

Post-operative Instructions for

Tonsillectomy and Adenoidectomy

Activity Level: Light activity and adequate rest are recommended for the first few days. Sleeping with the head elevated 30–45 degrees or in a recliner for 3–4 days will reduce the swelling in the throat. The uvula (the thing that hangs down from the palate) can be swollen for the first few days and touch the tongue, occasionally causing a gagging sensation. Patients are encouraged to get up and walk around the house several times a day to maintain circulation in their legs. Children should be under close supervision by a responsible adult. Children who have had an adenoidectomy without a tonsillectomy may have a shorter recovery time.

Breathing Exercises: Every 15–30 minutes while awake, have the patient take a deep breath in and cough once or twice to expand and clear the lungs. Also try to have the patient take at least 5-10 minute walks every 2-3 hours during the day. They may go outside. This helps prevent fever.

Pain: Pain for the first 3-7 days is moderate to severe, and then begins to subside thereafter. Pain varies widely between patients. Some patients experience only moderate discomfort for a few days while others have severe pain up to 10-14 days. Most patients are somewhere in between. Children often do better than adults. Use the pain medications prescribed by your doctor as directed. However, when your pain begins to lessen try to reduce your pain medication usage. The faster you come off your prescription pain medication the more rapid will be your recovery.

Ear Pain: Ear pain occurs in nearly all patients. This is “referred” pain from the tonsillectomy site. This means the patient’s pain is at the tonsillectomy site but it feels as if the pain is in their ears. This pain will resolve as recovery continues.

Fever: It is not uncommon to have brief temperature elevations (fever) of 101 degrees or even 102 degrees during the first 3-7 days. To minimize the elevation please:

1. Encourage the “breathing exercises” and walking described above.
2. Take the full acetaminophen and/or ibuprofen doses listed on the bottle. Please follow the bottle’s guidelines using your patient’s weight. **OVERDOSES OF THESE DRUGS CAN LEAD TO LIVER AND/OR KIDNEY PROBLEMS.**
3. Encourage adequate fluid intake. If the patient’s temperature remains above 102° F one hour after receiving a full dose of acetaminophen/ibuprofen, please call our office in the morning for further instructions.
4. Take a cool bath, minimize clothing.

Fluids and Diet: Adequate fluid intake is essential for recovery. Encourage drinking fluids throughout the day. Extreme temperature or acidic (e.g. grapefruit, tomato juice) liquids may hurt. Popsicles are often a good source of fluid. Older children and adults may chew sugarless gum to promote swallowing and decrease pain. The patient should drink enough to urinate every 3-4 hours. The urine should be clear to light yellow. If the patient’s urine is only small amounts of dark yellow, then he/she is showing signs of dehydration. You should push more crushed ice and fluids. Call the office if there is no improvement over the next 3-4 hours.

Nausea and Vomiting: Nausea and vomiting are common during the first 24 hours after surgery. Narcotic medication may increase the nausea and vomiting. Please try to reduce the narcotic pain medicine as much as possible, either by reducing the amount given or lengthening the time between doses. One may try to skip one dose of narcotic and use just a full dose of plain acetaminophen (e.g. Tylenol) or ibuprofen (e.g. Motrin). The patient may also try to eat some simple, non-fatty food with the next dose of narcotics. If nausea and vomiting is excessive or persistent, call our office for further instructions.

Bleeding: Bleeding may occur anytime during the 2-3 week healing period. Minor bleeding is often self-limited. A small amount of blood will turn the patient's saliva red but will not produce large clots. If bleeding occurs encourage the patient to hold ice water in the back of the throat for 1-3 seconds, spit it out and repeat until bleeding stops. It is recommended to do this for 5-10 minutes, to chill the tonsillectomy sites to stop bleeding. Avoid swallowing the blood as this may later lead to nausea or vomiting. Spitting the old blood into a bowl will let one estimate the actual amount of blood. Call the office (503-581-1567) if the light bleeding does not stop in ten minutes. Please stop any ibuprofen after such bleeding.

If significant bleeding occurs, start the ice water gargles, and call our office day or night. The doctor will give you further instructions. Come to either our office during office hours or to the Emergency Room at Salem Hospital after office hours. Please call our office (503-581-1567) to alert us if possible.

Bad Breath: When the tonsils or adenoid are removed a white or yellow/tan protective layer develops. The mouth's bacteria will settle on this layer and produce bad breath (halitosis). As healing occurs, this layer sloughs off and the bad breath resolves. ANTIBIOTICS ARE NOT NEEDED.

Nose Blowing: You can blow your nose lightly to clear mucous. Nasal saline spray can be used if desired to moisten the nose to help loosen mucous. Nasal saline spray is sold "over the counter" at pharmacies.

Oral Hygiene: You may brush and floss your teeth as usual. Avoid mouthwashes (contain alcohol). Do not gargle (e.g. salt water). This can be very irritating to the tonsillectomy site.

Constipation: PATIENTS MAY EXPERIENCE CONSTIPATION WHILE TAKING NARCOTICS AND EATING A LOW FIBER DIET. PLEASE TRY TO MINIMIZE NARCOTICS. TRY TO EAT SOME SOFT FOODS WITH FIBER: E.G. APPLE SAUCE, BANANAS and BERRIES. ONE CAN BLEND SOME FRUITS WITH ICE FOR A COOL "SMOOTHIE" DRINK.

CPAP: If the patient is using CPAP, BiPAP, or supplemental oxygen before surgery, then he/she should continue this during ANY SLEEPING OR NAPPING during the recovery period until instructed by the surgeon to stop. Surgery causes swelling in the throat that can temporarily worsen any airway obstruction. Sleeping while sitting up in a recliner will reduce this swelling. If the patient feels that he/she is not getting enough air, you may try Afrin nasal sprays before bedtime for the first week only. Call the office if this does not work.

Other Questions: For non-emergent questions, please call our office, **503-581-1567**, between 9:00 am and 3:00 pm Monday through Friday. For emergent questions, call our office and our answering service will page the doctor on call. We have a doctor on call 7 days a week.