

Kevin L. Weiss, M.D., F.A.C.S.
John R. Collier, Jr., M.D., F.A.C.S.
Frederic E. Levy, M.D., F.A.C.S.
Brett A. Koder, M.D.

DIPLOMATES, AMERICAN BOARD OF OTOLARYNGOLOGY
FELLOWS, AMERICAN ACADEMY OF OTOLARYNGOLOGY-
HEAD AND NECK SURGERY



Karen E. Padgett, M. Aud., CCC-A
Katherine M. Hipps, M.S., CCC-A
Kimberly M. Mullen, M.A., CCC-A
David S. Spainhour, PA-C
Brad V. Garner, GNP-C, FNP

LICENSED CLINICAL AUDIOLOGISTS
LICENSED HEARING AID DISPENSERS
FELLOWS, AMERICAN ACADEMY OF AUDIOLOGY

P. Scott Bennett, M.D.

Jane A. Byrum
Practice Administrator

INSTRUCTIONS FOR TONSILLECTOMY AND FOR ADENOIDECTOMY

A. WHAT TO EXPECT ON THE DAY OF SURGERY

1. The patient will be in the operating and recovery room area for about one to two hours (from the time he/she goes to Phase II recovery. Most patients stay three to four hours in Phase II recovery.
2. Due to the effects of anesthesia and sore throat, the patient will be very groggy, probably sleep at intervals, and settle down later in the evening.
3. Do not worry if the skin feels warm. It is normal to have fevers of up to 102° and is no cause for concern.
4. While in the surgery center, we want to keep the patient on liquids and soft foods, such as Jello.
5. If the patient is restless and appears to be uncomfortable or nauseated, let the nurses know. Medicine is available, which may be very helpful.

B. WHAT TO EXPECT AFTER SURGERY.

1. Many children will have an earache following surgery. This is likely due to referred pain from the healing throat, and usually subsides around the fourth day after surgery. You may see white patches in the back of your child's throat – this part of the healing process. An objectionable mouth odor is expected for a few days after surgery. Be careful and very gentle when brushing the child's teeth, so that you do not cause bleeding. Your child's voice will sound very "hollow" for several days, but will return to normal soon. A low-grade fever is expected (under 102°) for a few days following surgery. If, however, you note a persistent severe earache, high fever, cough, or uncontrolled vomiting, please let us know.
2. Bleeding – it is common to have some blood-tinged secretions after surgery. Bleeding may occur any time during the first two weeks after tonsillectomy. The most frequent time after surgery for bleeding to occur is between 7-10 days postoperative. If you see blood either on the tongue or lips, or blood is vomited, you should do the following: Give the patient a glass of ice water, using crushed ice, and have him/her swish the water around the mouth every 15-30 seconds for about 15 minutes. This will cool the back of the throat and probably will cause the leaking blood vessel to stop bleeding. If the bleeding does not stop after this measure, then you need to call our office. We are available 24 hours a day, should this occur.

2520 Aberdeen Boulevard Gastonia, NC 28054 (704) 868-8400

Professional Center North 802 N. Lafayette Shelby, NC 28150 (704) 487-9100

C. PAIN AND COMFORT MEASURES

1. The throat is VERY sore for 24-48 hours after surgery. During this time, it is important to keep the child's pain medication on schedule. Giving the medication on time will promote a constant level of comfort. A small ice pack, such as a ziplock 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.
2. You can also increase your child's comfort by:
 - a. Keeping his/her head elevated with several pillows.
 - b. Running a cool mist vaporizer if the child is breathing through the mouth.
 - c. Discouraging frequent coughing or clearing of the throat.
 - d. Encouraging fluid intake after the pain medication has taken effect – usually one hour after the dose is an optimal time.
 - e. Discouraging the use of straws or hard sucking.
 - f. Applying either ice packs or warm packs to earache area.
3. WARNING – Do not use any aspirin, aspirin containing products, or Ibuprofen (i.e., Advil, Motrin) for 2/3 weeks as it may cause bleeding.

D. DIET

It is extremely important for your child to have an adequate intake of liquids. AT A MINIMUM, a 30 pound child needs to drink 12 ounces or 320ml of liquid, a 40 pound child needs 13 ounces or 400ml of liquid, and a 50 pound child needs 16 ounces or 500ml of liquid per day. Remember, it will be easier for your child to tolerate swallowing fluids when pain is under control. Try to push fluids.

Try cold, clear liquids first – ice chips, water, popsicles, Koolaid, fruit or apple juice (avoid citrus or tomato juices until completely healed), slushes, flat soda pop, ice cream, milk, milkshakes, sherbet, and Jello.

Add 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. Please be sure that this is cut into small pieces.

Getting your child to eat as soon as possible is more important than what foods your child eats. The longer a patient waits to start eating, the more painful their first meals are.

E. ACTIVITY

Children who are active too soon usually have the most problems. Do not try to restrain an active child, but do try to keep them calm. They should stay in bed the rest of the day of surgery, only getting up to use the bathroom. Plan lots of quiet time activities – puzzles, movies, etc. If your child can write, a magic slate toy will be helpful if he/she doesn't want to talk. The child is usually seen in the office two weeks after surgery. Your child should avoid contact with other children who are sick.