Tonsillectomy with or without Adenoidectomy Discharge Instructions

What To Expect:
• Throat discomfort, that will likely worsen before it improves, for 10 to 14 days. This discomfort may be significant and will cause problems with eating and swallowing. An ice collar (given to you at the surgery center) can sometimes help, as well as pain medication (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 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 to 6 days following surgery and may continue after the throat pain resolves.
• Minimal bleeding, if it stops within 5 to 10 minutes, it may be normal (a scab has fallen off). If the bleeding is bright red and continues for more than 5 to 10 minutes, please contact your physician. If you cannot get in touch with the physician, go to the emergency room.
• 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 to 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 the tongue. This is the swollen uvula.
• Increased phlegm for 10 days. This is part of the healing process.

Some suggestions for food are:
• Non acidic juices (apple, cranberry, grape juice)
• 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:
• Activity should be fairly limited for 10 days, but especially for the first 2 to 3 days. Contact sports/rough sports and gym class should be avoided for 2 weeks. Gradually, the patient may resume normal activities.
• We typically recommend avoiding travel for 2 weeks.

Post Op Appointment:
Follow up is directed by your physician, usually within 2 to 3 weeks.
• Low grade fever of 101°F or less for few days. Treat the fever with Tylenol® or prescribed medication – see below. For a fever over 101.5°F, please contact your physician.

• One of the biggest risks following this surgery is dehydration. Signs are lack of energy, decreased urine output, amber colored urine, dry cracked lips and even fevers. If you suspect dehydration, please contact your physician. The patient may be sent to the hospital to receive fluids. Try to avoid this by making sure the patient drinks plenty of fluids, which will also help relieve pain.

• Weight loss is very common, and is mostly water weight. In adults, five to ten pounds might be lost. In children, weight loss varies based on their size.

• A change in voice, such as a high squeaky voice, is not uncommon following surgery, especially in younger children. This usually improves with time, however with large tonsils the voice pitch may end up higher.

• Fluid or air escape through the nose with speaking or swallowing liquids. This is more common with young children and in most cases stops on its own. Rarely, speech therapy is used to help.

• The patient may have a black, tarry looking bowel movement a day or two after the operation. This is from blood swallowed 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. If vomiting lasts for more than six hours, you should contact your physician.

Medication:
• Your physician will prescribe a narcotic pain medication in a liquid form. The medicine can be flavored or mixed with other liquids or soft foods (applesauce). However, it often has a bad taste. Some people find that refrigerating the medicine helps with the taste. If you are unable to get the patient to take the narcotic, plain Tylenol® or Acetaminophen is recommended. This can be liquid, chewable or in the form of rectal suppositories. Please follow the directions on the box.

• 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. MiralAX® and glycerin suppositories are also gently effective.

• Sometimes oral antibiotics may be prescribed and these should be taken as directed until they are gone, even if the patient seems to feel better.

• If the patient develops 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 to cause urination at least two to three 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 patient 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.