COLLIN COUNTY ENT

TONSILLECTOMY & ADENOIDECTOMY POST OP INSTRUCTIONS

PHONE: 972-596-4005

**IMMEDIATE POST-OPERATIVE PERIOD**

The patient will likely be sleepy in the immediate post-operative period. This is due to the anesthetic agent and may last up to several hours. The patient may experience nausea and vomiting as well as pain. All of these can be controlled with medication. Once the patient is awake enough, the recovery room nurse will give the patient something to drink. Once the patient can drink liquid and keep it down, the patient will be either discharged home or admitted into the hospital as previously planned. If the patient does not meet all of the discharge criteria, then plans will be made for overnight admission.

**MEDICINE**

There may be a narcotic prescribed for SEVERE PAIN in older children and adults. Please follow the dosing schedule on the prescription. Your surgeon may instruct you to alternate ibuprofen with the narcotic if needed to help control pain. Minor pain can be treated with Tylenol or Ibuprofen. Do not use extra Tylenol if you are also using the narcotic pain medication. Avoid aspirin as it can lead to bleeding.

Younger children may alternate Tylenol and Ibuprofen every 3 hours to control pain. For example, give Tylenol at 12pm, Ibuprofen at 3pm and Tylenol again at 6pm. It is often best to maintain a schedule when giving the medications for the first 3-4 days. Please use the recommended dosage on the bottle based on weight.

**ACTIVITY RESTRICTIONS**

1. Avoid strenuous activities for the first week.
2. Level of activity should be slowly increased after the first week. By the end of the 2nd week, the patient should be back to his/her normal level of activity. It can take up to 3 weeks for some adults.
3. The patient should not travel out of town for at least 2 weeks after surgery.

**POST-OPERATIVE CARE**

Vigorous brushing of the teeth in the back of the mouth should be avoided for the first post-operative week. May gargle with cold water as needed.

**FOOD**

Adequate fluid intake is the most important thing for the first few days follow surgery. Adults should be taking in at least 36 ounces in a day. Your doctor will notify you how much your child should take per day. Water, slushies and popsicles are good options for hydration that can help with discomfort as well.

Staying hydrated will facilitate healing and help with pain control. The more fluid you take in the better the patient will feel. Eating solid foods is not important in the first few days follow surgery. Once the patient does begin to eat, the food should be small bites and soft in consistency. Avoid hard foods such as chips, granola, popcorn, pretzels, and hard pieces of bread. Avoid hot liquids and ci

**RETURN TO WORK AND SCHOOL**

Most patients are able to return to work or school within 7 days. For those patients whose work involves strenuous activities, light work may be performed after the first week. School aged children may be excused from gym class or school activities.

**FOLLOW UP**

You should already have a one or two week follow up appointment scheduled with one of our physician assistants. If you do not, please call our office at 972-596-4005 to get that appointment scheduled. It is very important to assess the patient and make sure they are on the right track to healing. It generally takes about 2- 3 weeks to completely recover from the surgery.

**ANTICIPATED PROBLEMS AND COMPLICATIONS**

A low-grade fever (less than 101) is common during the first 48 hours follow surgery. Tylenol can be taken to reduce fever. The fever could also be caused by dehydration due to inadequate fluid intake. Therefore, it is important to continue to take in an adequate amount of fluid. Please call our office at 972-596-4005 if the fever is over 101 or if your child is not drinking fluids the day following surgery.

**NAUSEA/VOMITING**

This is not uncommon during the first 24 hours and usually disappears after 48 hours. There are a number of reasons for this.

1. It could be a side effect of the anesthesia used during surgery.
2. Sometimes during surgery, a small amount of blood could be swallowed and this can cause nausea.
3. The pain medication can contribute the nausea and vomiting.

A prescription of suppositories can be supplied as needed.

**TONSIL SCAB**

During the normal post-operative period, you may notice a thin white or pale-yellow membrane covering the tonsillar area. Do not be concerned. This is a normal part of the healing process. This will usually disappear in 7 – 10 days. It may give the breath a foul odor. Gargling with a salt and baking soda solution should help with this.

**BLEEDING**

This will most likely occur within the first 24 hours or 7-10 days after surgery when the scabs fall off. Any bright bleeding that does not stop may require surgical intervention. A slight blood tinge in the saliva the first day or old specks of blood are not as concerning. Please call our office if you have any concerns about this or go to the ER for heavy bleeding.

**SNORING**

This will usually improve 2 weeks after surgery after the swelling has subsided.

**EAR PAIN**

This is usually related to the recent surgery and usually does not represent an infection. Tylenol or Ibuprofen may be used to help alleviate the pain.

**CONSTIPATION**

This is usually not a problem and may be due to the pain medication. You may use any over the counter laxative.