

## EAR, NOSE & THROAT CONSULTANTS OF NEVADA

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### Post-Operative Instructions: Tonsillectomy and/or Adenoidectomy/UPPP

1. Usually this operation is done as a day surgery and the patient may be safely discharged to go on the afternoon or evening of surgery. However, occasionally a patient may require admission to the hospital for an overnight stay after surgery. This is usually done due to inability to take or keep down fluids or in children less than three years old. If this should occur, your doctor will discuss this with you.

2. On returning home, the patient should be restrained from activity for three or four days. Providing all is well, the patient may be up and around the house with reasonable restrictions on activity. The patient may return to school or work 10 days after the surgery. A follow-up appointment should be made 2-3 weeks after surgery. **FOR ADULTS, DRINK 4 TO 8 OUNCES OF LIQUIDS EVERY WAKING HOUR POSTOPERATIVELY! FOR CHILDREN, FLUID INTAKE SHOULD BE TITRATED ACCORDING TO WEIGHT.** Lack of proper fluid intake may cause high fever from dehydration.

**REMEMBER: No Aspirin products for two weeks pre-and post-operatively**

3. The diet should be liquids and soft foods for two weeks after surgery. Liquids may include milk, water, soda or other carbonated beverages, ice cream, popsicles, or soup. Soft foods include eggs, Jell-O, and yogurt. Harsh foods may cause pain or bleeding from the throat. As soreness decreases, a normal diet may be resumed. As long as fluid intake is adequate, the patient will resume eating solid food voluntarily as the discomfort subsides.

4. Pain in the ears is a frequent complaint and is usually "referred" from the tonsil or adenoid area due to the process of healing. This may improve initially, only to return six to eight days following the surgery. The pain may be relieved somewhat by placing a hot water bottle to the ears or an ice collar around the neck. Some low-grade increase in temperature is not unusual for the first several days. Liquid Tylenol may be given to your child as directed on the bottle for pain or fever. It can be obtained without a prescription at any drug store. Aspirin and aspergum products can **NOT** be used.

5. Frequently, there will be a nasal quality to the patient's voice following the operation. This is a natural accompaniment of removal of bulky tonsil and/or adenoid tissue from the resonating cavities of the mouth and the back of the nose. This may persist for several weeks or months until the muscles readjust. It may be helped somewhat by having the patient say "kick" many times per day, as this exercises the throat and mouth muscles.

6. There may be bloody mucus drainage from the nose or mouth for the first 48 hours. Any bleeding greater than the amount which lasts more than a few minutes should be reported to your doctor. Bleeding can occur up to 14 days after surgery. Please make sure you are within a reasonable distance to medical care during this period of time. In case of any heavy bleeding, please call the office at 792-6700 or go to the Emergency Room.

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#### Northwest Office

7040 Smoke Ranch Road

Las Vegas, NV 89128

#### Green Valley Office

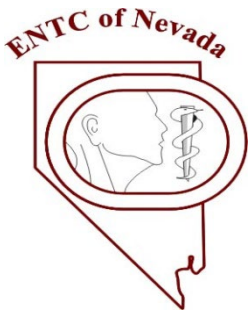
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7. Immediately following the surgery, the patient will feel very uncomfortable and in some pain for 7-10 days. This is normal.
8. Scabs will form over the site where the tonsils used to be. These will appear white and will cause bad breath until they come off. This will usually occur when the patient is asleep and will swallow them. Some pain will occur immediately after this happens.
9. It is **VERY IMPORTANT** that the patient drink enough following the surgery. If this is not done, the patient will get dehydrated and will develop a fever.
10. If a fever of 102 degrees or higher occurs:
  - a) **DO NOT PANIC.** It is normal to have a fever post-operatively; however, this is a sign to keep a closer watch on the patient's intake of fluids.
  - b) Usually this means that the patient is not drinking enough fluids. Remember that 4 to 8 ounces every waking hour is the minimum requirement.
  - c) Start keeping a diary of the patient's temperature and the amount of fluid taken in for the doctor to evaluate in case an IV will eventually be needed.
  - d) Note the number of times the patient urinates daily.
  - e) Encourage the patient to cough and breathe deep twice hourly to prevent any post-anesthesia complications.
  - f) If all of the above fails, call the office.
11. Constipation is a frequent complaint post-operatively. Remember that any pain medication will slow down bowel movements. Also, consider the fact that the patient does not eat as much as usual, nor are they as active physically, which affects daily bowel movements. The patient is also eating a soft diet of very binding foods. Therefore, any "over-the-counter" method could be acceptable to remedy this problem. If this persists, call your primary care provider.

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