

# Tonsillectomy/Adenoidectomy/UPPP

## Patient Postoperative Instructions and Information

### BEFORE THE OPERATION

NPO (Nothing by Mouth) GUIDELINES: No solid food or liquids after midnight, this includes candy, gum, and breath mints UNLESS OTHERWISE DIRECTED. If you take medications for high blood pressure, please take them the morning of surgery with a very small sip of water. If you are a diabetic, please check with your primary care doctor as to how to take your diabetic medications prior to surgery.

### AFTER THE OPERATION

1. It has been advised that you have the surgery noted above. It is preferable that you be free from infection for two weeks prior to surgery. If you should develop a fever, cough or cold prior to your surgery date, please call our office for medication orders or to reschedule the surgery to a later date.
2. Upon completion of the operation, which usually takes about one hour (but may take longer if the surgery is being done to correct obstructive sleep apnea), you will be transferred to the Recovery Room. You will remain in the Recovery Room for one to two hours. After you have fully stabilized, you will be taken to a room for a "short stay" admission if you have sleep apnea. If you do not have sleep apnea, you will be discharged home the same day. Expect to remain drowsy most of the afternoon. If you stay overnight, you will be examined the day following surgery and will be discharged at that time provided your post operative course has been satisfactory.
3. The day of your surgery, when awake, you may have sips of water, crushed ice, ginger-ale, Kool-aid, popsicles, ice cream, pudding, cottage cheese, etc.

### POST OPERATIVE HOME CARE

#### DIETARY

For the first 10-14 days, most persons who have had tonsillectomy/adenoidectomy/UPPP will prefer to be on a semi-solid or liquid diet. Examples of such foods are: Jell-O, pudding, ice cream, milk shakes, Carnation Instant Breakfast, tepid broths or soups, macaroni and cheese, mashed potatoes, and scrambled eggs. If desired, you may have food of a more solid character; just make sure it is cut into small pieces. In fact, if you are able to swallow reasonably well, there are no dietary restrictions except for refraining from eating extremely dry or coarse foods such as potato chips or toast. Food or drink that is hot, spicy, or containing large amounts of citric acid or tomato derivatives should be avoided because they may cause burning in the throat area (e.g. orange, lemon, lime, grapefruit, tomato, juices, etc.).

It is common to be unwilling to take any form of solid or semi-solid food for several days. If this is the case, there is no cause for alarm; however, a baseline of daily oral fluid intake is required in order to prevent dehydration. The following are minimum daily fluid intake requirements:

Adults, 3 quarts per day.

It cannot be stressed enough that the most important dietary consideration after surgery is not that you take solid or semisolid food but that you take in an adequate amount of fluid daily.

#### ACTIVITY

You may go back to work after 10 - 14 post-operative days have elapsed. If your work environment requires strenuous activity, you must be off work for 14 days. You must refrain from any form of strenuous activity for a total of 14 postoperative days. In addition, you are not allowed to exercise of lift anything heavier than 25 pounds for 3 weeks post operatively. Finally, please do not schedule any trips or vacations for 3 weeks after surgery.

## **MEDICATIONS**

**IF YOU WERE TAKING MEDICATIONS PRIOR TO THE SURGERY, CONTACT THE PHYSICIAN WHO PLACED YOU ON THESE MEDICATIONS TO DETERMINE WHEN AND IF TO RESUME THE MEDICATIONS.**

A prescription for post operative antibiotics may be given after surgery and these should be taken until gone without refilling the prescription unless directed to do so by your physician. The pain medicine supplied by prescription should be taken as needed. Do not hesitate to use pain medicine since discomfort tends to inhibit oral intake and eventually results in problems with dehydration. In general, adults will require stronger pain medicine which usually contains Codeine or some other strong analgesic. Codeine has a tendency as do other strong pain medications, to slow down digestion and create a problem with constipation. It is best to begin the early use of a general laxative such as Milk of Magnesia or Metamucil to prevent this from happening when Codeine or strong pain medicines are being taken on a regular basis. Other helpful measures can also be used to reduce pain such as using Chloraseptic Throat Spray which can be purchased over the counter. In addition, an ice pack placed around the neck area often brings some relief.

