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TONSILLECTOMY AND ADENOIDECTOMY

TONSILLECTOMY is the surgical removal of the tonsils and is one of the most common operations performed on children. Sometimes adults require a tonsillectomy. It is a safe, effective surgical method of resolving some breathing obstruction and/or recurring throat infections.

The adenoids are located behind the nose and above the roof of the mouth. Adenoids may become infected, obstruct breathing and can even cause recurrent ear infections when they block the Eustachian tube—the small tube connecting the ear to the back of the nose.

ADENOIDECTOMY is the surgical removal of the adenoids to assist in managing recurrent ear infections in childhood. It is common to have both tonsillectomy and adenoidectomy done at the same time.

PREPARING FOR SURGERY

ASPIRIN, IBUPROFEN PRODUCTS (Advil®, Nuprin®, Motrin®, other NSAIDS). You must not take any of these products for one week before and one week following your surgery. You should have received a list of additional medications to avoid before surgery. Please read this list carefully. Taking any of these medications may cause cancellation of your surgery. If you have any questions about your medications, contact your doctor.

SPECIAL MEDICATIONS. Bring medication taken regularly with you. If you use medications for high blood pressure, heart problems, asthma or diabetes, check with your surgeon about taking them the morning of your surgery.

SURGERY SCHEDULE. You will be told by the hospital or surgery center when to arrive for your surgery.

EATING & DRINKING BEFORE SURGERY. Most anesthetics require a time period with no food or drink. You will be advised about your eating and drinking schedule.

WHAT TO BRING. Wear loose, comfortable clothing. For children, a favorite toy or blanket often provides comfort. Adults will want to bring a few personal items, such as a toothbrush, slippers, and robe. Most patients find it easier to use hospital gowns instead of their personal bed clothes. If you usually wear contact lenses, you will be more comfortable wearing your eye glasses after surgery.

LEAVE VALUABLES AT HOME.

ARRANGE YOUR TRANSPORTATION. Since one adult may be needed to care for the child on the ride home, a second adult is recommended as a driver. The adult patient should not drive for 24 hours following surgery and therefore someone must be available to drive you home.

THE DAY OF SURGERY

PRE-SURGERY JITTERS. A child life worker may visit with you and your child before surgery and be present in the operating room to help relieve fears and calm nerves.

ANESTHESIA. You will have a chance to discuss anesthesia with a member of the anesthesia department before surgery. Also, the doctor will see you before surgery to answer any last minute questions. One parent is usually permitted to accompany the younger patient into the operating room until the anesthesia is started.

THE RECOVERY ROOM. Patients will remain in the recovery area for several hours or until the recovery from the surgery and anesthesia is satisfactory. Often a parent may be permitted to stay with the child in the recovery room. Ask the doctor.

THE FIRST TWO WEEKS

AFTER SURGERY

You will receive a diary which will provide information about what to expect during the first 10 days after surgery. The diary is also a place to keep track of your progress.

DIET. Even though swallowing may cause some throat pain, it is very important that the patient continue to drink lots of liquids.

Children should drink at least 32 ounces of liquid per day. Adults should drink at least 48 ounces of liquid per day. This means sucking on ice chips or sipping liquids every few minutes. Popsicles®, iced tea or sherbet are also easy to swallow and provide necessary liquid. Dehydration of body tissues causes fever and delays the healing process.

Most patients prefer cool or lukewarm liquids. Citrus juices and milk products should be avoided since they often cause discomfort from the acid or excess mucus.

It is common to have some difficulty fully opening the mouth for the first two weeks after surgery. Avoid rough, crunchy food and hot liquids.

A soft foods may be eaten, including yogurt, custard, pudding, Jello®, apple sauce and scrambled eggs.

PAIN. Earache and sore throat are expected following surgery. Take the pain medication as prescribed or if you have no pain medication, you may take Tylenol® as directed on the label.

To relieve the sore throat and earache, wrap a cold towel or ice pack around the neck. The ear pain is often its worst 4-5 days after surgery. This is common, and there is no need for alarm. The ear pain comes from the throat up to the ears and does not mean there is an ear infection. This discomfort should disappear within 7 to 10 days after surgery. If you have ear pain with ear drainage or hearing loss, call the doctor.

AVOID PHYSICAL ACTIVITY AND EXERTION. Excessive physical activity raises the blood pressure and can cause bleeding. Avoid strenuous physical activity should be undertaken for two weeks following surgery.

BLEEDING. Bleeding may be noticed from the nose or throat and may occur for a period of up to ten days following surgery. If bleeding occurs, the patient should sit upright, breathe deeply through the mouth and gently gargle with plain, cool water.

NOTIFY THE DOCTOR ON CALL IF BLEEDING OCCURS. If a doctor cannot be reached, take the patient to the nearest hospital emergency room.

COUGHING. Try not to cough. Coughing is an irritation to the throat and can cause bleeding.

REST. To heal well, your body needs extra rest after surgery. Reduce your activities for the first week.

BAD BREATH. Mouth odor is part of the normal healing process and will be present from 10 to 14 days. If the breath is foul, gently gargle with equal parts of hydrogen peroxide, alcohol free mouth wash and water. This gargle solution will help rid your mouth of odor and any white film that may be in the patient's throat.

Begin gargling about five days after surgery.

ROOM AIR TEMPERATURE. A cool, moist environment is best for the healing process. Keep the room temperature cooler than 70°. To keep the throat from being dry, use a clean, disinfected vaporizer in the patient's bedroom. Remember: Change the water in the vaporizer every day.

THE RECOVERY PROCESS. It will take about about 10-14 days for you to feel fully recovered. Some days may be more uncomfortable than others. Overall, each day will be a little better than the day before.

Remember, your recovery is a process, not an event.