



INSTRUCTIONS FOR TONSILLECTOMY AND ADENOIDECTOMY

A. WHAT TO EXPECT ON THE DAY OF SURGERY:

1. The patient will be in the operating room and in the recovery area for approximately one or two hours from time of arrival at the hospital until the time of arrival in Phase II Recovery. Most patients are in Phase II Recovery for 3 to 4 hours.
2. Due to the effects of anesthesia and a sore throat, the patient will be very groggy, will probably sleep at intervals, and will likely settle down later in the evening.
3. Temperatures of up to 102° are normal, and there is no cause for concern if the patient's skin is warm to the touch.
4. While in the Surgery Center, the patient will be given liquids and soft foods such as Jello.
5. If the patient is restless and appears to be uncomfortable or nauseated, inform the nurses immediately. Medicine is available which may relieve the discomfort.

B. WHAT TO EXPECT AFTER SURGERY:

1. Many children experience earaches following surgery. This discomfort is likely due to the pain from the healing throat, and usually subsides by the fourth day after surgery. You may see white patches in the back of the patient's throat which is part of the healing process and should not cause alarm. A noticeable mouth odor is expected for a few days after surgery. It is important that the patient's teeth are brushed carefully and gently to prevent bleeding. The patient's voice will sound very "raspy" for several days, but will soon return to normal. You can also expect the patient to have a low-grade fever (under 102°) for a few days following surgery. However, if the patient experiences a persistent, severe earache, a high fever, a cough, or uncontrolled vomiting, we should be informed immediately.
2. **Bleeding:** Bloody discharges are common after surgery. Bleeding may occur any time during the first two weeks after a tonsillectomy, particularly 7 to 10 days after surgery. If blood is found on the tongue or lips, or if blood is vomited, the patient should rinse the mouth with a glass of ice water containing ice chips every 15 to 30 seconds for about 15 minutes. This will cool the back of the throat and may stop the bleeding. However, if the bleeding continues after rinsing, please call our office immediately. We are available 24 hours a day.



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C. PAIN AND DISCOMFORT:

1. The throat will be very sore for 24 to 48 hours after surgery. In order to minimize pain, it is important for the patient to take the medication prescribed as directed during this time. A small ice pack (i.e., a resealable plastic bag filled with crushed ice and wrapped in a washcloth) may provide additional relief. After the second day, the pain will lessen, and swallowing will become much easier.

REMINDER: We can only refill narcotic prescriptions during normal business hours. Please make sure that you have a sufficient supply of medication to last throughout the night, weekends, and holidays.

2. The patient's comfort can also be increased by:
 - a. keeping the head elevated with several pillows;
 - b. running a cool-mist vaporizer if the patient is breathing through the mouth;
 - c. discouraging frequent coughing and/or clearing of the throat;
 - d. encouraging the intake of fluids after the pain medication has taken effect – usually a maximum of one hour after the dose is taken;
 - e. discouraging the use of straws or hard sucking; and
 - f. applying either ice packs or warm packs to the earache site.
3. **WARNING:** Do not use products which may cause bleeding for 2 to 3 weeks after surgery (i.e., aspirin, products which contain aspirin, Ibuprofen – Advil or Motrin).

D. DIET:

It is extremely important for the patient to have an adequate intake of liquids. The chart below shows the minimum suggested amounts of liquids to be taken per day according to the patient's weight:

Weight	Milliliters	Ounces
30 pounds	320	12
40 pounds	400	13
50 pounds	500	16

Offer cold, clear liquids first, i.e., ice chips, water, Popsicles, Kool-Aid, fruit or apple juice slushes, flat soda pop, ice cream, milk, milkshakes, sherbert and Jello. (Citrus fruit and tomato juices should be avoided until the surgery site is completely healed).



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Offer the patient soft food as soon as possible, i.e., pasta, rice pudding, yogurt, mashed potatoes, bananas, macaroni and cheese, oatmeal, etc. Next, try meat, i.e., chicken or fish which has been cut into small pieces.

Getting the patient to eat as soon as possible is more important than what foods are consumed. The longer the patient waits to start eating, the more painful the first meal will be.

E. **ACTIVITY:**

Children who become active too soon after surgery usually have the most problems. Do not try to restrain an active child, but do try to keep him or her calm. The patient should stay in bed the remainder of the day after surgery, only getting up to use the bathroom. Lots of quiet-time activities should be planned (i.e., puzzles, movies, etc. A magic slate toy will be helpful if the patient can write but does not wish to speak.) The patient is usually seen during an office visit two weeks after surgery. Your child should avoid contact with other children who are sick.

For additional information regarding ear, nose, and throat problems, please visit our website at www.entcarolina.com and/or the American Academy of Otolaryngology – Head & Neck Surgery website – at www.entnet.org.