

**INSTRUCTION SHEET FOR TONSILLECTOMY AND ADENOIDECTOMY****WHERE ARE THE TONSILS AND ADENOIDS?**

The tonsils are located in the back of the throat on each side. The adenoids are located in the back of the nose, above the throat (the nasopharynx). The tonsils and adenoids are lymphoid tissue that help to produce some of the antibodies needed to help the body fight infections. However, most people do not need this tissue after the first few years of life, since other parts of the immune system take over; and there is also a lingual tonsil (on the back of the tongue) that serves the same purpose that is not removed.

**WHY ARE THE TONSILS AND ADENOIDS REMOVED?**

The tonsils and adenoids are removed for several reasons, including:

1. Recurrent sore throats, tonsillitis, collection of infection behind the tonsil or strept throat requiring antibiotics.
2. Upper airway obstruction or sleep disturbance. Patients can have snoring and problems breathing, where apnea (breath-holding) can be seen while the patient is asleep. Also, the patient may have open mouth breathing due to large adenoids and tonsils. Sleep may be interrupted due to these problems.
3. Suspicion for a tumor. Removal of the suspicious tissue is needed for an evaluation by a pathologist to determine if a tumor is present. This is the least likely reason for this surgery, and even less likely in children.
4. Recurrent ear infections: the adenoids may affect the eustachian tubes that lead into the middle ear, thus exacerbating ear infections.

**BEFORE SURGERY:**

1. DO NOT take any Aspirin or Aspirin containing products, ibuprofen (ie, Motrin, Advil) or naproxen (Alleve) two weeks before the surgery. These medications will exaggerate bleeding in some individuals.
2. A history and physical will be done before the operation. After you are finished in the office, you will need to go to the hospital to have pre-operative lab work and pre-admission paper work completed.
3. The hospital will tell you what time to arrive; you should plan to be there at least one hour earlier than the scheduled surgery.
4. Do not drink anything, including water after midnight the night before surgery, unless there is a medication that is required. This is to ensure an empty stomach when anesthesia is administered and is this is extremely important.
5. Do not plan any long distance trips three weeks after surgery. Bleeding sometimes can occur even over a week after surgery, and it is best not to be travelling far from a hospital or trapped aboard an airplane if something needing urgent attention occurs.

**DURING SURGERY:**

1. Family members can wait in the lobby and doctor will meet you there to inform you how surgery went.
2. After surgery, you will be in the recovery room until you are fully awake, (about 1-2 hours).

**AFTER SURGERY:**

1. The day of surgery you will have a sore throat and will not feel like drinking, but it is very important to begin as soon as possible.
2. Start with clear liquids, popsicles and ice cream. Gradually increase the diet to include soft foods. Avoid any food that is coarse or rough. See below for additional recommendations on diet.
3. Ear pain is common after this surgery; this is referred pain from the throat. Chewing gum 15 minutes 4 times a day often helps relieve this.
4. Bad breath is common after this surgery.
5. You will have trouble opening your mouth as wide as before, this lasts about one week.
6. You may notice some dark stools for a few days after surgery or may have some constipation. For the constipation you may take some Milk of Magnesia or Duculax or prune juice.
7. Expect pain for at least one week. A pain medicine will be prescribed and this may be taken as needed, and if over the counter pain medications do not help (see no. 9 below). The pain medications are helpful before you eat and at bedtime.
8. Many times throat and ear pain worsen on or about the third day after surgery. This is common. The pain medication may not get rid of the pain completely, but should allow you to drink and swallow with greater comfort.
9. Plain acetaminophen (Tylenol) liquid can be used at first, or later as soon as the patient feels he/she no longer needs the prescription pain medication. We encourage using acetaminophen in younger children sooner, instead of the prescription medication if possible (however, do not use acetaminophen sooner than 4 hours before or after the prescription pain medication, as it often contains acetaminophen as well). Ibuprofen (i.e., Motrin or Advil) liquid also can be used after surgery and often works very well with pain (but do not use this 2 weeks before surgery given potential for increased bleeding during surgery. Studies have shown however it is safe to use after surgery; there does not appear to be an increase in bleeding after surgery). Do not use aspirin however.
10. No heavy exertion, vigorous exercise or sports for at least two weeks after surgery.
11. Eating can be challenging especially with small children. Planning meals 30-45 minutes after a dose of pain medication often improves compliance with eating and drinking.
12. Nausea and vomiting can occur and usually is related to the pain medication. your doctor may have prescribed medication for this and use it as instructed.

#### **DIET FOR AFTER SURGERY:**

1. Avoid coarse, crunchy or scratchy foods for two weeks.
2. Avoid hot (high temperature), spicy, and highly seasoned food or beverages.
3. Avoid citrus juices (lemon, orange, etc.) and acidic foods (ie, tomatoes).
4. Avoid foods or drinks that are red in color.
5. Drink plenty of fluids. This is important for prompt recovery. Inadequate fluid may result in dehydration requiring hospitalization, and increased risk of bleeding and infection.
6. Diet progression: Start with clear liquids (juices, Gatorade, Jello, popsicles) and slowly advance to soft foods (ice cream, pudding, eggs, potatoes, soft cereal, soft sandwiches, chicken, hotdogs, pasta, soup, etc.)

#### **WHEN TO CALL:**

1. If you have any bleeding.
2. If you have a temperature over 101.
3. If the pain medicine makes you ill or gives you a rash.
4. Persistent vomiting or dehydration.
5. If you have questions.