

Tonsils and Adenoids

Removal of tonsils and adenoids is one of the most frequently performed throat operations. It has proven to be a safe, effective surgical method to resolve breathing obstruction, throat infections and manage recurrent childhood ear disease. Pain following surgery is an unpleasant side effect, which can be reasonably controlled with medication. It is similar to the pain patients have experienced with throat infections, but often felt in the ears after surgery. There also are some risks associated with the removal of tonsils and/or adenoids. Postoperative bleeding occurs in a small percentage of cases, most often immediate, but it can occur at any time during the first two weeks after surgery. Treatment of bleeding is usually an outpatient procedure, but sometimes requires control in the operating room under general anesthesia. In rare cases, a blood transfusion may be recommended. Because swallowing is painful after surgery, there may be poor oral intake of fluids. If this cannot be corrected at home, the patient may be admitted to the hospital for IV fluid replacement. Anesthetic complications are known to exist; they are quite uncommon however, since most patients are usually young and healthy.

A follow-up appointment at approximately 3 weeks following surgery is necessary.

POST-OP INSTRUCTION

- Avoid clearing the throat, harsh or excessive coughing, forceful blowing of the nose, sneezing, smoking, contact with persons with respiratory infections (colds), or other infections.
- You may rinse your mouth frequently with water, however, avoid using strong mouthwashes. You may brush your teeth as usual and/or lubricate your lips as necessary. Avoid gargling.
- Bowel movements may appear to be tarry (black) due to swallowed blood. Avoid straining.
- Adequate rest should be obtained. Avoid vigorous exercise or heavy lifting for two weeks.

RISKS AND COMPLICATIONS

As with any surgery, there are possible risks and complications. These include the following:

- You may have a low grade fever (slight) for a few days.
- Adults particularly can expect a substantial amount of pain in the ears and throat.
- Call our office if you have any bright red bleeding or a high grade temperature.
- Stenosis, nasal reg. dysphagia, bleeding and infection.

With any procedure, there is a minimal risk of complication or even death.

ADDITIONAL INSTRUCTIONS

A soft diet should be continued for 2 weeks following surgery. Take antibiotic and pain medication as prescribed.

I have read and understand the above and have had all of my questions answered to my satisfaction.

Patient Signature _____

Witness Signature _____

Suggested Care After Tonsillectomy

DIET: Despite pain, eating and chewing are essential to decrease the incidence of bleeding after surgery. Days 1 - 3: Clear Liquids including water, ice chips, broths, soups, apple juice, soft drinks. Milk products will thicken the saliva, and make swallowing more difficult. Days 4-7 Easily Chewable foods such as hamburger meat, chicken (broiled or baked), rice, potatoes, soft bread, scrambled eggs, cereal, and cooked vegetables. Days 8 - 21 Regular Solids, but these should be chewed very well.

Chewing gum also helps restore the chewing muscles to normal. If throat pain is too much, take a dose of pain medicine about 30 minutes before eating. Mexican and Italian food will sting. Fresh citric juices and carbonated drinks will sting: add sugar or shake the fizz out to soften the sting.

ACTIVITY: Strict bed rest is not necessary and not recommended. Following tonsillectomy, particularly if you are an adult, you will not feel 100% for 7 to 11 days. But if the patient is a child and is eating, they can resume normal play as soon as possible.

Children should get plenty of sleep, and may resume school within 2 or 3 days. School aged children should not resume school until cleared by a doctor. Avoid excessive exposure to heat. It is common to have good days and bad days alternating for the first week and a half.

PAIN: Pain is the major hurdle to overcome. Pain in the throat and ears generally increases 2 to 5 days after surgery. Alternate your prescription pain med with Acetaminophen (Tylenol ®) or Ibuprophen (Advil ®). Aspirin products can cause bleeding and should be avoided. Too much prescription narcotic medication can cause nausea, vomiting, constipation, weakness, and drowsiness. It is also habit forming. I suggest using the prescription medication mornings and evenings so the patient can sleep better.

BLEEDING: Slight blood streaking in the sputum is normal. More severe bleeding is uncommon, but usually occurs 7 to 10 days after surgery. Bleeding results when the yellowish scab (eschar) separates too soon. If bleeding is minor, rinse the back of the mouth with sips of hydrogen peroxide and warm water (2 capfuls of peroxide in 8 ounces of warm water). It is not necessary to gargle, just hold the water in the back of the throat for a few seconds. It will fizz up; just spit it out and repeat the process several times. If bleeding persists or increases, call or go immediately to the emergency room of the hospital where the tonsillectomy was performed. I request that you not leave the Lufkin area for three (3) weeks following surgery, just because of the chance of bleeding.

VOICE: The voice will change after surgery. It may sound nasal or “leaky”. A leaky voice may result in children who have very large tonsils. This usually stabilizes in about 6 weeks. If leakiness persists beyond 6 weeks, please make another appointment to see me. Most voice changes are higher and clearer, a change we consider for the better.

SWELLING: Swelling in the throat is common for the first 24 to 48 hours and can make eating and breathing difficult. If this is the case, a short round of anti-inflammatory medication may be needed. Please call me if you did not receive this prescription and you feel you need it.