

Post Operative Instructions for: Tonsillectomy +/- Adenoidectomy

Before Surgery

1. Do not take aspirin, aspirin products, or Ibuprofen for 14 days prior to surgery.

Activity

1. For one week after surgery, activity should be limited: no exercising, heavy lifting or straining. Children often gauge their activities by how they feel.
2. No swimming, sports, singing, or playing wind instruments for two weeks.
3. Patient is to be absent from school and/or work for one week at minimum.

Fluid Intake and Diet

1. **ADEQUATE INTAKE OF FLUIDS IS NECESSARY.** Staying hydrated will help with pain and prevent need for a trip to ER for IV fluids. Continue liquid/soft food diet for two weeks. A good gauge of adequate fluid intake is the frequency of urination.

Pain Control

1. Stay hydrated.
2. Narcotic pain medication is no longer given routinely for children under 12 years of age as there have been documented occurrences that this may lead to respiratory depression in children. Routinely we will have you use alternating doses of Tylenol, three hours later Ibuprofen, three hours later Tylenol and so on. Do not exceed recommended dosages for the child's age/weight. Do not use extra Tylenol if you are using narcotic pain medication, you may substitute plain Tylenol for the pain medication.
For adults: Ibuprofen may be taken in between doses of narcotic pain medication if needed starting the evening of surgery.
3. No aspirin or aspirin products for 14 days postop.
4. Chewing can help avoid ear pain. Gum can be chewed or merely open your mouth wide to exercise the jaw.

What to Expect After Surgery

1. Patients frequently awaken during the night with throat and ear pain. This can be averted to some degree by running a vaporizer at the bedside during the night and staying hydrated.
2. Earaches are common following this procedure. Use pain meds as above.
3. Nausea is not uncommon secondary to anesthesia or narcotic pain medication if prescribed. Try replacing a dose of the narcotic pain medication with plain Tylenol. If no help, call the office.
4. Some coughing and thick mucous are common post op. Avoid clearing the throat. If slight bleeding occurs, gargle with iced fluids. Oozing should stop within 10-15 minutes.
5. **IF BLEEDING FROM THE NOSE OR THROAT SHOULD OCCUR**, sit erect, breathe deeply through the mouth and slowly drink a glass of ice water. **PROCEED TO THE EMERGENCY ROOM.**

Continued on Back



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6. A nasal voice is common following adenotonsillectomy.
7. Some bad breath is to be expected, you may gargle 4-5 times daily with 1 part Hydrogen Peroxide and 3 parts water.
8. Do not be alarmed at the appearance of a white membrane in throat, this is normal and is present for 10-14 days following surgery.
9. Fever for 2 days following surgery is not uncommon. If a fever over 101 degrees develops after two days, phone the office. Normal healing is complete in 2 weeks.

IF YOU HAVE ANY QUESTIONS, CALL THE OFFICE AT (319) 399-2022. A PHYSICIAN CAN BE REACHED DAY OR NIGHT.

A postoperative appointment is not needed unless there are concerns.

Post-Tonsillectomy Pain Management Education for Caregivers*

1. Throat pain is greatest the first few days following surgery and may last up to two (2) weeks.
2. Encourage your child to communicate with you if he or she experiences significant throat pain, since pain may not always be expressed and therefore not recognized promptly.
3. Discuss strategies for pain control with your health care provider before and after surgery; realize that antibiotics after surgery do not reduce pain and should not be given routinely for this purpose.
4. Make sure your child drinks plenty of fluids after surgery. Staying well hydrated is associated with less pain.
5. Ibuprofen can be used safely for pain control after surgery.
6. Pain medicine should be given as directed by your health care provider. Especially for the first few days following surgery, it should be given often.
7. Many clinicians recommend not waiting until your child complains of pain. Instead, the pain medication should be given on a regular schedule.
8. Expect your child to complain more about pain in the mornings this is normal.
9. Rectal administration may be given if your child refuses to take pain medication orally. Call your health care provider if you are unable to adequately control your child's pain.

**Source: Academy of Otolaryngology—Head and Neck Surgery*