Pain medication preparations which contain aspirin or Ibuprofen should not be given for at least two weeks before and after the procedure because these two medications can cause post operative bleeding by thinning the blood. Examples of products that contain aspirin or Ibuprofen are Bayer, Bufferin, Alka-Seltzer, Advil and Nuprin. Confusion can be avoided by just remembering that for pain, one may either take Tylenol or the prescribed pain medicine.

Post operatively; the patient may start whatever medications they were on pre- operatively except for blood thinners such as Coumadin, Plavix, aspirin, ibuprofen, or any other non-steroidal anti-inflammatory drug. If you are in doubt about whether or not to restart a previously taken medication, contact our office. A whitish to gray coating sometimes develops over the area where the tonsils used to be. This is normal. The coating will fall off and be swallowed within 7-10 days.

## **FREQUENTLY ASKED QUESTIONS**

Discomfort or actual pain is certainly to be expected after tonsillectomy\adenoidectomy/UPPP. Different individuals experience varying degrees of pain. There is no way to know pre-operatively to what degree an individual will experience discomfort. The pain is usually localized to the throat area but can sometimes radiate to the ears, giving one the impression of an earache. In almost all cases, this does not indicate an ear infection but is a result of referred pain from the throat area. The throat discomfort builds gradually to reach peak at about the third and fourth post operative day after which it begins to dissipate slowly and usually disappears somewhere between the 10th and 14th post operative day.

During this post operative period, there is not much one can really do for the discomfort except ensure adequate fluid intake, use pain medications and wait it out.

In the early post operative period, swelling of the tongue may be seen due to pressure placed on it by the instrument used to open the mouth during the surgery. This usually appears on the first day and dissipates within a few days. Muscular soreness in the neck (stiff neck) is sometimes seen. The stiff neck results from necessary intraoperative positioning of the head in an extended position. The neck stiffness usually goes away after several days. Gentle massage and/or application of warm packs or a heating pad to the area may be beneficial in alleviating the discomfort.

Nasal congestion and noisy breathing can occur especially when adenoidectomy has been done with tonsillectomy. This condition is caused by tissue swelling and mucous congestion and will dissipate slowly over several days.

Bad breath is common for several weeks. A mild mouthwash can be used after 2 weeks. Call the office if severe bad breath is present.

Fever is also common and sometimes reaches 101 Fahrenheit and above. Fever can be alleviated by giving Tylenol in the appropriate dosage, increasing fluid intake, sitting up in a chair and by deep

breathing exercises several times a day. If the fever remains elevated at above 101.5 Fahrenheit for more than a day, the physician should be notified by calling the office. Fatigue and malaise are also common, lasting for as long as 10 days and is exacerbated by inadequate fluid intake.

It is common for weight loss to occur after this surgical procedure. Adults may lose as much as 10-15 lbs. This weight loss is usually gained back within the first post operative month.

Bleeding after surgery may start anytime from the first post operative day all the way up to and sometimes beyond the 10th post operative day, the scab (grayish or greenish coating) that was present over the operated area begins to fall away and this is the time that post operative bleeding is most likely to occur. Bleeding can occur during this time period which is not profuse and is self-limiting within a period of 15-20 minutes. If bleeding is prolonged and/or profuse, the patient should be taken to the Emergency Room of the nearest hospital where the procedure took place. If the bleeding is severe and life-threatening the patient should be taken to the nearest hospital emergency room. For minor bleeding, sucking on ice chips or a Popsicle can often help the bleeding stop. If you have any bleeding please call our office as soon as possible.

**If you have any problems or questions, please feel free to contact us at 410 554 4455. If you are unable to contact us, go to the emergency room.**