

After Tonsillectomy/Adenoidectomy

Oral intake

Drinking liquids is most important. Good oral hydration speeds healing, improves pain, prevents fever and dehydration, and just makes the patient feel better.

Small amounts of liquids (such as mild fruit juices, gelatin, popsicles, water) given very frequently is often tolerated best, but any amount as much as possible is recommended. It is best to avoid citrus juices as they can sting.

Milk products, such as ice cream, yogurt smoothies and milkshakes, are quite acceptable and do not increase mucous production, a common misconception.

Bottle nipple and straw use is allowed for thin liquids. If intaking thick liquids such as a milkshake, avoid a straw and use a spoon instead.

Minimal DAILY fluid* intake, based on weight:

<20 lbs/10 kg ==> 32 oz/950 ml

20-45 lbs/10-20 kg ==> 45 oz/1400 ml

45-65 lb/20-30 kg ==> 55 oz/1650 ml

65-85 lb/30-40 kg ==> 65 oz/1900 ml

>90 lb/41 kg ==>> 67 oz/2 liters

(*Remember, fluids include jello, popsicles, pudding, smoothies, soup and other semi-liquid foods, not just juice and water.)

Soft solid foods are allowed at any time, whenever the patient feels ready. Soft pastas, mashed potatoes, puddings, pancakes and scrambled eggs are the most common foods tolerated, but anything soft is acceptable.

Avoid dry, crusty foods such as tortilla chips, dry toast and pretzels for 2 weeks or until postoperative office visit.

Suggested liquids: Apple juice, grape juice, Hi-C, Gator Aid, sodas (you may want to let the “fizz” out first), popsicles, sherbet, applesauce, Jell-O, pudding.

These are only guides. The important thing is to have the patient swallow liquids. Whatever works is the best thing to give.

Bleeding

There is usually not too much bleeding during the operation, but there is always a chance of bleeding when you come home after the operation. The most common time for bleeding after tonsillectomy is 4 to 10 days after surgery. However, bleeding can occur at any time, until everything is healed, which takes about two to three weeks. If this occurs, call the office or physician on call immediately.

Manage the Pain

Pain can be very severe, and will last up to 10-14 days, or even longer in adult patients.

The pain can involve not only the throat, but also the ears and the back of the neck. Sometimes the ear pain is worse than the throat pain.

Expect the pain to **WORSEN** before it starts to improve, peaking between 3-6 days after the surgery. It is very important to take pain medication consistently and stay well hydrated, through the first postoperative week. Although swallowing will be very painful, it is important to encourage the patient to keep drinking and swallowing despite the pain, as dehydration and stiffening of the throat muscles only worsens the discomfort.

Take pain medication as directed, **regularly**. A patient who is comfortable, drinks and rests more. You can also substitute with plain over-the-counter Tylenol if the pain medication is not tolerated or the pain is not too severe. Remember, aspirin or ibuprofen products (Motrin, Advil) are **PROHIBITED**, unless otherwise specified by your surgeon.

Nausea and vomiting from the anesthesia is common, and usually subsides 24 hours after the surgery. Persistent and recurrent nausea and vomiting can be caused by the pain medication itself. Over-the-counter Benadryl taken together with the pain medication can be very helpful in decreasing the nausea. If the nausea and vomiting persists, then contact your surgeon to have an anti-nausea medication or different pain medication prescribed.

Sensation of Mucous in Throat

The throat normally produces 1-2 liters of saliva a day, which is reflexively swallowed every few seconds, while awake or sleeping. Due to the pain and swelling after tonsillectomy, this swallow reflex is inhibited, which produces a sensation of constant mucous in the throat. It is important to **AVOID SPITTING** this mucous, as it can lead rapidly to dehydration. Instead, make sure regular and adequate pain medication is administered to facilitate swallowing, and encourage swallowing of whatever saliva is built up in the throat. Taking frequent small sips of liquids will also help clear the mucous sensation.

Fever

A low-grade fever (around 100.5 degrees) is common after surgery. If it goes above 101, call the office or the physician on call. Often, fever goes away in a few days. You may give Tylenol to decrease the fever but **DO NOT** overdose this medication if you have given pain medication with

Tylenol (acetaminophen) in it. Remember, aspirin or ibuprofen products (Motrin, Advil) are PROHIBITED, unless otherwise specified by your surgeon.

Make sure the patient is taking the pain medication regularly.

What about Antibiotics

Antibiotics after surgery will sometimes help the healing process. It will also prevent infection after the surgery if your physician feels you are at risk. It is very important that you take the full course antibiotics, if prescribed by your physician. If the antibiotics cannot be tolerated, please call the office

Activities

You should rest for the first week. Avoid unnecessary outdoor activities or outings. It is best to just stay at home the first week. Avoid strenuous activity until you are seen at your post operative visit. You should NOT leave town for at least 14 days after surgery in case there is delayed bleeding. This means you should always be within a 30-60 minute drive, or less, to one of our covered hospitals (South Shore Hospital, Massachusetts Eye and Ear Infirmary, Quincy Hospital, Milton Hospital or Carney Hospital).

Call the office or physician-on-call immediately if the patient is

Having any oral bleeding at all.

Having persistent nausea/vomiting despite Benadryl/anti-nausea medication, beyond the first 24 hours.

Refusing to drink adequate fluids, as calculated by the above hydration chart.

Having persistent severe throat/ear pain despite the pain medication.

Experiencing a fever > 101 degrees F orally.

Seems more lethargic or sleepy than the previous day.

Call 911 or go to the nearest hospital immediately if the patient is

Having severe oral bleeding which is alarming to the patient and/or caregiver to the point where safe transport to the hospital does not seem feasible.

