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Surgical Instructions TONSILLECTOMY and ADENOIDECTOMY

Background Information

Removal of tonsils and adenoids used to be almost “routine” in years past, but it is now reserved for specific situations. Children with large tonsils and adenoids who are mouth-breathers, snorers and who generally have poor breathing benefit from this procedure as do individuals with a long history of recurrent sore throats/tonsillitis.

Please refer to your separate pre-operative surgical instruction sheet for all the instructions you must follow before the surgery.

Post-Operative Instructions

- **Expect a sore throat!** **THE MOST SEVERE PAIN IS USUALLY THE FIRST FEW DAYS AFTER SURGERY** (Day 2 and Days 5-9 are often the worst). Patients are reluctant to swallow when there is pain, but it is extremely important that they receive adequate fluid hydration and pain control. Do not become discouraged. Be consistent with pain control and fluid intake. Avoid aspirin products.
- No nose blowing for 1 week after adenoid surgery .
- **Pediatric Patients – Pain Management**
 - Start with regular liquid or chewable Tylenol every 4 hours. Using a non-narcotic medication first helps to reduce the risk of post-operative vomiting.
 - For maximal pain control, when the above medication fails to adequately relieve pain, use the prescription pain medication.
 - For children who refuse to chew or swallow pain medication, try Tylenol suppositories. They are available without a prescription.
 - Call our office if the above measures do not adequately control pain.
 - Start the antibiotic (if it was prescribed) the day after surgery.
- **Adult Patients – Pain Management**
 - Start your prescription of pain medication as soon as possible.
 - You may alternate Motrin/Advil/Ibuprofen in liquid or tablets (crushed) with your prescription pain medication to increase pain control **only if advised by your surgeon.**

- Your doctor may prescribe two different pain medications, i.e. Tylenol with Codeine and Roxicet elixir. If you have had difficulty in the past with tolerating pain medications, Tylenol with Codeine is not as strong as Roxicet and you may find your pain controlled with this medication alone. **NEVER TAKE BOTH MEDICATIONS AT THE SAME TIME.** Use the pain medication that will adequately control your pain.
- If you were prescribed the pain medication **Roxicet, refills are in written form only. Allow adequate time for a written prescription to be prepared and picked up at the office during normal office hours—it cannot be called in to your pharmacy.**
- **Encourage liquids of any type except citrus**
 - Adults drink at least 2 ½ quarts (80 oz.) of fluid per day. Children drink at least 1 ½ quarts (48 oz.) Although this is the ideal amount of fluid intake, it may not always be achievable. However, continue to encourage fluids. Remember proper hydration is very important to patient healing.
 - On the 1st day drink clear fluids such as water, apple juice, Popsicles, sherbet, Gatorade, Kool Aid, broth or Jell-O.
 - On the 2nd to 3rd day increase to full fluids such as Ensure, Boost, milkshakes or frappes etc.
 - Move to a soft diet as soon as you are able. Some patients may be able to tolerate a soft diet starting on Day 1 without difficulty. Eat foods such as puddings, applesauce, ice cream, eggs, pancakes, pasta, mashed potatoes, yogurt etc.
- The normal healing process produces a soft white protective covering over the area of excision. By drinking plenty of fluids, this white membrane will wash away in 10-14 days. The new tissue will begin to surface. Despite any discomfort, swallowing liquids or soft foods actually help this part of the healing process.
- **Activity:** Quiet activity should be encouraged. For the first week, you should avoid activities that will raise the heart rate (biking, running, skiing etc). Travel is generally discouraged during the immediate post-operative recovery due to the risk of possible complications. Normal activities can be resumed after the 2 week post-operative evaluation.
- **School or Work:** Patients of Dr. Daniell and Dr. Carwell should plan to remain out of work or school until *after* the 2 week post-op office appointment. Dr. Reddy's patients may return to school or work without restriction after a 2 week post-operative period provided there have not been any post-op complications, and he would like the post-operative office appointment 3 – 4 weeks after the surgery. Recovery time generally varies from 7-14 days, but may require a longer period of time.

Common Post-Operative Complaints

- Occasionally, a small amount of bloody discharge is seen from the nose or the throat following the operation. This should not alarm you. However, active and profuse bright red blood from the nose or throat is not normal and you should call the **office at (603) 224-2353**. If there is active, profuse bleeding at night or weekend, call the office to get the doctor on call and/or go to the hospital Emergency Department.
- A fever of up to 101 degrees is common for several days after the tonsils are removed. This does not represent an infection. Be sure the patient is receiving plenty of fluids and taking their pain medication to relieve the fever. If the temperature is higher than 101 degrees with treatment (medication and ample fluids), please call the office for advice.
- Frequently, patients will complain of ear pain after removal of tonsils. Because the brain perceives this pain, called “referred pain”, as coming from the ears rather than the tonsils. If tubes were inserted in the ears at the same time as the tonsillectomy and the ears are not draining any fluid, you can be sure the patient is experiencing referred pain from the tonsillectomy rather than a problem with the ears. The patient should receive Tylenol and lots of reassurance.