



Tonsillectomy with or without Adenoidectomy Discharge Instructions

What To Expect:

- Throat discomfort that will likely worsen before it improves for 10 -14 days. This discomfort may be significant and will inhibit one's ability/desire to eat/swallow. An ice collar (given to you at the surgery center) can sometimes help this, as well as pain meds (see below) and sucking on ice chips. The pain is also worse when the throat becomes dry – a **humidifier** kept next to the patient especially when sleeping, is very helpful. Pain with yawning can occur for up to 4 weeks.
- Pain in the ears – which is a referred pain, happens more commonly in children, but may also happen in adults. This often occurs 4-6 days following surgery and may continue after the throat pain resolves.
- Minimal bleeding – which if it stops within 5-10 minutes may be normal (a scab has fallen off). If the bleeding is bright red and continues for > 5-10 minutes, please contact your physician and if no response take the patient to the nearest ER.
- While the patient is healing from tonsil surgery, white patches where the tonsils had been are present – these are wet scabs and normal. This is not a sign of infection. These will typically come off 7-10 days post operatively and there may be a little bleeding during this time. If the bleeding persists – see above. This is the most common time period when a post tonsillectomy bleed will occur.
- Bad breath for 10 days – this is normal and will resolve only with time.
- The Uvula (punching bag) will become very swollen – this is because of the change in lymphatic drainage and will resolve with time. The patient may feel something on the back of their tongue – this is the swollen uvula.
- Increased phlegm for 10 days – part of the healing process.
- Low grade fever <101 – for few days – treat with Tylenol or prescribed med – see below. For a fever >101.5 – please contact your physician.
- One of the biggest risks following this surgery is dehydration – signs of this are lethargy, decreased urine output, amber colored urine, dry cracked lips and even fevers. If you are suspicious of this please contact your physician. You may be sent in to the hospital to receive fluids. Try to avoid this by drinking plenty of fluids, which will also help relieve pain.

- Weight loss is very common – and is mostly water weight. In adults 5-10 pounds, might be lost. In children weight loss varies based on their size.
- A change in voice, such as a high squeaky voice post op is not uncommon, post operatively especially in younger children. This usually improves with time, however with very large tonsils the voice pitch may end up higher.
- Fluid or air escape through the nose with speaking or swallowing liquids – that is more common with young children and in most cases resolves on its own. Rarely speech therapy is used to help with this.
- The patient may have a black tarry looking bowel movement a day or two after the operation. This is from blood which was ingested during the operation. You need not be concerned unless this persists.
- Vomiting may occur following any general anesthesia, and may be black (old blood) initially, but if persists you should contact your physician.

Meds:

- Your physician will prescribe you a narcotic pain medication in a liquid form. The medicine can be flavored or mixed with other liquids or soft foods (applesauce), however is often unpalatable. Some people find that refrigerating this helps tolerate the taste. If you are unable to get the patient to take the narcotic, plain Tylenol or Acetaminophen is recommended. This can be in liquid or chewable form or rectal suppositories are also available. Please follow the directions on the box for dosing.
- The narcotic can sometimes upset your stomach and it may help to have a small amount of food in your stomach prior to taking the narcotic – such as applesauce or yogurt.
- Aspirin or anti-inflammatory medications (such as Motrin, Advil, and Ibuprofen) are not recommended for 14 days following a Tonsillectomy as this may increase the chance of bleeding.
- Please notify your physician if the pain is not relieved by medication.
- Constipation is a side effect of narcotics, and it is best if it can be prevented. This can be helped by non acidic juices such as apple, apricot, and prune juice. Mirilax and glycerin suppositories are also gently effective.
- Sometimes oral antibiotic may be prescribed and these should be taken as directed until they are finished, even if patient seems to feel better.
- If you develop a rash/hives from any medication – please discontinue it and contact your physician

Diet:

- It is important to encourage fluid intake after Tonsillectomy to maintain adequate hydration as well as to relieve throat discomfort. The amount will vary by patient size/weight, but in general drink enough liquids so as you are urinating at least 2-3 times a day. Make sure the urine does not become amber in color as this may be a sign of dehydration.
- Citrus juices and carbonated soda/water will often burn the throat the first few days after surgery, however any liquid the child likes may be given.
- Milk can make some patients feel more thick phlegm in their throat – this varies and should be tried on an individual basis as milk products can provide good sources of calories and some fat.
- Anything soft can be eaten and should be encouraged when the patient is interested. Avoid scratchy foods, such as pizza, crackers, chips, popcorn, pretzels and spicy foods. Tomato based foods can also irritate the throat.

Some suggestions for food are:

Non acidic juices (apple, cranberry, grape juice, Gatorade Hi-C)	
Water	Soups - warmed not hot
Popsicles	Applesauce
Jell-o	Canned pears, peaches
Sherbet	Fresh fruit/Watermelon
Pudding/custards	Milk/shakes/malts
Yogurt	Cooked cereal – cream of wheat/oatmeal
Macaroni and cheese	Well cooked noodles
Cottage Cheese	Ice cream/push-ups
Eggs	Pancakes
Baked fish	Diced cooked chicken/ground beef/canned tuna
Mashed potatoes	Cooked beans

Activity:

- Your activity should be fairly limited for 10 days, but especially for the first 2-3 days. Contact sports/rough sports and gym class should be avoided for 2 weeks. Gradually you will resume normal activities.
- We typically recommend avoiding traveling for 2 weeks as well.

Post Op Appointment:

Follow up is directed by your physician, usually within 2-3 weeks.