Tonsillectomy & Adenoidectomy Instruction Sheet

Thanks for considering a tonsillectomy with us. Tonsils are usually removed due to frequent tonsil infections or enlargement that may cause disturbed breathing patterns. When chronically infected, the tonsils may be the source of throat infections. If tonsil infections are frequently recurrent, you may be a candidate for a tonsillectomy.

While tonsillectomies are one of the most commonly performed ENT procedures, there are some risks associated with the surgery that you should be aware of. Possible complications of a tonsillectomy, as discussed by your physician, include but are not limited to

- Anesthetic risks
- Post-op bleeding, that may occur in 2% of individuals, sometimes requiring re-operation to control the bleeding.
- Change in the sound of the voice, especially in patients with large tonsils.
- Changes in swallowing, with reflux of liquids into the nose (rarely)

Pre-Op expectations

Once surgery is scheduled, during the following two weeks you should not take any aspirin or aspirin-like compounds (Advil, Ibuprofen, Aleve or Naprosyn), or some over-the-counter cold medicines for fever or pain. These medications will interfere with blood clotting and may contribute to bleeding. Please tell your physician as soon as possible if there is ANY family history of bleeding or bleeding syndrome. Your physician will advise you if current antibiotic therapy should continue.

Home recovery

- **Post-op bleeding:** Though rare, bleeding can occur most frequently within the first post-op day or seven to 10 days post-op. Generally, bleeding occurs when the scab has been dislodged from the healing site. If bleeding is suspected, please call our office immediately or go to nearest emergency room.
- **Fever:** It is common to run a low grade fever (99 to 101 degrees) after surgery and the following week. Inadequate fluid intake is the most common cause. If high fever (102 degrees or above) develops, call our office for instructions.
- **Diet:** The liquid diet can be advanced to soft solids as tolerable. Avoid giving foods such as potato chips, pretzels, crackers and dry toast because they may scratch the healing sites of the throat and cause bleeding. If solids are not tolerated, do not be concerned but continue to encourage fluids.
- **Fluid intake:** Inadequate fluid intake is the most common cause of dehydration and dryness of the mouth. Dryness of the throat will make swallowing more difficult and increase throat discomfort.
- **Bad breath:** White patches, similar to a scab, will form where the tonsils were removed. Frequently you will have bad breath but brushing the teeth regularly will help reduce this odor. If bad breath suddenly increases after one week, please call the office. Avoid using strong mouthwashes.
- **Ear/Throat pain:** Frequently throat pain will be transferred to the ears and may be observed more at night. Most often this discomfort does not mean an ear infection. Oftentimes, discomfort wanes and wanes during the four to seven post-op days. This is normal and will decrease by the end of the period. It is important to take the antibiotic as prescribed, give Tylenol every three to four hours and encourage fluids.
- **Activity:** You should avoid vigorous activity for about two weeks after surgery. School-aged children may return to school after one week. Quiet activity is encouraged at home, but you need not stay in bed. Complete recovery generally is not expected for 10 to 14 days.

Follow-up visits

The first post operative visit is typically around one month after the procedure.

If you have any questions during the course of your therapy, we would be happy to help you through them. Surgery can be intimidating, and we hope to guide you through every step of the process.