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# TONSILLECTOMY AND ADENOIDECTOMY SURGICAL INSTRUCTIONS

## INTRODUCTION

Your doctor has recommended a tonsillectomy and/or adenoidectomy for you or your child. The following information is provided to help you prepare for your, or your child's, surgery, and to help you understand more clearly the associated benefits, risks, and complications. You are encouraged to ask your doctor any questions that you feel necessary to help you better understand the above procedure.

The tonsils and adenoids are masses of lymphoid tissue located in the mouth and behind the nasal passages, respectively. Infected or enlarged tonsils may cause chronic or recurrent sore throat, bad breath, dental malocclusion, abscess, or upper airway obstruction causing difficulty with swallowing, snoring, or sleep apnea. Infected adenoids may become enlarged, obstruct breathing, cause ear infections, or other problems. Tonsillectomy and adenoidectomy are surgical procedures performed to remove the tonsils and adenoids.

The following instructions are designed to help you, or your child, recover from surgery as easily as possible. Taking care of yourself, or your child, can prevent complications. It is very important that you read these instructions and follow them carefully. We will be happy to answer any questions.

If your child is having myringotomies and tympanostomy tubes placed in conjunction with their tonsillectomy and adenoidectomy, please refer to the myringotomy and tympanostomy tube surgical instructions.

## RISKS AND COMPLICATIONS

Your, or your child's, surgery will be performed safely and with care in order to obtain the best possible results. You have the right to be informed that the surgery may involve risks of unsuccessful results, complications, or injury from both known and unforeseen causes. Because individuals differ in their response to surgery, their anesthetic reactions, and their healing outcomes, ultimately there can be no guarantee made as to the results or potential complications. Furthermore, surgical outcomes may be dependent on preexisting or concurrent medical conditions.

The following complications have been reported in the medical literature. This list is not meant to be inclusive of every possible complication. They are listed here for your information only, not to frighten you, but to make you aware and more knowledgeable concerning this surgical procedure. Although many of these complications are rare, all have occurred at one time or another in the hands of experienced surgeons practicing the standard of community

care. Anyone who is contemplating surgery must weigh the potential risks and complications against the potential benefits of the surgery, or any alternative to surgery.

1. Failure to alleviate every episode of sore throat, or resolve subsequent or concurrent ear or sinus infections/nasal drainage. Possible need for additional surgery.
2. Bleeding. In very rare situations, a need for blood products or a blood transfusion. You have the right, should you choose, to have autologous or designated donor directed blood prepared in advance in case an emergency transfusion is necessary. You are encouraged to consult with your doctor if you are interested in this option.
3. Infection, dehydration, prolonged pain, and/or impaired healing which could lead to the necessity for hospital admission for fluids and/or pain control.
4. A permanent change in voice, nasal regurgitation, hypernasality, velopharyngeal (soft palate pharyngeal) insufficiency (rare).
5. Failure to improve the nasal airway or resolve snoring, sleep apnea, or mouth breathing.
6. Scarring.

## **BEFORE SURGERY**

In most situations, the surgery is performed as an outpatient at either the hospital or the surgicenter. In both facilities, quality care is provided without the expense and inconvenience of an overnight stay. An anesthesiologist will monitor you, or your child, throughout the procedure. Usually, the anesthesiologist will call the night before surgery to review the medical history. If they are unable to reach you the night before surgery, they will talk with you that morning. If your doctor has ordered preoperative laboratory studies, you should arrange to have these done several days in advance. Arrange for someone to take you home from the surgical facility and to spend the first night after surgery with you.

You, or your child, should not take aspirin, or any product containing aspirin, within 10 days of the date of your surgery. Non-steroidal anti-inflammatory medications (such as Advil) should not be taken within 7 days of the date of surgery. Many over-the-counter products contain aspirin or Advil type drugs so it is important to check all medications carefully. If there is any question please call the office or consult your Pharmacist. Tylenol is an acceptable pain reliever. Your doctor may give you several prescriptions at the preoperative visit. It is best to have these filled prior to the date of surgery.

If it is your child who is having the surgery, it is advised that you be honest and up front with them as you explain their upcoming surgery. Encourage your child to think of this as something the doctor will do to make them healthier. Let them know that they will be safe and that you will be close by. A calming and reassuring attitude will greatly ease your child's anxiety. Let them know that if they have pain it will only be for a short time period, and that they can take medicines which will greatly reduce it. You may want to consider a visit to the surgical facility or hospital several days in advance to that they can become familiar with the setting. Contact the surgical facility or hospital to arrange for a tour.

