

GENERAL INSTRUCTIONS FOR TONSILLECTOMY OR TONSILLECTOMY AND ADENOIDECTOMY (T&A)

INTRODUCTION:

The tonsils are lymphoid tissue located in the oropharynx (back of throat on each side). The adenoids are tonsil-like tissue located in the nasopharynx (back of nose and upper part of throat). A tonsillectomy is performed for chronic tonsillitis (frequent infections of the tonsils) or tonsillar hypertrophy (large tonsils causing obstruction in the throat). An adenoidectomy is also performed for either chronic infections or enlargement of the adenoid tissue.

Tonsillectomy with or without adenoidectomy is a surgical procedure performed under general anesthesia in the operating room. The procedure takes approximately 30 minutes. The operation is performed through the mouth; bleeding is minimal and is controlled with an electric cautery. There is no visible/external scar. After the surgery is completed, you will be taken to the recovery room for 15 to 30 minutes. Once fully awake, you will return to the Outpatient Surgery Department. You can go home after 1 to 2 hours. This sheet will help in planning for surgery. Please read it and follow all instructions carefully.

ADVANCE PREPARATION:

You will have 2 pre-op appointments: One at Dr. Benke's office and one at the Outpatient Surgery Department. These are usually scheduled on Thursday approximately one week prior to surgery. You will also pre-register for the surgery at the hospital admissions desk on that day. Blood will be drawn for routine tests (complete blood count, clotting studies, pregnancy test if indicated), and you may have a chest x-ray/EKG. Dr. Benke's nurse will give you post-op prescriptions for medicines to use after surgery. These will include pain medicine, an antibiotic, medicine for nausea/vomiting and for adults a medicine called Carafate to coat the throat and promote healing. A 3 week post-op follow-up appointment will be made for you. Please do not take any Ibuprofen/Naprosyn/NSAID's/Aspirin (Advil/Motrin/Aleve/Children's Advil/Motrin) for 7 days prior to surgery. You may take Tylenol instead. Take your usual maintenance medications on the morning of surgery as soon as you wake up with a small sip of water UNLESS instructed otherwise by the doctor.

DAY OF SURGERY:

Dress in comfortable clothing that is easy to take off/put on. Do not have anything to eat or drink on the morning of surgery. If you have a fever (Temp = 101), productive cough or thick green nasal drainage on the morning of surgery, contact Outpatient Surgery at (817) 556-4251 as soon as possible after 6:00 a.m. The operation may need to be rescheduled.

AT HOME:

REST: Your child's first two days at home should be spent in bed or on the couch; then allow only limited activity at home for 7 to 10 days. Avoid P.E. and sports for 2 weeks. Visitors should be kept to a minimum since they may unknowingly bring in infection and overexcite your child.

DIET: FLUIDS ARE VERY IMPORTANT to maintain adequate hydration and ensure rapid healing without complications. Mild, non-acidic juices (such as apple and apricot), soft drinks, and frozen drink bars are suggested. SOFT FOODS like Jell-o, ice cream, custards, puddings, and mashed foods are helpful to maintain adequate nutrition. Hot, spicy, rough and scratchy foods such as fresh fruits, toast, crackers and potato chips should be avoided since they may scratch your child's healing throat and cause bleeding.

MEDICATIONS: A moderate to severe amount of throat discomfort and ear pain is to be expected. A sore tongue is also common. Your child's throat will probably hurt each time he/she swallows. Frequent swallowing helps to decrease the pain. Chewing gum often helps to reduce pain and aids swallowing. An ice pack applied to the front of the neck makes the throat feel better. Pain medication will be provided and may be given a half hour before eating to help your child swallow more comfortably. Give only medications provided by your doctor. Follow instructions carefully. Aspirin and NSAID's (Advil/Motrin/Aleve) should be avoided since they may cause bleeding.

WHITE PATCHES: You may see crusty white patches in your child's throat. This is a temporary normal covering during the healing period and is NOT a sign of infection. Associated bad breath may last 10 to 14 days.

BLEEDING: After the first week, the white patches can be expected to come off and may cause a little bleeding. The best way to prevent build-up of too much crusting and bleeding is to keep the throat moist with LOTS OF FLUIDS. If bleeding occurs, gargle with ice cold water; repeat several times until clear. Take a dose of pain medicine, apply an ice pack to the neck and rest in bed. If bleeding continues beyond 20 minutes, call the office during the day or go to the emergency room at night.

OTHER:

1. There may be some bloody drainage from the nose—this is normal and may last 24 to 48 hours. Gently clean the outside of the nose with a warm wash cloth.
2. Some blood may ooze into the throat, be swallowed and cause nausea/vomiting. Use the anti-nausea medicine as prescribed.
3. A low grade fever is common on the day of surgery. The pain medicine contains Tylenol with a narcotic and should be sufficient to reduce the fever. Prolonged fever after 24 hours usually indicates mild dehydration. Increase fluid intake. Call the office if temp = 102 or higher.
4. Stiffness in the neck may occur. This is also related to the healing process and will resolve in 10 to 14 days. Use the prescribed pain medicine.
5. Your child's voice may sound "different" for 10 to 14 days. This is due to swelling in the throat muscles and will resolve as the swelling goes down and the muscles begin to work naturally again.
6. Weight loss and change in bowel habits are common. Weight will be gained back once your child resumes a normal diet. Constipation is not usually a problem, but you may give your child a mild laxative if he/she becomes uncomfortable.
7. Call Dr. Benke's office for questions: (817) 641-3750.