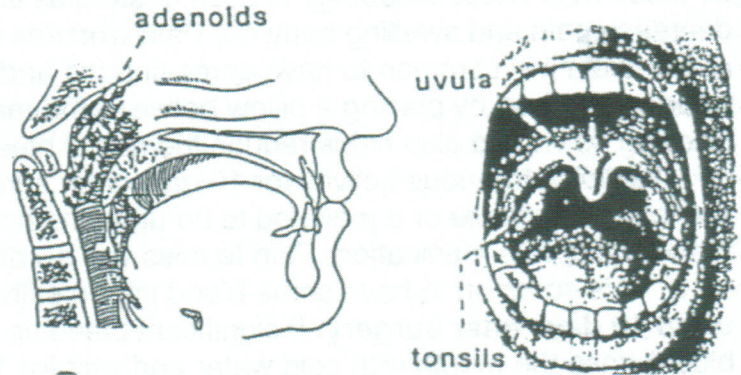


Tonsillectomy and **Adenoidectomy**

The tonsils are located at each side of the back of the mouth and the adenoids are behind the nose. The adenoids shrink away in late childhood and are absent in most adults. Tonsils and adenoids are tissue made of white blood cells which are the type of cells that help the body fight infection. Unfortunately when they become enlarged or recurrently infected tonsils and adenoids

lose their ability to fight infection. Studies have NOT been able to show any evidence that removing the tonsils or adenoids in-creases a person's risk for infection, other diseases or health problems. As with any surgery there are some risks including a chance for bleeding, changes in the voice or swallowing, or problems with anesthesia. If you have questions about these **please call the office.**



Prior to Surgery

It is very important that the patient **avoid taking aspirin, Motrin, ibuprofen, Advil, Aleve or naproxen for two weeks before and two weeks after surgery** as these thin the blood and in-crease the chance for bleeding after surgery. Tylenol (acetaminophen) may be taken as directed.

The Day of Surgery

On the day of surgery the patient should have nothing to eat or drink after midnight. CLEAR LIQUIDS THAT YOU CAN SEE THROUGH may be taken up to 6 hours prior to surgery, AFTER THAT NOTHING SHOULD BE TAKEN BY MOUTH, NOT EVEN WATER. Please check with your doctor to see if regular medication should be taken the morning of surgery. **Failure to follow these directions may cause the anesthesiologist to cancel the surgery. You will need to arrive at the surgical facility well before the scheduled time of surgery.** A day or two before surgery you will be called by someone from the surgical facility to tell you what time to arrive. After you arrive the nursing staff will take some information from you and someone from the anesthesia department will talk with you.

Parents, if the anesthesiologist allows, may go with their children to the operating room and stay with them while they go to sleep but not during the actual operation. If interested in this please request to do so as soon as you arrive to the surgical facility. Once in the operating room young children will go to sleep by breathing gas through a mask, they will then have an IV started. Older children and adults will usually have an IV started first, sometimes before going to the operating room. Once asleep, a breathing tube will be placed through the mouth. During surgery the patient will be kept completely asleep by breathing gas through this tube under the supervision of an anesthesiologist. Heart rhythm, blood pressure and oxygen levels will be closely monitored throughout the operation. The surgery is performed through the open mouth and takes about 45 minutes. The doctor will talk to you after surgery is done. **Please stay in the waiting room the whole time the patient is in surgery.** After surgery the patient will be in the recovery room for about 30 minutes. Parents *may* be able to sit with their child for part of this time. After this the family will stay with the patient in another recovery area for about 2 hours after surgery. For some patients with certain medical conditions plans will be made ahead of time to stay overnight after surgery.

Once You Are Home

It is most important to take enough liquids. Good things early on include fruit juices, pop, popsicles, Gator-aide, ice cream, milkshakes, Instant Breakfast, yogurt, pudding Jell-O, applesauce, scrambled eggs, etc. Any soft foods are OK but sharp or hard foods should be avoided for 10 days. **Children will require frequent, consistent, firm yet loving encouragement to eat and drink for up to 10 to**

14 days after surgery. The patient will have significant pain in the THROAT as well as in the EARS (because the tonsils are straight in from the ears) **and the back of the NECK or HEAD for up to 10 to 14 days after surgery.** Tylenol (acetaminophen – follow bottle directions) **or** the prescription pain medicine (which usually contains a narcotic and Tylenol) should be taken every 4 hours as *needed* for pain. It helps to take it regularly **WHILE AWAKE** the first few days to stay ahead of the pain, after that taking it ½ hour before meals is helpful. **Children and some adults don't always reliably break down the narcotic pain medicine so be very careful to be sure the patient is not drowsy before re-dosing the medication and never exceed the recommended dose or stoppage of breathing may occur.** Do not take aspirin, Motrin, ibuprofen, Advil, Aleve or naproxen as these may cause bleeding. A dose of steroids is given through the vein at the time of surgery to decrease pain and swelling early on. Pain worsens when this wears off in 2 days. Due to the swelling of the uvula it is common to have some snoring and rattling breathing for a while. **Elevating the head of the bed** by placing a pillow between the mattress and box spring helps keep pain and swelling down and also helps reduce the risk of bleeding.

Avoid strenuous activity for 10 days after surgery as it increases the chance of bleeding. It is OK to go to a movie or a mall and to be up in the house but avoid driving especially when on prescription pain medication. Plan to miss 7 to 10 days of day care, school or work after surgery.

It is common to have some blood tinged saliva but **it is possible to have significant bleeding up to 10 days after surgery.** If significant bleeding occur (spitting out clots or continual dripping of blood) rinse the mouth with cold water and wait for 15 minutes as the bleeding usually stops on its own. If bleeding persists call the office day or night and your surgeon or another ENT specialist will call you. If you're unable to contact the doctor and significant bleeding persists, go to the ER.

Due to the bacteria in the mouth there is always a low grade infection in the area where the tonsils were removed causing a white to yellow build up, foul breath and a **fever of 101 or even 102** for 10 or more days after surgery. This will resolve on its own, however your surgeon may give you an antibiotic to take after surgery to help control this.

You may also notice some **voice changes** and snoring after surgery for awhile due to swelling and the removal of enlarged tissue. This will resolve on its own usually in 3 to 4 weeks.

If you have questions or problems please call the office. Please make an appointment now for your surgeon to check you 3 to 4 weeks after surgery. There is no charge for this visit.

Medications

- ___ Tylenol plus hydrocodone liquid _____ every 4 hours as needed for pain, may cause nausea or drowsiness.
- ___ Percocet (Tylenol plus oxycodone) 1 or 2 tablets every 4 hours as needed for pain. May be crushed or broken in half to take. May cause nausea or drowsiness.
- ___ Norco (Tylenol plus hydrocodone) 1 or 2 tablets every 4 hours as needed for pain. May be crushed or broken in half to take. May cause nausea or drowsiness.
- ___ Ultram (tramadol) 1 or 2 tabs every 4 hours as needed for pain, may cause drowsiness
- ___ Tylenol (acetaminophen) only for less severe pain (no aspirin, Advil, Motrin, ibuprofen, naproxen, or Aleve) Maximum dose of Tylenol for adults is 4000mg in 24 hours, for your child it is _____mg every 4 hours. Exceeding these doses may cause liver damage/failure. If you have questions on the dosing of Tylenol call the office or ask your pharmacist
- ___ Amoxicillin _____ tsp tab twice a day for 10 days
- ___ other medications as usual

Regretfully we are cannot call in prescriptions for narcotics after hours or on weekends. You need to anticipate the need for refills or medication changes and call during business hours.

Ear Nose and Throat Center entcentergr.com

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