

TONSILLECTOMY AND/OR ADENOIDECTOMY
POST-OPERATIVE INSTRUCTIONS

Post Op Appointment Scheduled for: _____

If you or your child has undergone a tonsillectomy, tonsillectomy and adenoidectomy (T & A) or an adenoidectomy please read the following information carefully:

PAIN

Pain following tonsillectomy is common and at times may be severe. Post-operative pain from adenoidectomy alone is usually less bothersome and may not occur at all. Discomfort is usually centered in the mouth and throat, but may occur elsewhere. Ear pain is very common (due to a common nerve supply to both the throat and ears) and does not imply that the ears are infected. Jaw and tongue pain, headache and minor neck stiffness may be present.

Medication will usually be prescribed to help control pain. In general, Tylenol with codeine or another narcotic will be recommended. (Tylenol is the only over the counter pain medication that may be used post operatively. **Do not** substitute with aspirin, Motrin, Aleve, ibuprofen, etc). Remember that these medicines can cause drowsiness so appropriate precautions should be taken. Plan ahead if refills for pain medication will be needed, as certain types cannot be refilled by telephone.

Post-operative pain is unpredictable; some patients may feel worse several days after surgery rather than immediately following their operation. In general, most patients will notice definite improvement within 7 – 10 days although certain activities (yawning, laughing, and sneezing) may still be uncomfortable for a longer period.

DIET

There ARE No specific diet restrictions after surgery although most patients will choose liquid or soft foods because they are easier to swallow. Avoid dehydration by assuring that adequate amounts of liquid are taken. Acidic or spicy foods may cause discomfort. The temperature of the food/liquid is not important and the use of straws and dairy products is fine according to the individual's tolerance. Minor weight loss is common in the postoperative period but tends to correct quickly when a regular diet is resumed.

ACTIVITY

Recovery from surgery is variable but tends to be longer in adults. For the first week, no strenuous activity or exercise should be undertaken and we recommend restriction from work, school or travel. Many patients feel very lethargic during this period and may appear pale. You may resume normal activity after one week as you recover strength and re-establish a more complete diet.

FEVER

Low grade fever, up to 101.5 F (38.5 C) is common and may last several days. The pain medication recommended usually contains Tylenol but the strength of the Tylenol component may be lower than your regular dose. Therefore, it may be necessary to take some additional plain Tylenol to obtain a regular fever-breaking dose. The amount of Tylenol in your prescription might be listed on the bottle; if not, your pharmacist could give you this information.

THROAT PROBLEMS

As previously mentioned, pain is the most common symptom but others occur. The appearance of the throat changes markedly after surgery. Frequently there is swelling, especially in the palate and uvula (the “tear-drop shaped structure that dangles from the palate). The area from which the tonsils are removed is left open to heal naturally and this area often develops a white or yellowish healing membrane within several days of surgery. This is not an infection. Other discolorations may be present including redness and small darkened spots.

Some patients experience and unpleasant odor on their breath; this improves with healing. At times, thickened saliva or mucous may be present; increased fluid intake is often helpful. Voice changes may also be noted, most commonly a “nasal” sound and an elevation in pitch. These are temporary and will also improve gradually. Finally, some patients experience “nasal regurgitation”, where food or liquids seem to travel up in the back of the nose when swallowing. Again, this will pass as healing progresses.

NAUSEA/VOMITING

Nausea and vomiting can occur for several reasons including side effects from anesthesia and narcotic pain medicines. Medications to treat nausea may be given prior to leaving the hospital or for use when the patient returns home. It is not uncommon to see evidence of blood in the material that is vomited immediately after surgery. This usually represents blood that is swallowed at the time of the operation. Bloody vomiting occurring at a later time should be reported immediately.

In general, the management of nausea requires restriction of food/liquid intake until the sensation has subsided. Clear liquids should then be started gradually and the diet advanced according to the patient's tolerance. Remember that narcotic pain medicines can promote nausea and are best taken when there is already some food/liquid in the stomach.

BLEEDING

Bleeding after surgery is uncommon but unpredictable. Bleeding immediately after surgery usually occurs within the first 4 hours and would be recognized before a discharge from the hospital. Delayed bleeding can occur when a healing membrane becomes dislodged (usually between 5 and 10 days after surgery). The most common symptoms are spitting or vomiting red blood. Sometimes the bleeding will stop within several minutes through natural coagulation. If it does not, the doctor should be called immediately or emergency treatment sought, day or night.

Small bits of old blood or traces of blood in saliva are generally not a cause for alarm unless they are persistent, however, still contact your surgeon.

If you have any additional concerns or doubts do not hesitate to call your doctor.

Please call if you do not have a post-op appointment scheduled.