

Tonsillectomy & Adenoidectomy Post-Operative Instructions

1. Make sure you purchase an adequate supply of food and drinks prior to surgery.
2. Once the patient is home from surgery, he or she should remain in bed for the rest of the day. If any bright red bleeding occurs, notify our office immediately.
3. It is not uncommon to experience nausea and vomiting as a result of the general anesthetic. Encourage the intake of clear fluids until nausea has resolved. If persistent vomiting occurs, notify our office.
4. During the recovery period, hydration and fluid intake is extremely important. Gatorade, apple juice, Pedialyte, popsicles and sherbet are fine. The patient can advance to solid food as long as it can be chewed and made soft. Avoid anything that can scratch the throat, such as chips and cookies.
5. Because hydration is so important, it is important to track urination. In order to know if enough fluid is going in, you must measure how many times it comes out. Minimum frequency for urination is four times a day. If the patient is urinating less than four times a day, there is a danger of dehydration, which will increase the risk of bleeding.
6. All patients must be encouraged to swallow in spite of the pain. Swallowing permits healing by stimulating the throat muscles. This will speed recovery. Children must be made to understand that the more they swallow, the sooner the pain goes away.
7. Recent studies have shown some danger with the use of narcotics in young children. For this reason, younger children will be instructed to utilize liquid Tylenol (acetaminophen) and liquid Motrin (ibuprofen) on a scheduled basis. Follow your physician's specific instructions. Older children and adults will be given a liquid narcotic that can be used as directed.
8. Patient can use an ice collar. It may be helpful for the first 24-48 hours.
9. Mouth odor and bad breath are common for the first week; increased fluid intake will decrease this problem. Avoid gargling with mouthwashes.
10. Post-operative fevers up to 101.5 are common for the first 24 hours. Higher fevers should be reported.
11. White or yellow crusting in the surgical area is called eschar and does not represent pus or infection.
12. Ear pain, which represents referred pain from the tonsil area, is common. This is a normal part of the healing process.
13. Children can return to school after nine days if they are driven to and from school. No PE or gym activities for two weeks. Adults should avoid vigorous workout sessions for three weeks.

14. Sometimes children's voices will sound nasal for a couple of weeks; however, this voice change is temporary.
15. Postoperative bleeding is rare. If this occurs, it usually happens about a week after surgery. This is when the scabs or crusts fall off in the surgical area. DO NOT PANIC if this occurs. This situation may appear scary but is not usually dangerous. For example, if you brushed the scab off any part of your body it would probably bleed for about 10 minutes and then stop. This is no different. If bleeding should occur, rinse the mouth with ice cold water and then leaning forward, drooling into a cup. The drool should turn clear like saliva. In the rare case when bright red blood continues to drip from the mouth, or if there is a sudden episode of vomiting of bright red blood, the child should be taken immediately to the hospital and call our emergency number (602.532.6355) to notify the physician on call. Keep in mind our doctors are on staff at Phoenix Children's Hospital and St. Joseph's Hospital, so these are preferable.
16. REMEMBER, the rule for the week is the more the patient hydrates, the less chance of bleeding!
17. If you are doing your best and the patient is not drinking or urinating, please notify us. We would prefer to see the patient in the office or send the patient to the emergency room for IV hydration than risk dehydration.