takes 30-60 minutes. The patient remains at the hospital for a minimum of several hours after surgery, or may stay overnight.

### **Postoperative Care:**

- It takes most patients 7-10 days to recover from surgery. Some patients feel better in just a few days, and some take as many as 14 days to recover.
- Drinking- The most important part of recovery is to drink plenty of fluids. Some patients are reluctant to drink because of pain. Offer and encourage fluids frequently such as juice, soft drinks, popsicles, Jell-O, pudding, yogurt and ice-cream. Please call the office if you are worried that oral intake of liquid is not enough or if there are signs of dehydration (such as: urination less than 2-3 times per day). Occasionally, when drinking, patients may have a small amount of the liquid come out the nose. This should resolve within a few weeks.
- Nausea/ Vomiting- Some patient's experience nausea and vomiting from the general anesthetic. This occasionally occurs during the first 24 hours after surgery and usually resolves on its own. In the first 24 hours, if vomiting occurs, there may be small amounts of fresh blood (bright red) mixed with old blood that is dark like coffee grounds. This is normal. If at any time after the first 24 hours, there is bright red vomit, black vomit, or if it appears like coffee grounds, this may be a sign of bleeding and swallowing the blood. If this occurs, please contact the office immediately.
- Eating- The sooner eating and chewing are resumed, the quicker the recovery. All food that is eaten must be somewhat soft, nothing with a crust or an edge. Foods to avoid would be things like toast, steak, raw vegetables, chips, pretzels, pizza, dry cereal, and dry crackers. Most patients do not want to eat

these foods anyway after surgery. Good foods to try would be things like soup, noodles, applesauce, mashed potatoes, and any of the liquids mentioned above. Many patients are reluctant to eat because of pain. Make sure they are getting their pain medication as directed. As long as their fluid intake is good, don't worry so much about eating. Many patients are uninterested in eating for up to a week. Most patients lose 5-10 pounds after the surgery, which is gained back when a normal diet is resumed.

- Fever- A low grade fever is normal for several days after surgery. Please call the office if the temperature is over 102°F.

- Activity- Most patients rest at home for several days after surgery. Activity may be increased, as the patient desires. Generally, the patient may return to school or work when they are able to keep themselves hydrated and are off the narcotic pain medication. This is 7-10 days for most patients, but may be up to 14 days for some. No driving or operating heavy equipment while on the narcotic pain medication. Heavy lifting and strenuous activity should be avoided for two weeks. Please do not travel away from the Denver metro area for 2 weeks after surgery.

- Breathing- Snoring and mouth breathing are normal after surgery because of swelling. Normal breathing should resume 10-14 days after surgery.

- Scabs- A membrane or scab will form where the tonsils and adenoids were removed. The scabs are thick and white and cause bad breath. This is normal, and is not an infection.

- Bleeding- Immediately after the surgery, you may see some blood tinged saliva or nasal drainage, but it should be minimal. Once you are home there should be no bleeding. Although bleeding is unusual after the surgery, if any bleeding occurs, ask the patient to rinse out their mouth with ice cold water and re-check. If there are no signs of bleeding, keep activity to a minimum and check again periodically. If the bleeding continues, call our office immediately. If you reach the answering service, have the on-call physician paged. If you do not receive a return call within 10-15 minutes, or if you are afraid to wait, you can go to the nearest emergency room. If you are alone with your patient and do not feel safe driving please call 911.

- Pain- Most patients experience a fair amount of throat pain after surgery. Many patients also complain of earache. The same nerve that goes to the throat goes to the ears and stimulation of this nerve may feel like an earache. The severity of pain may fluctuate during recovery from mild to very severe; and may last up to 14 days. Dr. Dickey will prescribe a liquid pain medicine which should be given on a regular basis to not only treat the existing pain, but also to keep the patient from developing pain, and to allow them to swallow easily to keep them hydrated. Once the severity of the pain decreases enough, switch to plain liquid Tylenol and/or liquid Ibuprofen. DO NOT give both plain Tylenol and the prescription medicine at the same time, both medicines contain Tylenol and giving both can overdose the Tylenol portion.

- Brushing the teeth is acceptable (watch the back of the throat), but patients should not gargle or use mouthwash.