Tonsillectomy is the surgical removal of the tonsils usually for chronic or recurrent infection or airway blockage during sleep. Adenoidectomy is the surgical removal of the adenoids, and it is done simultaneously or separately typically for chronic or recurrent ear disease, nasal obstruction, infection, or consequent dental bite or growth abnormalities.

RECOMMENDATIONS

1. Soft diet such as popsicles, custards, Jell-O and other liquids should be emphasized after surgery. Avoid carbonated drinks and milk products for the first day. Avoid sharp, spicy or hot foods for two weeks. Also avoid all except the gentlest use of a straw. Rarely, a patient may require readmission to the hospital for intravenous fluid replacement if he/she is unable to drink enough fluids to maintain normal amount of urine output; if this is the case, report to the Emergency Department for IV fluids. It is VERY important to keep drinking fluids and remain normally hydrated.

2. Acetaminophen (Tylenol) and ibuprofen or similar medications should be taken according to instructions for the child’s age (see package for doses). For best results, alternate the acetaminophen and ibuprofen every 3 hours around the clock for the first 48 hours then before bed, morning, and afternoon. Avoid the use of aspirin-containing products for 2 weeks.

3. Adults and older children will be given a prescription for prescription pain medication. It is okay to also take ibuprofen in addition to the prescription, but DO NOT take additional acetaminophen (Tylenol). Give pain medicines with food to avoid upset stomach. DO NOT drive while taking prescription pain medication.

4. Coughing, hawking, and clearing of the throat are to be avoided. Gargles are not to be attempted unless recommended by your doctor.

5. Patients should remain in the immediate geographic area because of the possibility of delayed bleeding occurring up to two weeks after surgery.

6. You may return to work or school when you are able. Avoid vigorous activity (including Physical Education, recess, sports) and lifting greater than 10 pounds or straining for 14 days after surgery.

(continued on back)
7. Due to the lack of food and use of pain medications, there may be constipation. If you feel constipated, do not strain as that can increase the risk of bleeding. Instead, buy an over the counter stool softener or suppository.

8. To keep your lungs expanded and decrease the chance of a post-operative pneumonia, take 5 deep breaths to fully inflate the lungs every hour while awake.

9. If you need a note to be off from school or work, contact the ENT office during normal business hours.

NORMAL THINGS TO EXPECT

1. A small amount of blood from the nose or in the saliva is to be expected. Persistent bleeding should be reported to your physician.

2. Ear pain, throat pain, or neck pain may occur and should be treated with Tylenol as above. Pain is normal for up to 14 days after surgery and may get worse on the 3rd to 7th day after surgery.

3. A muffled voice is to be expected. It will resolve. Swelling of the uvula in the back of the throat is normal. Keeping the head propped up whenever possible will help with the swelling.

4. There may be difficulty in swallowing or liquids may come out through the nose after surgery. This will go away after a variable time.

5. Temporary bad breath is common following surgery.

6. White patches in the throat are normal. This is what a “scab” looks like in the throat.

7. Nightmares may occur during the first two weeks following surgery and should be treated with reassurance and tender loving care.

The danger of serious bleeding is usually over after you leave the hospital. In about 2% of the population, there is some bleeding after 5 or 6 days or even up to 2 weeks after surgery. If this happens, do not get excited for this bleeding is usually slight. The patient should be quiet, lie down, and spit the blood out gently. He/She can gargle gently with ice water. If the bleeding does not stop promptly, call your surgeon. If there is profuse bright red bleeding from the mouth, go to your nearest emergency room promptly after calling your surgeon at 707.462.8855.