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## ***Surgical Instructions*** ***TONSILLECTOMY and ADENOIDECTOMY***

### **Background Information:**

Removal of tonsils and adenoids used to be almost “routine” in years past, but it is now reserved for specific situations. Children with large tonsils and adenoids who are mouth-breathers, snorers and who generally have poor breathing benefit from the procedure as do individuals with a long history of recurrent sore throats/tonsillitis.

**Please refer to your separate pre-operative surgical instruction sheet for all the instructions you must follow before the surgery.**

### **Post-Operative Instructions:**

- **Expect a sore throat!** THE MOST SEVERE PAIN IS USUALLY THE FIRST FEW DAYS AFTER SURGERY (Day 2 and Days 5-6 are often the worst). Patients are reluctant to swallow when there is pain, but it is extremely important that they receive adequate fluid hydration and pain control.
- **No nose blowing for 4 days after surgery if adenoid surgery also performed.**
- **Maintain pain control—Pediatric Patients (Age 12 and under):**
  1. Start with regular liquid or chewable Tylenol every 4 hours. Using a non-narcotic medication first helps to reduce the risk of postoperative vomiting.
  2. To increase pain control when regular Tylenol is not adequate alone, supplement regular Tylenol with Motrin/Advil every 6 hours.
  3. For maximal pain control, when the above medications fail to adequately relieve pain, use the prescription pain medication.
  4. For children who refuse to chew or swallow pain medication, try Tylenol suppositories—they are available without a prescription.
  5. Start the antibiotic (if it was prescribed) the day after surgery.
- **Maintain pain control—Adult Patients (Age 13 and over):**
  1. Start your prescription of pain medication as soon as possible.
  2. Use 3 tablets of Motrin 200 mg (crushed) every 6 hours as a supplement to your prescribed narcotic to increase your pain control only if needed.
  3. If you were prescribed the pain medication, Roxicet, allow adequate time for a written prescription to be prepared and picked up at the office during normal office hours.
- **Encourage liquids** of any type except citrus.
  - Adults drink at least 2 ½ quarts (80 oz.) of fluid per day/children drink at least 1½ quarts (48 oz.)
  - On the 1<sup>st</sup> day drink clear fluids such as water, apple juice, popsicles, sherbert, Gatorade, Kool Aid, broth or Jello.
  - On the 2<sup>nd</sup> to 3<sup>rd</sup> day increase to full fluids such as Ensure, Boost, Slimfast, milk shakes or frappes with Carnation Instant Breakfast blended in.
  - Move on to a soft diet as soon as you are able. Eat foods such as puddings, apple sauce, ice cream, eggs, pancakes, pasta, etc.

- The normal healing process produces a soft, white protective covering over the area of excision. By drinking plenty of fluids, this white membrane will wash away in 10 – 14 days. The new tissue will begin to surface.
- **Activity:** Quiet activity should be encouraged. For the first week, you should avoid activities that will raise the heart rate (biking, running, skiing, etc.). Normal activities can be resumed after the post-operative evaluation.
- **School or Work:** The patient should plan to remain out of work or school until after the post-operative appointment. Recovery time varies from 1 to 2 weeks.

### Common Post-Operative Complaints:

- Removal of the tonsils is more painful than removal of the adenoids. The throat is painful for 7–10 days after the operation. It is not uncommon for the older teen/adult patient to experience pain up to 14 days. **The most severe pain is usually the first few days after surgery (especially Day 2 and Day 5 or 6)** with gradual improvement for the duration of the healing process. Do not become discouraged. Be consistent with pain control and fluid intake. Avoid aspirin products.
- Occasionally, a small amount of bloody discharge is seen from the nose or the throat following the operation. This should not alarm you. However, **active** dripping of bright red blood from the nose or throat is not normal and you should call the office at (603) 622-3623. **If there is active, profuse bleeding at night or on the weekends, call the office to get the doctor on call and/or go to the emergency room.**

**For a small adenoid bleed**, which is a slow persistent bloody nasal drip when the head is tilted forward, spray 2 blasts of 12 Hr. Afrin Decongestant Nasal Spray into each nostril. Keep the head elevated; wait 20 minutes; recheck for drip—call the office if the problem persists.

**For a small tonsil bleed**, which is fresh blood found in predominately clear saliva, gargle for 10 minutes (by the clock) with a mixture of half hydrogen peroxide and half ice water. You can use just ice water if you have no hydrogen peroxide. Wait 20 minutes—call the office if the problem persists. For patients too young to gargle, call the office immediately.

- A fever of up to 101° is common for several days after the tonsils are removed. This does not represent an infection. Be sure the patient is receiving plenty of fluids (see guidelines on front side) and taking their pain medication to relieve the fever. If the temperature is higher than 101° with treatment (medication and ample fluids), please call the office for advice.
- Frequently, patients will complain of ear pain after removal of the tonsils. Because the nerve that goes to the tonsils also goes to the ears, the brain perceives this pain, called “referred pain,” as coming from the ears. If tubes were inserted in the ears at the same time as the tonsillectomy, and the ears are not draining any fluid, you can be sure the patient is experiencing referred pain from the tonsillectomy rather than a problem with the ears. The patient should receive Tylenol and lots of reassurance for this.