



Ear, Nose, and Throat (ENT)

*Head and Neck Surgery
Diseases of the Ears, Nose and Throat
Voice Disorders
Audiology and Hearing Aids
- Adult and Pediatric -*

POST OPERATIVE INSTRUCTIONS TONSILLECTOMY AND ADENOIDECTOMY

Your doctor is recommending that you or your child undergo tonsillectomy, with or without adenoidectomy. The following are guidelines to help ease the postoperative course and address frequently asked questions.

PAIN

Pain is typically the biggest issue during recovery. Throat pain, ear pain, neck stiffness, and headache are all commonly experienced after tonsillectomy. A liquid pain medicine is usually prescribed. We recommend that you take the medication regularly during the first few days after surgery and don't wait for the pain to become severe. This helps maintain the ability to swallow liquids. An ice bag on the neck may be helpful. Pain may increase through the first 2 or 3 days. Pain may also increase 5 to 8 days after surgery, as scabs in the throat normally begin to come off during this period. This usually improves in about a day. Total pain duration in children is usually 7 to 10 days. 10 to 14 days is more typical for adults. Despite pain medication, adult patients are rarely "pain-free", especially when swallowing. A more realistic goal is to get it down to a tolerable level.

DIET

Maintaining good fluid intake is the key to minimizing post-operative problems. Cool liquids are encouraged. Examples include popsicles, sport drinks, grape or apple juice, milkshakes, smoothies, flat carbonated beverages, or breakfast drinks. Avoid orange juice, cranberry juice, or tomato juice because the acidity will cause discomfort. Avoid any beverage with caffeine, as this will cause the kidneys to lose extra water. Patients should be urinating at least 3 times a day. If not, fluids need to be increased. Soft foods can be started as comfort allows. Popular examples include yogurt, pudding, macaroni and cheese, ice cream, or cooked vegetables (maybe not so popular with kids!). We recommend avoiding hard-edged foods for 10 to 14 days after surgery. Examples are potato chips, popcorn, dry cereal, hard crusty breads, or pizza crusts. These types of foods can scrape the scab off the areas that are healing, which may cause bleeding. Use of dairy products after tonsillectomy is sometimes controversial. Concerns involve "coating the throat" or "making saliva thicker". We have not found this to be a problem. Thickened saliva is generally a sign of dehydration, indicating more fluids are needed. For children who aren't eating, try coaxing with "special foods", such as ice cream or sugary fruit juices. While these are not a good foundation for a healthy diet, anything is better than nothing. It's not a good time to introduce Brussels sprouts!

MEDICATION

Low-grade fever is common after tonsillectomy. This is thought to be part of the body's response to the inflammation and healing at the surgical site. The prescription pain medication usually contains Tylenol (acetaminophen). This should help to lower the fever. Check carefully. If the medication does not contain Tylenol (acetaminophen), then Tylenol (acetaminophen) can be added to bring down the fever. Ibuprofen may also be used for mild to moderate pain or fever. Fever is often a sign of dehydration. More fluids should be taken. If pain is mild (usually after the first week), or if a child cannot tolerate the narcotic pain medication (nausea, behavioral problems), then plain Tylenol (acetaminophen) or ibuprofen (Motrin) may be used for the pain. Be careful not to combine or overlap dosage of plain Tylenol with prescription medications that may also contain Tylenol (acetaminophen). Tylenol over dosage may sometimes cause liver damage. Similarly, do not exceed the prescribed dosage of pain medication, as this may exceed the safe dosage of the Tylenol component. If the prescribed medication is not achieving a tolerable level of pain control, then you should call your doctor. If possible, try to make these calls during office hours, when records are more readily available.

NAUSEA

Nausea after tonsillectomy is fairly common. If this is severe, or there is persistent vomiting, call the office. Anti-nausea medication can be prescribed. Dehydration may actually worsen nausea. It is best to try to stay ahead on the fluids. If nausea or vomiting cannot be controlled with medication, call the office. Rarely, a patient may have to be treated with I.V. fluids in the emergency room. You should call the office before considering a trip to the ER.

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BLEEDING

Bleeding after surgery occurs in a few percent of patients. If bleeding is heavy or lasts more than a minute, call the office or go directly to the emergency room. Gargling ice water is sometimes recommended to stop the bleeding, but we do not recommend any significant delay in seeking treatment. For children, a short trip back to the operating room is often necessary. Adult bleeding can more often be stopped in the office or ER, but treatment in the OR is sometimes required.

SCHOOL AND WORK

Children will usually need to be out of school for 7-10 calendar days. This is due to pain, lethargy, inability to concentrate, and generally feeling sick. It is usually obvious that the child has no business being in school during this time. When the child is eating normally, off narcotic pain medication, and is energetic and alert, he or she is probably ready to go back. They should not participate in PE or team sports for two weeks. Similar guidelines apply to preschool children in day care. For adults, this is much more of an individual issue. You should not drive, operate machinery, or make important decisions when taking narcotic pain medication. If the work is strenuous or involves heavy lifting, 10 days should be considered a minimum.

ACTIVITY

Heavy physical activity sometimes causes bleeding. Heavy exercise (running, swimming, aerobics, weight-lifting, anything that makes you sweat!) should be avoided for two weeks after surgery. This applies to children and adults.

TRAVEL

Because of the danger of bleeding, travel should be avoided for 2 weeks after surgery.

MISCELLANEOUS

Bad breath is normal and lasts 7 to 10 days. There really is nothing to do about it. It is OK to brush teeth. Don't gargle with mouthwash. Children normally have a more nasal voice the first week or so. Some children will have mild nasal regurgitation of fluids when they swallow (i.e., the milk comes out their nose). This will usually improve over the first 2 weeks. Nothing specific can be done about it during the healing period. The operative site in the throat will have thick, white or gray scabs. The uvula (little thing that hangs down in the middle) will usually be swollen. These things are normal. Ear pain is a normal part of the pain experienced after throat surgery. The nerves for the throat send a small branch up to the ear. When the throat is very sore, the brain registers part of this sensation as ear pain. Jaw stiffness is also common. The tonsils sit next to some of the jaw muscles. The inflammation in the area causes some stiffness and discomfort in these muscles. This is often the last thing to clear up, even after most of the pain has gone. Chewing gum sometimes helps with the stiffness.

FOLLOW-UP APPOINTMENT

An appointment is usually scheduled for 2-4 weeks after surgery. Typically this appointment is set when you are scheduling the operation. Call the office during business hours if you do not have or cannot remember your post-op appointment. The doctor will examine the throat and discuss any concerns you may have.

If you have other questions or concerns, please call your doctor's office during business hours during the week (8 a.m. to 5 p.m.). For emergencies on the weekends or after hours, please call the Medical Exchange at (512) 458-1121 to reach the doctor on call.