Fauquier Ear Nose & Throat Consultants, PLC

POST OPERATIVE INSTRUCTIONS
Tonsillectomy With or Without Adenoiectomy
Under 7 Years of Age

The post operative patient will be discharged from the Outpatient Department of the hospital, after he/she is fully awake and the danger of serious bleeding is slight. The patient may be drowsy and nauseated. You may wish to bring a container in the car, in case car motion causes the patient to become sick on the way home. Upon arrival at home, please allow the patient to rest as much as possible. There are two videos showing what surgery day is like from a child's perspective (safe to watch with child):


Discomforts After Surgery -- Complaints of sore throat, ear pain, stiff neck, headache, bad breath, and not being able to taste or smell things very well, may occur. These symptoms are due to tenderness at the operative site. Secondly the swelling puts pressure on the nerves in the area, making the pain radiate to other areas of the head and neck, especially to the ears. Gum chewing is also recommended to help alleviate the throat and ear pain, as well as the bad breath. Brushing the teeth, gargling with water, and breath mints should help ease the problem of bad breath. All these symptoms should subside over the next few weeks. Symptoms may return 5-7 days later when the scabs start to slough off. After 2-3 weeks, generally all symptoms should resolve for most everyone.

Pain Control – You may provide Tylenol and Ibuprofen as needed to help with pain control. The dosing is weight-based and exact dosing for your child can be found on the bottle. These medications can be given alternating between Tylenol and ibuprofen every 3-4 hours (Tylenol first, followed by ibuprofen 3-4 hours later, followed by Tylenol 3-4 hours after that, etc). A prescription for a single dose of steroids is also provided which is meant as a one-time dose that can be given anytime 3 days after surgery if your child suddenly seems to have significantly more pain that is not controlled with Tylenol and ibuprofen. Pain in this scenario is often due to inflamed tissues that can be quickly minimized with steroids. Narcotics (even Tylenol with codeine) are not recommended under 7 years of age without hospital monitoring due to increased risk of breathing problems which has rarely led to brain damage and even deaths in the past. More information about narcotic risks can be found here:

http://bit.ly/1RbTfT1

Diet -- It is extremely important to drink adequate amounts of fluids during the recovery period. Diet includes pudding, jello, popsicles, ice cream, & yogurts as well as juice, water, milk, broth, etc. It is absolutely essential to avoid dehydration which may exacerbate pain. Dehydration is noted by decreasing or absent urine output. If urine output begins to decrease, fluids must be pushed in order to prevent further dehydration. In the absence of urine output, it may be necessary for the patient to go to the ER for intravenous fluids. Soft foods such as oatmeal, pudding, smoothies, macaroni & cheese, applesauce, soups, as well as pureed or mashed fruits and vegetables can be started at any time. Any foods that require significant chewing (meat, sandwiches, etc) should be avoided for the first 2 weeks or until your doctor has examined the throat!

Activity -- Rest is very important for the first several days. Naps and relaxing activities are encouraged. For adults: be prepared with magazines, videos, a good book, or craft activity. For children: videos, board games, puzzles, coloring & activity books might be appropriate. Parents, please be aware your child may require extra time, attention, and hugs. Activity can be gradually increased with the feeling of wellness. School and work can generally be resumed after the first week if not taking any narcotics. Be careful not to overdo. Children often do well 2-4 days after surgery, but do not be alarmed if they suffer a relapse 5-7 days later and feel ill again. Everything takes longer for adults. After 14 days, generally everyone starts to feel better with normal daily routine resumption. Everyone heals and feels better at a different rate. Do not be surprised if your experience is different than others you have talked with.
**Fever** -- A temperature of 101 to 101.5 for up to a week is not unusual following surgery. It should come down in response to the Tylenol in the pain medication. Notify us if it does go higher. Generally speaking, high fevers (greater than 101.5) within the first week of surgery is due to inadequate breathing into the lungs. Start breathing exercises where you slowly breath in for 5 FULL seconds and out for 3 seconds. Do not lay in bed during the daytime. Take a slow walk around the home and/or neighborhood.

**Dry Season** – During the fall, winter, and spring seasons, the air is unusually dry which can aggravate the surgical site. To keep the area moist and hydrated, it is recommended to use a saltwater nasal spray 2 sprays each side of the nose every 30-60 minutes while awake. At night when sleeping, a humidifier should be used with the bedroom door closed. Enough humidity should be present in the bedroom such that there is a light condensation on the window.

**Bleeding** -- Please note the two white patches at the back of the throat. These patches are normal and is the throat's way of forming a scab at the surgical site. The danger of serious bleeding is minimal after the first 24 hours after surgery. In about 2% of cases, there is some bleeding after 5-7 days. If this does happen, do not become alarmed as this bleeding is usually slight and resolves quickly in response to rest and ice water gargles. Any time if there is bleeding, the blood should not be swallowed, but rather spit out gently. If bleeding occurs and does not stop promptly, call the office. The staff or answering service will contact the surgeon on-call. Gentle blowing of the nose should not cause bleeding. Coughing excessively may start bleeding, so be observant when a cough develops.

**Return Appointment** -- A post operative appointment will be scheduled for about two weeks after the surgery. This gives the surgeon the opportunity to assess the surgical site and assure you that the healing process is proceeding normally.

**CALL YOUR DOCTOR IF YOU EXPERIENCE ANY OF THE FOLLOWING**

1. **Severe neck stiffness** resulting in ability to touch the chin to chest & is accompanied by fever, extreme fatigue, and marked headache.
2. **Fever** over 101.5 degrees that fails to resolve with deep breathing
3. **Bleeding** which does not resolve after steps listed above are taken.
4. **Signs of dehydration** - no intake by mouth, lethargy, no urine output, urine the color or orange juice. We generally recommend going to ER where they will be able to put an IV in and give IV fluids to rehydrate the body.

**NORMAL FINDINGS**

1. It is NORMAL to have thick white coating over where the tonsils used to be for 1-2 weeks. This is the scab. Scabs turn white when wet.
2. It is NORMAL if the uvula (the little dangling thing that hangs in the back of the mouth) is swollen, sometimes 3-4X normal. The swelling will decrease in size back to normal over 2-3 weeks.
3. It is NORMAL to experience pain in the ears as well as to have bad breath until the surgical area heals.

If you look in the back of the mouth, these findings are NORMAL!!!