**TONSILLECTOMY/ADENOIDECTOMY F**

**Preoperative Instructions**

**What are the Tonsils and Adenoids?**

The tonsils are two pads of tissue located on either side at the back of the throat. The adenoid is higher in the throat, behind the palate. Tonsils and Adenoid are part of the lymph system and can become enlarged in response to recurrent infections (i.e., Strep, or other bacteria or viruses). They can also become a reservoir for bacteria. They may also be enlarged without a triggering pathology.

Common reasons for removal of the tonsils or adenoid include recurrent infections, upper airway obstruction, and/or sleep disturbances. The adenoid is commonly removed along with the tonsils, and sometimes by itself.

**Before surgery:**

Avoid **Aspirin** products, **Gingko Biloba, St. John's Wort, Fish Oil, or Vitamin E** for 2 weeks prior to surgery. Anti-inflammatory medications such as **ibuprofen, Motrin, Advil, Aleve, Naproxen, Celebrex** should also be avoided for 2 weeks prior to surgery though are commonly acceptable for pain control **after** surgery provided you are not experiencing bleeding. Acetaminophen (Tylenol) may be used safely before and after surgery. Please notify us if there is family history of a bleeding/clotting disorder or if you bleed easily.

**Day of surgery:**

Tonsillectomy & Adenoidectomy is performed under general anesthesia. **DO NOT EAT OR DRINK** the morning of your surgery. Surgery typically takes 15-30 minutes, and most patients may go home afterward. Some patients, particularly young children may be kept overnight for observation at the discretion of your doctor and will usually go home the next morning.

* If you have any questions **PRIOR TO SURGERY** or have questions about your insurance/benefits, please call **970-221-1177**

**Postoperative Instructions**

**Activity:**

* We recommend planning between 7-14 days off work or school for recovery. It takes most children 7-10 days to fully recover after surgery, whereas adults may need closer to 2 weeks. If only the adenoid is removed, recovery is typically much quicker.
* Generally, children may return to school when they are eating and drinking well, staying hydrated, and no longer taking any pain medications.
* Children need to be monitored closely by a responsible adult at all times during the recovery period. Adult patients should have another adult present for the first 24 hours, as well as closely available for 3-5 days afterward. You should avoid driving if you are taking narcotic pain medication. Avoid exercise or vigorous activity for 2 full weeks.

**Nausea/Vomiting/Constipation:**

* Pain medications can cause constipation. You may use Laxative (ie milk of magnesia) or Softeners (ie Colace) if needed.
* Nausea and vomiting may occur following general anesthesia or with pain medications. If persistent, please call the office. You may be prescribed nausea medications after surgery by the Surgeon**.**

**Fever:**

* Low-grade fever (99.0-101.5) is common after surgery. Tylenol/Ibuprofen may help. Please call the office if the fever is over 102.5

**Eating and Drinking:**

* Start with clear, cool liquids immediately after surgery. To avoid dehydration, adults should have no less than 8 -12 glasses of fluids per day, and children no less than 6 glasses per day. Call the office if your child is urinating less than 2-3 times per day. Examples of fluids include water, popsicles, Jell-O, Gatorade, juices (apple, grape), ice chips, and tepid soups.
* Straws are permitted with thin liquids only. If your child uses a sippy cup, please remove the spill vent.
* You may progress to soft foods as tolerated. Examples include ice cream, pudding, milk, soft eggs, pasta, oatmeal, mashed potatoes, macaroni and cheese, bananas, soft canned fruits.
* A small spray bottle with water may also be helpful to keep the throat moisturized as needed.

**Pain:**

* Most patients experience a fair amount of throat pain after surgery, and this is generally worse for teens and adults. The severity may fluctuate from mild to very severe and can commonly last up to 14 days, though typically worst in the first 4-5 days. Pain is generally much less if only the adenoid is removed.
* A cold compress around the neck and a cool mist humidifier may be helpful for throat pain.
* Ear and/or jaw pain are common after surgery. Warm washcloths or heating pads around the ears can be helpful.
* Acetaminophen (Tylenol) and Ibuprofen (Motrin) are commonly used as first-line options for pain control in children and may be taken in a staggered/alternating fashion every 3-4hrs. (ie Tylenol, then Motrin, then Tylenol). Do not exceed 5 doses of Tylenol in a 24-hour period (3000mg for adults).
* Older children/teens and adults may receive a prescription for a narcotic pain medication. These can cause respiratory depression so it is important to take only as instructed. Advil and Motrin can additionally be used for pain relief.
* **Remember:** Pain medications will likely not eliminate pain, but rather help to take the edge off. It is important to continue to drink fluids and stay hydrated!
* **For refills of narcotic pain medications please call the office Monday thru Friday between 8:00am - 3:00pm**.

**Voice/Speech:**

* The voice may sound different after surgery and will most often normalize within a few weeks.
* Some snoring and mouth breathing are normal after surgery due to swelling and often improves over 7- 14 days.
* Your taste sensation may also be affected for a short period after surgery.

**Bleeding/Scabs:**

* **If there is bleeding from the mouth or nose, rinse/gargle your mouth with ice water for 10-15 minutes and immediately call the office. If severe or persistent, proceed to the nearest Emergency Room.**
* **Bleeding may occur up to 2 weeks following surgery, thus we recommend refraining from air travel or long distance drives during this period where medical care would be unavailable if needed.**
* A white membrane or scab will form where the tonsils were removed which may cover the entire visible throat and cause bad breath. These scabs will usually fall off around 7-10 days after surgery, during which there may be some minor bleeding.

**Follow up:**

* \*\*\*Our office will reach out with a phone call 2 weeks after surgery to check on your recovery, though you are also encouraged to contact our office at any point if you have acute concerns. \*\*\*
* Typically, an in-person visit after surgery is not necessary, however we are happy to see you as needed for any acute concerns.

**For questions AFTER SURGERY, contact 970-221-1177.**

**For emergencies after office hours, contact 970-221-1177 to speak to the ENT Provider on call.**