You, or your child, must not eat or drink anything 6 hour prior to their time of surgery. This includes even water, candy, or chewing gum. Anything in the stomach increases the chances of an anesthetic complication.

If you, or your child, is sick or has a fever the day before surgery, call the office. If you, or your child, awakes ill the day of surgery, still proceed to the surgical facility as planned. Your doctor will decide if it's safe to proceed with surgery. However, if your child has chickenpox, do not bring your child to the office or to the surgical facility.

## **THE DAY OF SURGERY**

It is important that you know precisely what time you are to check in with the surgical facility, and that you allow sufficient preparation time. Bring all papers and forms with you including the preoperative orders and history sheets. You, or your child, should wear comfortable loose fitting clothes, (pajamas are OK). Leave all jewelry and valuables at home. They may bring a favorite toy, stuffed animal, or blanket.

Do not take any medication unless instructed by your doctor or the anesthesiologist. In the pre-operative holding room, a nurse may start an intravenous infusion line (IV) and you may be given a medication to help you relax.

## **DURING SURGERY**

In the operating room, the anesthesiologist will usually use a mixture of gas and an intravenous medication for the general anesthetic. In most situations, an IV will have been started either in the preoperative holding room or after the patient has been given a mask anesthetic. During the procedure, oxygen saturation (pulse oximetry), cardiac rhythm (EKG), temperature, and blood pressure will continuously be monitored. The surgical team is well trained and prepared for any emergency. In addition to the surgeon and the anesthesiologist, there will be a nurse and a surgical technician in the room.

After the anesthetic takes effect, the doctor will remove the tonsils and/or adenoids through the mouth. There will be no external incisions. The base of the tonsils and/or adenoids will be cauterized with an electrical cauterizing unit. The whole procedure usually takes less than 45 minutes. Your doctor will come to the waiting room to talk with any family or friends once you or your child is safely to the recovery room.

## **AFTER SURGERY**

After surgery, you or your child will be taken to the recovery room where a nurse will monitor you or your child. You will probably be invited into the recovery room as your child becomes aware of their surroundings and starts looking for you. You, or your child, may be able to go home the same day as the surgery once you, or they, have fully recovered from the anesthetic. This usually takes four hours. You will need a friend or family member to pick you up from the surgical facility to take you home. They should spend the first night after surgery with you.

When you arrive home from the surgical facility, you or your child should go to bed and rest with the head elevated on 2-3 pillows. By keeping the head elevated above the heart, you can minimize edema and swelling. Applying an ice pack to the neck may help decrease swelling.

You, or your child, may get out of bed with assistance to use the bathroom. Visitors should be kept to a minimum since they may unknowingly bring infection and cause over excitement. Avoid straining, if you are constipated, take a stool softener or a gentle laxative.

It is best for you, or your child, to eat a light, soft, and cool diet as tolerated once you or they have recovered fully from the anesthetic. Avoid hot liquids for several days. Even though one may be hungry immediately after surgery, it is best to feed slowly to prevent postoperative nausea and vomiting. Occasionally, one may vomit one or two times immediately after surgery, however, if it persists, your doctor may prescribe medications to settle the stomach. It is important to remember that a good overall diet with ample rest promotes healing. Weight loss is very common following a tonsillectomy. You need not worry about nutritional requirements during the recovery so long as you, or your child, is drinking an adequate amount of fluid.

You, or your child, will be prescribed antibiotics after surgery, and should finish all the medications that have been ordered. Some form of a narcotic will also be prescribed (usually Tylenol with Codeine), and is to be taken as needed. If you require narcotics you are cautioned not to drive. If you have nausea or vomiting postoperatively, you or your child may be prescribed an anti-emesis medication such as phenergan. If you have any questions or you feel that you or your child is developing a reaction to any of these medications, you should consult your doctor. You should not take or give any other medications, either prescribed or over-the-counter, unless you have discussed it with your doctor.

## **GENERAL INSTRUCTIONS AND FOLLOW-UP CARE**

An appointment for a checkup should be made 10 to 14 days after the procedure. Call the office to schedule this appointment.

The most important thing one can do after a tonsillectomy to prevent bleeding and dehydration is to drink plenty of fluids. At times it may be very difficult to swallow. If you, or your child, drinks, they will have less pain overall. If it takes one hour to drink a glass of water then do it. Try to drink thin, non-acidic drinks or frozen pop-sicles. Soft foods like gelatin, ice cream, custards, puddings, and mashed foods are helpful to maintain adequate nutrition. Hot, spicy, rough, and scratchy foods such as fresh fruits, toast, crackers, and potato chips should be avoided since they may scratch the throat and cause bleeding. Milk products are permitted. If dehydration occurs and attempts at home cannot correct the problem, then admission to the hospital for intravenous fluids will be necessary.

