

QUEEN CITY EAR, NOSE, THROAT ASSOCIATES, INC.

OTORHINOLARYNGOLOGY
HEAD AND NECK SURGERY
MAXILLOFACIAL SURGERY
OTOLOGIC SURGERY
PEDIATRIC OTOLARYNGOLOGY
BRONCHOSOPHAGOGY
AUDIOLOGY
HEARING AIDS

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TONSILLECTOMY and ADENOIDECTOMY

PATIENTS SHOULD CONTACT THEIR PRIMARY PHYSICIAN REGARDING A REFERRAL IF SUCH REFERRAL IS REQUIRED BY THEIR INSURANCE COMPANY

WHAT ARE TONSILS? The tonsils are two pads of tissue located on either side of the back of the throat. Tonsils can become enlarged in response to recurrent tonsil infections or strep throat. They can also become a reservoir for bacteria.

WHAT ARE ADENOIDS? The adenoids are lymphoid tissue (like tonsils), only located in the far back of the nose instead of the throat. Like tonsils, adenoids can be chronically enlarged, leading to nasal congestion, snoring, and recurrent ear infections.

REASONS FOR TONSILLECTOMY AND ADENOIDECTOMY

INFECTION – Recurrent infections or strep throat despite antibiotic therapy.

UPPER AIRWAY OBSTRUCTION – Enlarged tonsils and adenoids can block the airway and cause difficulty breathing.

PREOPERATIVE CARE No aspirin, Pepto Bismol, ibuprofen, (Advil, Motrin, Pediaprofen) or Naprosyn (Aleve) for **one week before or two weeks** after surgery. Acetaminophen (Tylenol, Tempra, Panadol) may be given as well as over-the-counter medications and antibiotics. Please notify your doctor if there is a family history of bleeding tendencies or if the patient tends to bruise easily.

THE SURGERY Tonsillectomy and adenoidectomy are performed as an outpatient or an inpatient procedure. Tonsillectomy is frequently performed with an adenoidectomy. The surgery takes approximately thirty minutes. The patient remains at the hospital until fully recovered from anesthesia after outpatient surgery or overnight if patient is admitted.

POSTOPERATIVE CARE Some patients experience nausea and vomiting from the general anesthetic. This usually occurs during the first 24 - 48 hours after surgery. If there is nausea or vomiting, give Phenergan suppositories as directed every 4 hours. Please call the office nurse if you did not receive a prescription for Phenergan or if vomiting continues after giving Phenergan.

FEVER A low-grade fever is normal for several days after surgery and should be treated with acetaminophen or acetaminophen with codeine, whichever your doctor has prescribed. Please call the office nurse if the temperature is over 102 ° F.

PAIN Most patients experience a fair amount of throat pain after surgery. Many patients also complain of earache. The same nerve that goes to the throat goes to the ears and stimulation of this nerve may feel like an earache. Some patients also complain of jaw pain and neck pain. This is from positioning in the operating room. Many patients have trouble eating, drinking, and sleeping because of pain. Severity of pain may fluctuate during recovery from mild to very severe and pain may last up to 14 days.

PAIN CONTROL Please use pain medication every 4 hours for pain. An ice collar to the neck, chewing gum, and a humidifier in the room also help relieve pain.

BREATHING Snoring and mouth breathing are normal after surgery because of swelling. Normal breathing should resume 10 -14 days after surgery.

SCABS A membrane of scab will form where the tonsils were removed. This looks like to separate scabs or the whole back of the throat in involved. The scabs are thick and white and cause bad breath. This is normal. The scabs usually fall off 5 – 10 days after surgery and are swallowed a little at a time.

BLEEDING If there is any bleeding at all from the mouth or nose, go immediately to the Emergency Room to be examined. Bleeding usually means the scabs have fallen off too early and this needs immediate attention.

SPEECH If tonsils are very large, the sound of the voice may be different after surgery.

DRINKING The most important part of recovery is to drink plenty of fluids. Some patients do not like to drink because of pain. Offer and encourage fluids frequently such as juice, soft drinks, popsicles and jello. After 24 hours, milk products such as pudding, yogurt and ice cream may be offered. Please call the office nurse if you are worried that there are signs of dehydration (urination less than 2 – 3 times per day, crying but no tears). Some patients may have a small amount of liquid come out of the nose when they drink. This should stop within a few weeks after surgery.

EATING There are minimal food restrictions after surgery. The sooner eating and chewing are resumed, the quicker the recovery. We recommend avoiding sharp or crunchy foods that may scratch the back of the throat. Many patients are reluctant to eat because of pain. As long as drinking is good, don't worry so much about eating. Many patients are uninterested in eating for up to one week. Some patients lose weight, which is gained back when normal diet is resumed.

ACTIVITY Most patients rest at home for several days after surgery. Activities should be restricted, avoiding heavy lifting, sports or other excessive physical activity for two weeks after surgery.

FOLLOW-UP The patient will need to be seen 2 – 3 weeks after surgery. Call the office to make an appointment. If there are problems or questions before that time, call the office nurse.