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INSTRUCTIONS FOR ADULT TONSILLECTOMY

I. 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 which 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. You will be advised by our surgical coordinator when you call in the day before surgery as to when to report to the hospital. **REMEMBER, NO SOLID FOODS 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.

I. HOSPITALIZATION AND SURGERY

1. Remember to follow the rules concerning no solids or liquids after midnight before surgery. Routine medications may be taken with a sip of water early on the morning of surgery.
2. Post-operatively:
 - a. Vomiting is common during the first 24 hours. Rectal suppositories are given and can be used as needed.
 - b. Lethargy is to be expected.
 - c. Sore throat and bad breath should be expected for approximately 10 days.
 - d. Clear liquids should be encouraged. It must be ingested to maintain adequate hydration.
3. Tonsillectomy and adenoidectomy have been found to be safe when performed as an 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 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 5 minutes you should proceed to the Emergency Room.

AFTERCARE

1. Diet:

- a. Avoid citrus juices in the immediate postoperative period as they may irritate the surgical site.
- b. It is essential that you ingest liquids on a regular basis.
- c. Popsicles, water ice and Gatorade are helpful the first day or two after surgery.
- d. You may progress to a soft diet or a regular diet at your own pace.
- e. Chewing gum (**NOT** Aspergum) is helpful to make the mouth feel better.

2. Activity:

- a. You should avoid any overexertion.
- b. You do not need to be confined to bed.
- c. Non strenuous activities such as going for a walk, a ride to the store, or any light activity is acceptable once you feel up to it.
- d. Medicines – antibiotics are given to help with wound healing. It should be taken until completed. Pain medication will most likely be necessary for 7-10 days. If you should run low on pain medication please give our office adequate notification so that we can arrange for a refill.

3. You should already have been given a post-operative 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 for 10-14 days after surgery.

GENERAL INFORMATION

1. Gargles are not to be attempted unless recommended by your physician.
2. Coughing and clearing of the throat are to be avoided. 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. Objectionable mouth odor, commonly observed for up to ten days, is relieved by drinking adequate fluids, adequate intake of food and chewing gum.
5. “Sour Stomach” may be helped by a little Milk of Magnesia. This may also help the transitory constipation about the third or fourth day.
6. An ice collar or cold compress to the neck is soothing and may be used occasionally, if desired.
7. It is normal for the pain to wax and wane during the first ten days following the surgery. The complaints will be mainly **pain in the throat and/or the ears**, especially at night. This 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.
8. Low-grade temperatures or temperatures even up to 102 degrees are common and usually occurs because you are not drinking enough fluids.

9. Congestion and heavy mucous is expected and can cause coughing. Nothing is usually done for this and it will disappear as surgical site heals.
10. Temporary weight loss is expected as most patients are on a liquid diet for at least 5-10 days after surgery.
11. Severe earaches may occur. This is due to referred throat pain. The ears are **not** infected. Tylenol or the pain medication given may be taken for this.

VI. 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 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 can contact us.
2. All activities may be fully resumed two weeks after surgery.

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

1. POTENTIAL RISKS AND COMPLICATIONS OF SURGERY

1. Dehydration is the most common complication – you **must** ensure that you take adequate fluids.
2. Heavy bleeding occurs in approximately 4% of the 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.
4. Severe pain can last for 7-14 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.