

SPRINGFIELD ENT & FACIAL PLASTIC SURGERY

3555 South Culpepper Circle
Springfield, Missouri 65804
(417) 887- 3855 / www.springfieldent.com

INSTRUCTIONS AND INFORMATION FOR TONSILLECTOMY AND ADENOIDECTOMY

Dear Patients: we wish your surgical experience to be as positive and free of stress as possible. Please contact our office if you have *any* concerns - remember, there are no silly questions!

PLEASE, DO NOT TAKE ASPIRIN, MOTRIN, IBUPROFEN, ADVIL OR SIMILAR NON-TYLENOL PAIN RELIEVERS FOR 2 WEEKS BEFORE AND AFTER SURGERY. THESE INCREASE THE RISK OF BLEEDING.

Common reasons for performing this surgery:

- Recurrent tonsillitis: usually 7 bad bouts in 1 year, 5 per year for 2 years, or 3 annually for 3 or more years.
- Enlarged tonsils and / or adenoid causing obstruction problems (i.e. sleep apnea).
- Severe bad breath (halitosis).
- Concern about tumor.
- Adenoidectomy alone is often performed if a child requires a second set of ear tubes or for nasal obstruction.

Alternatives to surgery include the following:

- No treatment.
- Treating infections with medication.

What to expect with this surgery:

- Performed with general anesthesia - patients are completely asleep.
- Surgery lasts 20 - 30 minutes (including anesthesia time)
- Performed through mouth (no external incisions).
- Normally performed as outpatient surgery. Children under 3 years of age (and some patients with medical problems) require overnight observation in the hospital.

What to expect after surgery:

- Pain - tonsillectomy is quite painful and usually produces a very sore throat for 14 days. Adenoidectomy by itself normally causes milder pain for 5-7 days. You will receive pain medicine and should plan to take it on a regular basis as prescribed for most of this postoperative time period. This medication can cause nausea; it may help to take it with food. A steroid to reduce inflammation may be used as well to improve comfort. Steroids can cause elevated blood sugars or stomach problems in patients with diabetes or ulcers and can be stimulating in some patients.
- Ear pain - often occurs due to pain being referred from the throat to the ears
- Gum chewing – done several times per day may help reduce pain due to muscle spasm.
- Activity - plan to rest for at least the first several days after surgery, then increase activity as tolerated. Avoid exercise or heavy exertion for about 2 weeks.
- Work & School - plan to take 14 days off work or school for tonsillectomy and 5-7 days for adenoidectomy.
- Bleeding - a small amount of bleeding is OK and may occur the day of surgery and about 1 week later. For severe or persistent bleeding call our office or (after hours) go to the

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emergency room. Gargling ice water for 20 minutes may help stop bleeding. Gargle for 10 seconds, spit, and then repeat for 20 minutes.

- The surgical area in the throat will develop an unattractive looking white coating during the recovery period. This is often called a “scab” though no true scab develops.
- Fever – occurs frequently after surgery due to throat inflammation and dehydration. This is more common in young children and can surprisingly reach 102.5 degrees. It is normally not of concern unless there are signs of another issue occurring.
- Phlegm - mucus and phlegm often build up after T & A. Gargling, coughing, and clearing the throat can cause pain and bleeding but swishing the mouth with warm water is OK.
- Nausea - common the night after surgery and may be due to anesthesia medicines or some swallowed blood in the stomach. Pain medication can cause this. Be sure to take it with food. Anti – nausea medication can be prescribed if this remains a problem.
- Oral Hygiene - tooth brushing is OK as desired though toothpaste may sting – consider using baking soda. Gentle mouth rinsing with warm water or warm salt water (1/2 tsp. salt in 8 oz of water) is often soothing.

Diet:

- Eating and drinking hurt after tonsillectomy – not as much after adenoidectomy. Begin with liquids and then advance to a soft diet as tolerated. Avoid dry, hard foods because these may be irritating or cause bleeding. Be sure to drink a lot of liquids to keep hydrated!!!
- Liquids include juice, Kool-Aid®, Gatorade®, ice cream, popsicles, etc.
- Soft foods include pudding, oatmeal, yogurt, mashed potatoes,
- Soft pasta, soft vegetables, and food run through a blender.
- Citrus (acidic) and very hot or cold foods may be painful (see how things are tolerated)
- Avoid use of straws because this can cause negative pressure (suction) in the throat and start bleeding.
- Milk and dairy products sometimes increase the feel of mucus / phlegm in the throat.

Risks of surgery include though are not limited to:

- All surgery involves certain risks, including death, infection, bleeding and complications of anesthesia. These procedures are usually safe but some of the risks include:
- Bleeding - a small number of patients have some bleeding after surgery which requires treatment. Depending on the age, this is usually 3-5%
- Nasal voice or regurgitation into the nose with swallowing: after surgery the throat re-learns to close off the nose from the mouth for swallowing and speaking. On rare occasions, this may cause permanent voice or swallowing problems requiring treatment.
- Injury to mouth, teeth, temporomandibular joint (TMJ), throat, neck, and adjacent structures.
- Nasopharyngeal stenosis - scarring and tightening of the throat between the nose and mouth
- Taste or sensation problems in the mouth
- Dehydration.
- Possible need for other surgery or treatment.

Thank you again for the opportunity to participate in your health care! Please let us know how we may make your surgical experience more pleasant.

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