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EAR, NOSE & THROAT CONSULTANTS OF NEVADA

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POSTOPERATIVE INSTRUCTIONS FOR ADENOIDECTOMY

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 4-8 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.
3. The diet should be liquids and soft foods for 2 weeks after surgery. Liquids may include milk, water, soda or carbonated beverages, ice cream, popsicles, or soup. Soft foods include eggs, Jell-O, and yogurt. Harsh foods may cause pain or bleeding from throat. 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, IBUPROFEN, MOTRIN PRODUCTS CAN NOT BE USED. EXCEPTIONS: YOUNGER CHILDREN MAY SOMETIMES BE GIVEN IBUPROFEN AFTER SURGERY AND SHOULD ONLY BE TAKEN AS INSTRUCTED.**

5. Frequently, there will be a nasal quality to the patient's voice following the operations. This is a natural accompaniment of removal of bulky tonsil and/or adenoid tissue from the resonating cavities of the mouth and back of the nose. This may persist for several weeks or months until 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 (702) 792-6700 or go to the Emergency Room.
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. Urine closer to lemonade color rather than apple juice color can sometimes be a helpful gauge of hydration.
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 complain post-operatively. Remember that any pain medications 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.

A Map of Recovery After Tonsillectomy

The patient will require a soft diet for several days following surgery. This will prevent the scabs from coming off prematurely and also decrease any chance of bleeding. The following is a list of food suggestions:

Applesauce

Eggs-scrambled, soft boiled, etc.

Macaroni & Cheese

Pastas-Homemade or canned (Tic Tac Toes, Dinosaurs, Cheese Raviolis, Spaghetti-O's)

Canned fruit-except pineapples

Potatoes- except fried or other crispy varieties

Ice cream

Jello-O

Pudding

Oatmeal

Cream of Wheat

Cream of Rice

Cottage Cheese

Rice

Yogurt

Ramen Noodles

Soups or Broths

Beverages:

Apple juice

Grape juice

Apple cider

Cranberry juice – all varieties

Gatorade

Milk

Sodas 7-up, Coke, Pepsi, etc. (shake will flat)

Hawaiian punch

Fruit juices

Ice/Slurpees

Please AVOID the following:

Nothing too acidic to drink

Nothing too hot

















































Nothing hard, crispy, or crunchy

A Map of Recovery After Tonsillectomy

FLUIDS = popsicles, juice, milk, yogurt, pudding, Jell-O, water, milkshakes, Koolaid, soda, soup



= **8 oz. fluid**

Surgery Day	Rest. Sleep. Try clear fluids. Give pain medicine every 4 hours while your child is awake. If your child is vomiting, have child rest for 1 hour between episodes. Then try one sip of clear fluids every 30 minutes until fluid stays down. If your child vomits more than 4 times, let him rest- do not give anything by mouth. Contact your doctor or nurse regarding pain medicine than can be given rectally.
Day 1	PUSH fluids- at least   today. If your child is still vomiting, continue to give clear fluids slowly, and rest for 1 hour between vomiting episodes. Solid foods are ok to try today. Give pain medicine every 4 hours while your child is awake. Common complaints are: "My throat hurts." "My ears hurt." "My neck hurts." "My tongue hurts." "My head aches."
Day 2	PUSH fluids   or    today's total. Give pain medicine every 4 hours while your child is awake. Solid foods may be easier today.
Day 3	PUSH fluids    or     today's total. Add more solid foods. Give pain medicine every 4 hours as needed.
Day 4	PUSH fluids    or     today's total. Add more solid foods. Give pain medicine every 4 hours as needed.
Day 5	PUSH fluids    or     today's total. Add more solid foods. Give pain medicine every 4 hours as needed.
Day 6	PUSH fluids    or     today's total. Add more solid foods. Give pain medicine every 4 hours as needed.
Day 7	PUSH fluids    or     today's total. Add more solid foods. Give pain medicine every 4 hours as needed.
Day 8-10	Scabs from tonsil bed begin to come off – leaving throat tender again. Bleeding may also occur at this time, please contact your doctor or nurse. PUSH fluids     or     today's total. Give pain medicine every 4 hours as needed.
Day 11-14	Your child should be eating and drinking as usual. Life returns to normal

Remember: Each child recovers at his own rate. Some children are slower to take solid foods. Encouraging fluids is the first important step.

WARNING: Poor fluid intake will result in increased pain, fever, and weight loss (possibly 6-10 pounds).