

Tonsillectomy and/or Adenoidectomy

Preparation

Do not eat or drink anything after midnight on the evening prior to your surgery. You may brush your teeth in the morning but do not swallow the water. Do take your blood pressure medication with a sip of water. Do not take or use insulin or oral diabetic control medication.

No “blood thinner”, aspirin, ibuprofen, or anti-inflammatory medication for 10 days prior to surgery. Avoid herbs such as KabaKaba, Garlic, or Ginko Biloba.

Post Procedure

Following the procedure, fluid intake is very important. Maintaining regular doses of pain medication will make swallowing the fluids easier. An adequate fluid intake will be indicated by light colored urine. A medication may be prescribed to control nausea or vomiting. If the patient does not feel like eating during the first few days or even up to most of the first week, as long as fluid intake is adequate, this is not too much of a concern. Food consumption will speed healing and reduce post-operative bleeding.

An ice pack may be used around the neck to help with discomfort and swelling. A soft food diet should be resumed as the patient desires. Chicken broth and water are a good start. Chewing gum will help to exercise sore jaw muscles and encourages swallowing. The back of the throat at the surgical site will usually appear as a white, pale gray or yellow coating with a foul smell. This is not an infection and does not require antibiotics. The coating is a normal “scab” that is forming where the tonsils had been. Gargling and expectorating a solution of one cup of water with one tablespoon of hydrogen peroxide is soothing and helps control mouth odor. No food with sharp edges should be eaten until the throat resumes a normal color. The tongue and uvula (the tissue that hangs down near the back of the throat) may be swollen. Avoid milk products if they cause thick mucous.

Missing three to seven days of school or work is not unusual. Two weeks are necessary before resuming normal levels of activity. About four to five days after the procedure, ear pain may be experienced due to referred pain from the throat and is part of the healing process. Contact our office if reduced hearing is also noticed.

Oral temperature to 101 degrees F, is not uncommon following surgery. Call our office if fever exceeds 102 degrees F. Children may take the recommended dose of liquid Acetaminophen (Tylenol) for pain or fever, if they are not taking Tylenol with hydrocodone for pain. Do not take aspirin or ibuprofen or any product that contains these active ingredients; they increase the risk of bleeding.

Possible Complications of the Procedure

Tonsillectomy is safe, however, there are uncommon risks associated with it. It is important that every patient be made aware of possible complications that may include, but are not limited to:

- Anesthesia complications: There is always a small risk with general anesthesia. This risk is increased if there is any family history of trouble with anesthesia. The risks can range from nausea and vomiting to very rare life threatening problems. Please discuss any questions or concerns with the anesthesiologist.
- Bleeding between 7 to 14 days. This may be minor (approximately 3-4%). Gargling and expectorating with a mixture of one cup of ice water with one tablespoon of hydrogen peroxide can be used first and should stop the bleeding within 15 minutes. You should notify Dr. Ward's office if the bleeding continues. If the bleeding does not stop or you have difficulty breathing, go to the nearest hospital emergency room for evaluation and treatment. You may require surgery to control excessive bleeding.
- Dehydration may occur if the patient refuses to drink. IV fluid replacement may be necessary. Make sure your child has a daily bowel movement. Consider using a glycerin suppository, Fleets Enema, Milk of Magnesia, or Citrate of Magnesia if needed for constipation.
- If hyper nasal (Mickey Mouse) speech occurs after the surgery, it is usually temporary.

A follow up appointment should already be scheduled for five to seven days following surgery. If you have any problems or questions, please call the office.