

## INSTRUCTIONS FOR ADULT TONSILLECTOMY

### PRIOR TO HOSPITALIZATION

1. Maintain your normal diet.
2. Avoid **ASPIRIN, MOTRIN OR SIMILAR PRODUCTS** for two weeks prior to surgery. Also, please review the list of medications given separately that occasionally cause bleeding problems, and make sure that you avoid these products as well. **No aspirin or aspirin-containing medications for two weeks after surgery.**
3. Should you experience any upper respiratory congestion, fever or cough, please arrive at the hospital or surgery center a few minutes earlier than scheduled so that the anesthesiologist can fully evaluate you.
4. Each hospital and surgery center has different requirements in reference to what time you must arrive. Our surgical coordinator will advise you when you call in the day before surgery as to when to report to the hospital. **REMEMBER, NO SOLID FOOD OR LIQUIDS ARE ALLOWED AFTER MIDNIGHT BEFORE SURGERY. OTHERWISE, SURGERY WILL BE POSTPONED.**
5. Instructions will be given to you concerning the admitting procedures of the hospital or surgery center you will enter.

### HOSPITALIZATION AND SURGERY

1. Remember to follow the rules concerning no solids or liquids after midnight before surgery. You may take routine medications with a sip of water on the morning of surgery.
2. Postoperatively:
  - Vomiting is common during the first 24 hours. You can use the rectal suppositories provided as needed.
  - You can expect lethargy.
  - You can expect a sore throat and bad breath for approximately 10 days.
  - Ingest clear liquids to maintain adequate hydration.
3. Tonsillectomy and adenoidectomy have been found to be safe when performed as outpatient surgery. (You will return home from the hospital/surgery center on the day of surgery.) It is your responsibility to make sure that you have adequate fluid intake. Dehydration is one of the most common things that can happen after surgery. You should have some type of liquid, such as Gatorade, popsicles, water ice, ice cream, etc., at your side constantly. Sipping on these liquids will allow you to maintain adequate hydration. Occasional dripping of some blood, coughing up bloody mucous or oozing can be expected. However, brisk, heavy bleeding can sometimes occur. If this occurs, please contact our office immediately. If the bleeding continues for more than five minutes, you should proceed to the emergency room.

### AFTERCARE

1. Diet:
  - Avoid citrus juices in the immediate postoperative period, as they may irritate the surgical site. It is essential that you ingest liquids on a regular basis.
  - Popsicles, water ice and Gatorade are helpful the first day or two after surgery.
  - You may progress to a soft diet or a regular diet at your own pace.
  - Chewing gum **NOT ASPERGUM** is helpful to make the mouth feel better.
2. Activity:
  - You should avoid any overexertion.
  - You do not need to be confined to bed.
  - Nonstrenuous activities, such as going for a walk, a ride to the store or any light activity, are acceptable once you feel up to it.

- Medicines—antibiotics are given to help with wound healing. You should take them until completed. Pain medication will most likely be necessary for seven to 10 days. If you should run low on pain medication, please give our office adequate notification so that we can arrange for a refill.

You should already have been given a postoperative appointment when your surgery was scheduled. If not, we would like to see you approximately two weeks from the date of your surgery. You may return to work when you are feeling up to it. Please remember that no strenuous activity is permitted for two weeks after surgery. Most adult patients do not return to work until 10–14 days after surgery.

### **GENERAL INFORMATION**

1. Don't attempt gargles unless recommended by your physician.
2. Avoid coughing and clearing the throat. Heavy mucous secretions are normal.
3. A white or yellow coating will form on the back of the throat—this is normal. It does not represent an infection.
4. You can relieve objectionable mouth odor, commonly observed for up to 10 days, by drinking adequate fluids, getting an adequate intake of food and chewing gum.
5. A little Milk of Magnesia may help “sour stomach”. It may also help the transitory constipation that occurs on about the third or fourth day.
6. An ice collar or cold compress to the neck is soothing, and you may use them occasionally if desired. It is normal for the pain to wax and wane during the first 10 days following the surgery. The complaints will be mainly **pain in the throat or the ears**, especially at night. This pain occurs because the throat dries out in the evening. When you swallow, it may cause transient pain (“shooting pain”) to the ear. Your pain pill or Tylenol may help this.
7. Low-grade temperatures or temperatures up to 102 degrees are common and usually occur because you are not drinking enough fluids.
8. You can expect congestion and heavy mucous, which can cause coughing. Nothing is usually done for this, and it will disappear as the surgical site heals.
9. You can expect temporary weight loss as most patients are on a liquid diet for at least five to 10 days after surgery.
10. Severe earaches may occur. This condition is due to referred throat pain. The ears are **not** infected. You can take Tylenol or the pain medication provided.

### **WHEN TO CALL OUR OFFICE**

1. If severe bleeding from the throat or nose should occur, **call us immediately**. After a tonsillectomy has been performed, a scab will form at the surgery site. If this scab should inadvertently come off, it may bleed. If this occurs, **call us first**. If you cannot reach us within five minutes, then go to the emergency room, and they will evaluate you and contact us.
2. You may fully resume all activities two weeks after surgery.

If you have any questions or are concerned about anything, please call our office.

### **POTENTIAL RISKS AND COMPLICATIONS OF SURGERY**

1. Dehydration is the most common complication—you **must** ensure that you ingest adequate fluids.
2. Heavy bleeding occurs in approximately 4% of patients. You will need to be evaluated in the emergency room if this occurs. Occasionally, patients may need to return to the operating room for control of bleeding. The need for a blood transfusion is exceedingly rare.
3. Infection rarely occurs after tonsillectomy. If you have a persistent fever of 102 degrees or greater, please call our office.
4. Severe pain can last for seven to 14 days.
5. Other very rare complications of tonsillectomy that have been reported include temporary or permanent numbness of the throat, decreased sensation of taste, voice changes or difficulty swallowing after the pain resolves.