



# Carolina Ear, Nose & Throat Head and Neck Surgery Center

## Postoperative Instructions Tonsillectomy & Adenoidectomy

**ACTIVITY** After discharge the patient should not engage in any vigorous activity until their physician has released them to do so. This period of limited activity usually lasts 2-3 weeks. The patient may return to school the first five to seven days if their condition allows, but they should not participate in any P.E. or recess activities. The patient should avoid exercise and any activity that causes an increase in heart rate or perspiration. Young children should not be allowed to play alone outside during the first two postoperative weeks.

**DIET** Failure to drink increases the risk of postoperative complications, especially bleeding. When the patient feels able to eat solid foods he/she should start with soft, bland foods and progress to a regular diet as healing and throat pain allow. Do not be concerned about the intake of solid foods as long as the patient consumes large amounts of liquids. Avoid foods that may scratch the throat such as chips, fried foods, etc. The most important goal is to maintain a good liquid intake. What form the liquid is in is not important. Some do best on ice chips or ice pops. Others do better with water or juices (avoid citrus and “acidic” liquids like orange and tomato juice—they will “burn”). Soda is okay, but most prefer it flat. Avoid extreme temperature.

**PAIN** Drinking large amounts of liquids after surgery reduces pain more effectively than anything else. A prescription for a narcotic will be provided. If a narcotic is not needed, please give Tylenol. In addition, Ear pain, which is usually referred from the throat, is common, particularly during the second postoperative week. Avoid aspirin x 3 weeks after surgery.

**BLEEDING** Small amounts of bloody mucoid discharge appearing in the mouth or nose are not uncommon during the first two postoperative weeks. Continued or large amounts of bleeding should be reported to the physician **immediately**. Patients should have Afrin nose drops on hand at home when they return from surgery. If any bleeding is seen from the nose or mouth, instill Afrin drops in the nose, swish and swallow ice cold water in back of throat, remain calm, and **call the office or on call physician**.

**FEVER** Fever ranging from 99 to 101 degrees is common during the first two to three days following surgery. Fever higher than 100 degrees is often indicative of poor fluid intake. Pushing oral fluids will help reduce fever and pain. However, if fever exceeds 102, the physician should be notified.

**NAUSEA** Frequently taking narcotics on an empty stomach causes nausea. Encourage the patient to drink or eat bland food prior to taking pain medication. Repeated vomiting should be reported to the physician.

Foul smelling breath normal maybe expected for 2 weeks.

**ALL LOCATIONS AND AFTER HOURS (828) 322-2183**

**IF, FOR ANY REASON, YOU ARE UNABLE TO REACH OUR OFFICE OR YOUR SURGEON DURING AN EMERGENCY, PLEASE GO TO THE NEAREST EMERGENCY ROOM IMMEDIATELY.**

Hickory      Lincolnton      Morganton



# Carolina Ear, Nose & Throat Head and Neck Surgery Center

## Pain management after Tonsillectomy and/or Adenoidectomy

*Revised 3/19/13*

**Your doctors at Carolina ENT care about your child's post operative pain  
And also the safety of your child's pain medication use.**

- **Tylenol (acetaminophen)** is safe to use for post operative pain after tonsillectomy and/or adenoidectomy. Follow the directions for dosing provided on the packaging. Remember; do not give more than 4 doses of Tylenol in 24 hours.
- **Ibuprofen (Motrin or Advil)** is also considered safe to use for post operative pain. Dose as recommended on the packaging. Ibuprofen may be alternated with the Tylenol approximately every 3 hours. Remember; do not give more than 4 doses of ibuprofen in 24 hours.
- Your doctor **may** offer narcotic pain medication in addition to the medications above. This may include hydrocodone or oxycodone. Many of these medications contain Tylenol so you have to be careful not to give too much Tylenol. You should wait at least 4 hours between a dose of Tylenol and any narcotic pain medicine that contains Tylenol. Any narcotic pain medicine that contains Tylenol should not be given more than 4 times in 24 hours.
- Pay close attention to dosing of narcotics as there can be significant risks in overdosing.
- There are increased risks in giving narcotics to children under the age of 6 years old. Accurate dosing, appropriate dosing intervals, and direct observation by a responsible adult should be provided particularly in this age group. If you are able to manage the child's pain with ibuprofen and Tylenol then do not use the narcotic pain medicine.
- **Under NO circumstance** should your child be given **Codeine** containing products for pain management after tonsillectomy and/or adenoidectomy as recommended by the FDA.
- You and/or your doctor may choose to try to manage your child's pain without the use of any narcotics. You may wish to discuss this with your doctor prior to surgery or before leaving the surgery center or hospital.