

Concord Otolaryngology

Head & Neck Surgery P.A.

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Surgical Instructions TONSILLECTOMY and ADENOIDECTOMY

Before surgery: Refer to your surgical packet and follow all pre-operative instructions.

Post-Operative Instructions:

Expect a sore throat!

Pain levels will fluctuate during the 2-week healing process. **(Day 5-9 are usually the worst).**

Keep pain medication dosing consistent following recommended dosing and time intervals so as “not to get behind” on pain.

Administer medication around the clock, at least in the first few days. Pediatric patients may need to be awakened in the middle of the night to administer pain medication.

Adult/Pediatric patients:

If you or your child are having difficulty controlling the pain despite use of the initial post-operative medications or have developed an intolerance or question an allergic reaction, **call the office @ 603-224-2353. (Reminder – The prescription Roxicet cannot be refilled by phone.** Allow sufficient time to obtain a refill which if authorized will need to be picked up at the Concord Office.

Diet:

Fluid intake is of highest priority the entire 2 weeks! Start with clear fluids (i.e. water, Kool Aid, Gatorade, tea, popsicles, flat soda, broth, etc.) immediately after surgery to avoid nausea & vomiting. Advance to full liquids (frappes or smoothies, milk, Pediasure, Slim Fast, Ensure within 24 hrs. after surgery. A soft textured diet (i.e. scrambled eggs, oatmeal, pancakes, pudding, yogurt, etc.) may be eaten as soon as the patient is able to tolerate soft textures.

Activity: Avoid strenuous blood pressure/heart rate elevating activities for the 2-week post-operative period. (i.e. biking, jogging, heavy lifting, running). Call with questions related to swimming.

Travel is generally discouraged until cleared at the 2-week post-operative appointment. If a complication should arise, it is best to be near the original surgeon and facility location.

School/Work: May return after the 2-week post-operative appointment provided there have been no post-operative complications.

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Postoperative Expectations:

Surgical Site:

The normal appearance of the throat after a tonsillectomy will develop a soft white protective membrane over the tonsil bed that resembles cottage cheese. **The uvula** may appear swollen and drape slightly over the back portion of the tongue contributing to a complaint “something in the throat sensation that may cause gagging or throat clearing”. **Encourage the swallowing of fluids to 1) Sweep the uvula back off the tongue and 2) To keep the protective membrane moist. Discourage throat clearing and spitting out of saliva.** In addition, increased nasal congestion and nasal secretions is associated with an adenoidectomy. **Avoid nose blowing; gentle sniffing is ok. Sneeze with an open mouth. A foul breath** may be detected around day 5-9 as the protective membrane begins to deteriorate. Encourage more fluids at this time.

Ear pain:

Complaints of ear pain around day 5-9 may be noted. This is considered a referred pain from the tonsil region and does not usually represent an infection.

Fever:

A low-grade temperature of 99-101 degrees after surgery is expected. Use Tylenol/ibuprofen or your prescribed pain medication if the fever is greater than 101 degrees despite use of analgesics (Tylenol/ibuprofen or prescribed pain medication) observe for the amount of fluid intake and urine output. Lack of fluids and urinating with an elevated fever are indications of possible impending dehydration. Call the office.

Bleeding:

Remain calm and identify the source of bleeding. If adenoid surgery was performed, tip the head forward (i.e. looking down at a book in your lap) and monitor for **active blood dripping from the nose**). If present, draw back into the nose 2 sprays of **Afrin nasal spray**. Use pediatric strength for young children. Wait 10 minutes and recheck for bleeding. Avoid nose blowing. If the bleeding has stopped, keep patient’s activity level quiet for 24 hours. Otherwise call the office at 224-2353.

Fresh blood in the mouth with negative drip check – Start the use of **holding ice water for 10-15 seconds in the back of the throat, then spit out and repeat the process for 10 minutes**. If bleeding subsides, keep the patient’s activity level quiet and offer only liquids for 24 hours. If during the day or night, the bleeding does not resolve with the ice water, call the office **first** at 224-2353 or, if bleeding is excessive, call 911 to be taken to the Concord Hospital.

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