Pain is common after a tonsillectomy. It is often hard to predict who will recover quickly or who will have prolonged pain. Immediately after surgery, many patients report only minimal pain. The next day the pain may increase and remain significant for several days. Often times at one week following surgery, patient's will appear to relapse when their pain becomes significant again. They usually report pain in the ears especially when they swallow. The scabs are often falling off at this time. If bleeding is going to occur, this is the most common time. This pain is usually the last type of pain experienced. Overall, most patients will have recovered

fully by two weeks after surgery, however for four to six weeks they will occasional have throat tenderness with hot or spicy foods.

You may notice white patches in the back of the throat where the tonsils were removed. These are temporary scabs which are soaked in saliva, and occur during the healing process. They are not a sign of infection, and will fall off within the first two to three weeks following surgery. No attempt should be made to remove them. They will give the patient bad breath which will go away when everything is healed. It will take four to six weeks for the throat to return to the normal pink color. It is not unusual to have nasal stuffiness following surgery. The nasal stuffiness may last for up to several months as swelling decreases. Saline nose drops (Ocean Spray) can be used to help dissolve any clots and decrease edema. You may notice persistent or even louder snoring for several weeks. A temporary change in voice is common following surgery, and will usually return to normal after several months. They, of course, will sound less "nasal" following surgery.

Bleeding occurs in 1-3% of patients after a tonsillectomy. Although it can occur at any time, it usually occurs 7-11 days postoperatively. Dehydration and excessive activity increases the chances of postoperative bleeding. If bleeding occurs, try to be calm and relaxed. Rinse the mouth out with ice cold water and rest with the head elevated. If the bleeding continues, call your doctor. Treatment of bleeding can be simple, or it may require a trip back to the operating room under general anesthesia. In very rare situations, a blood transfusion may become necessary. Conversely, bleeding is rare following an adenoidectomy. There may be some bleeding from the nose following surgery. If it occurs, pediatric Neosynephrin nose drops can be used. If it is persistent and bright red in color, call your doctor.

Most patients require at least 7-10 days off from work or school. After 3 weeks exercise and swimming can usually be resumed, but no diving for 6 weeks. You should plan to stay in town for at least 2-3 weeks to allow for postoperative care and in case you have bleeding.

## **NOTIFY YOUR DOCTOR IF YOU OR YOUR CHILD HAS**

1. A sudden increase in the amount of bleeding from the mouth or nose that lasts more than a few minutes.
2. A fever greater than 101.5 degrees F which persistent despite increasing the amount of fluid you or they drink and Tylenol. A child with a fever should try to drink approximately one-half cup of fluid each waking hour, and an adult should drink one cup per hour.
3. Persistent sharp pain or headache which is not relieved by pain medications prescribed.
4. Increased swelling or redness of the nose, neck, or eyes.
5. Dehydration.

## **IMPORTANT PHONE NUMBERS**

If you have any questions, do not hesitate to call the office at (949) 364-4361. At night or on the weekends, if your need is urgent and cannot wait until regular business hours, you may call our emergency number at (949) 580-2098. Our answering service will contact the doctor on call. If for some reason you cannot reach the doctor on call and your need is life threatening, go to the emergency room.

**ATTESTATION**

I have received, read, and understood the information provided to me regarding tonsillectomy and adenoidectomy (five pages). I have been given the opportunity to discuss freely with my doctor any concerns and alternative therapies, and have had my questions answered to my satisfaction. I understand my rights as a patient, which includes the right to a second opinion, and have discussed and made clear my preferences with my doctor. I understand that unless time permits for designated donor blood to be prepared, and my doctors feel that blood must be given emergently, I will accept banked community blood products.

I acknowledge receipt of the above discussion of potential risks and complications, as well as patient information, regarding surgery and pre- & postoperative care. I am comfortable with all aspects of the upcoming surgery, including the uncertainty of outcomes and the acceptance of risks, and ask that we proceed with surgery.

\_\_\_\_\_  
(Signature of patient or guardian)

\_\_\_\_\_  
(date)

Witnessed by \_\_\_\_\_

\_\_\_\_\_  
(date)

Revised December 2002: JKB.