



CARE AFTER TONSILLECTOMY AND ADENOIDECTOMY (T&A)

Please read these instructions completely. They are important!!

GENERAL INFORMATION:

Tonsillectomy and Adenoidectomy are surgical procedures to remove the tonsils from the sides of the throat, and the adenoids (also called the adenoid tissue), from the back of the nose, above the back wall of the throat. This is most commonly performed to correct sleeping problems or to reduce the frequency of throat infections.

INSTRUCTIONS BEFORE SURGERY:

Beginning two weeks prior to surgery, certain over the counter medicines should be avoided unless directed by our office. These include aspirin or any ibuprofen products such as Aspergum, Aleve, Motrin, or Advil. These medicines may increase the risk of bleeding during and after the procedure. We also recommend avoiding herbal supplements such as ginseng, ginkgo, or garlic. Tylenol may be used if needed in this two week period before surgery. If your child was given antibiotics, they may be continued until the night before surgery.

INSTRUCTIONS AFTER SURGERY:

**ANY BLEEDING FROM THE NOSE OR MOUTH IS ABNORMAL—
DAY OR NIGHT, CALL US IMMEDIATELY: (716) 362-9730**

Night awakenings due to pain are common. Using the pain medications as prescribed, around the clock for the first 5-7 days, will help the patient have less pain and help them drink. The pain can last as long as 10-14 days after surgery. If this occurs, do not be afraid to continue the pain medicine. Head elevation may reduce pain and swelling.

Some children will refuse to drink liquids. If this persists long enough, the child could become dehydrated. Signs of dehydration are: a low grade temperature, dark “straw” colored urine, little or no urine output, dry cracked lips, sunken eyes, lethargy, and absence of tears when crying. Call our office if your child experiences these symptoms and you are concerned.

The white scabs in the throat are part of the normal healing process.

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- Normal Expectations:** The following may persist for up to two weeks:
- Ear and throat pain—the pain often gets worse over the first 5-7 days before finally improving.
 - Stiff neck—usually mild and lasts for a few days. If severe and associated with inability to move the neck, call us.
 - Foul smell to the breath
 - Nasal discharge
 - Fever—if this is greater than 102.5°F please call us.
 - Snoring, mouth breathing, or nasal congestion—may last for several weeks.
 - Mild cough
 - Change in voice quality
 - Difficulty swallowing—pain medication every 4 hours for the first 5-7 days, will help the patient have less pain and help them drink.

Diet: On the night of surgery limit the patient to a light diet to help prevent vomiting. If desired, soups, Jell-O, juices, and popsicles are allowed. Avoid eating heavy foods on the evening of surgery. On the day after surgery, the patient may eat anything he or she wants, as long as the stomach has settled. If your child is able to chew bubble gum, this may help the pain.

Activity: Normal activities may be resumed as tolerated. Talking is encouraged. School physical education and other sports may be resumed at the parents' discretion, unless otherwise instructed by the surgeon.

Medications: An antibiotic may be prescribed upon discharge from the hospital. It should be started the day after surgery. Please finish the entire prescription as directed.

The pain medication(s) prescribed should be taken every 4-6 hours around the clock when awake for the first 5-7 days. After that, use pain medications *as needed* for pain.

DO NOT USE ASPIRIN PRODUCTS SUCH AS ASPERGUM AS THEY CAN CONTRIBUTE TO BLEEDING. AVOID SUCH HERBALS AS GINSENG, GINGKO, OR GARLIC SUPPLEMENTS.

Follow-up: Follow-up in our office 4-6 weeks after the surgery. The post-operative appointment is written on your pre-operative scheduling sheet.

If you have any questions, problems, or need to schedule (or re-schedule) an appointment, please contact our office at **(716) 362-9730**.