



TONSILLECTOMY/ADENOIDECTOMY

Tonsils and adenoids are collections of lymphoid tissue found in the throat. They function in the body's immune system to fight infection in the nose and throat. The tonsils are located on both sides of the throat near the back of the tongue. The adenoids are perched on the back wall of the throat above the uvula near the back of the nose. Tonsils and adenoids help infants fight infection but are generally no longer needed by the time a child is 3 years old. The two main reasons to remove the tonsils and/or adenoids are infection and obstruction. Recurrent sore throats, difficulty swallowing, snoring, disrupted sleep, sleep apnea, recurrent tonsil "stones" or "pearls", chronic ear infection and nasal obstruction are all examples.

Tonsillectomy and adenoidectomy is done under general anesthesia. Patients may be irritable for several hours after surgery. Some may remain sleepy for much of the rest of the day. Nausea and vomiting are occasionally seen and often improve by the evening of surgery without intervention.

BEFORE SURGERY: No aspirin, Motrin, Ibuprofen, Advil, Nuprin or any other anti-inflammatory medicine for one week before and one week after surgery. Also avoid Vitamin E, herbal supplements, herbal teas, and red wine for one week prior to surgery. Tylenol is permitted at anytime. If you take Coumadin or other blood thinners please discuss this with your surgeon. Please do not eat or drink anything after midnight the night before surgery, but you may take any prescription medicines the morning of surgery with a sip of water. The hospital or surgical center will call you the day before with time and instructions for surgery. Please make arrangements for a ride home after surgery, as you will not be able to drive.

EAR PAIN: Earache after tonsillectomy is very common. This pain is referred to the ears from the throat. It does not indicate infection or complication. Give pain medicines as directed and encourage fluid intake.

FEVER: Many patients may run a low-grade fever after tonsillectomy up to 101.5 degrees. The pain medicine contains Tylenol and will help keep fever down. Please do not give the patient any Ibuprofen (Advil/Motrin) for at least one week before and 1 week after the surgery as it can increase the risk of bleeding. Insufficient fluid intake (especially in children) may cause a fever. Temperatures of greater than 101.5 should be reported to our office.

THROAT: The white-yellow coating on the back of the throat is scabbing and is normal. It looks frightening and sometimes smells bad but will go away in a week or two. There may be some associated redness and/or swelling and the uvula may be red, swollen or have white patches as well. This is NOT infection.

STIFF NECK: Patients who have had a simple adenoidectomy usually do not have much significant discomfort afterwards, but a stiff neck is a common complaint.

PAIN: **Tonsillectomy is painful and the pain medicines will help but not alleviate all discomfort.** If nausea continues, the pain medicine may be the culprit, please call our office. Taking pain medications on any empty stomach can frequently cause nausea so make sure they are taken with something. It is important to maintain fluid intake and perhaps use a stool softener as pain medications may cause constipation. Pain medicines tend to work best if used on a regular schedule for the first few days. Waiting for the pain to get “bad” before using pain medication is not only uncomfortable but it can make pain harder to control and result in higher medication usage in the long run. If your pain medicine is not working or you need a refill, please call. **It is very common for the pain to worsen 5-7 days after surgery as the scabs are falling off.**

ACTIVITY: Vigorous exercise should be avoided for two weeks. Activities of daily living (baths, showers, cooking) are fine. Children may need a week to 10 days off from school and adults may not be able to return to work/normal activity for 10-14 days.

VOICE: Some children have more sound coming out of their nose after adenoidectomy and the voice may sound high-pitched or nasal. This is due to the increased volume of space no longer filled by adenoids and will typically resolve over the course of several days. Rarely this can persist and may need corrective surgery.

EATING: Most patients prefer cool liquids or soft foods for 5-10 days after surgery. Diet is largely “as tolerated” and the patient may eat more or less anything they wish although crispy, brittle or very spicy foods are best avoided until healed. Longstanding favorites include Gatorade, popsicles, jello, ice cream, and frozen drinks. Citrus products are usually painful! You may lose 5-10 pounds following tonsillectomy and this weight is usually regained within a few weeks. **Encourage fluid intake, as this will help alleviate the discomfort as well as keep the patient hydrated and eliminate the need for hospitalization for dehydration. Urination should occur about every six hours; if 8-10 hours have passed without needing to urinate, then more fluids need to be taken! Children who become dehydrated can become uncooperative or “out of it”. If they will not drink, they must be taken to the emergency room for I.V. fluids!**

RISKS:

- **Bleeding-** 5-7 days out from surgery the scabs fall off, and there is a 2-3% chance of bleeding, which can be potentially life-threatening. Blood-tinged spit or a brief bleed is usually okay. Gargling with ice water may help. Patients with continuous dripping of blood from the mouth, recurrent bleeding from the mouth, or vomiting blood must be seen by the doctor. Children should go to the closest emergency room, but preferably Primary Children’s ER. During office hours, adults should come to our downtown

office or go to the closest emergency room. After hours go straight to the emergency room. Please call us immediately if you are coming in so we can coordinate your care. Patients who have had adenoidectomy may note some blood in the nose for several days.

- **Dehydration**-If the patient has taken little or no fluids by mouth for 12 hours or a child seems particularly irritable or has not urinated for 8-10 hours, they are getting dehydrated. If they still refuse fluids, they must go to the E.R. for I.V. fluids.
- **Airway Problems**-Patients with obstructive sleep apnea can have airway problems after surgery, including breath holding, blockage of airway, and fluid collecting in the lungs. These patients are watched closely after surgery for this, and may have to spend extra time in the hospital.
- **Scarring**-There can be unusual scarring in the back of the throat, and sometimes there is difficulty sealing off the nasal passages when swallowing and speaking. This can cause drinks to come out of the nose, and a very nasal voice. There can be damage to lips and teeth at the time of surgery. Further surgery may be required.
- **Fever**-Infection in the back of the throat is possible, including abscess formation. Please contact us if there is a temperature greater than 101.5 or any temperature accompanied by cough or difficulty breathing.

FOLLOW UP APPOINTMENTS ARE IMPORTANT. PLEASE CALL OUR OFFICE AT 801-328-2522 TO SCHEDULE AN APPOINTMENT AS DOCTORS SCHEDULES DO FILL UP QUICKLY.

Please schedule your follow up appointment between 2-3 weeks from your surgery.