Instructions for Postoperative Tonsillectomy and Adenoidectomy Patients

1. Healing of the pharynx takes about 10-14 days. A gray membrane will form over tonsil areas. The patient will have an odor to his/her breath. The patient may chew gum or brush their teeth as often as desired. Please do not use strong mouthwash.

2. Constipation may occur. Use a laxative (Castoria or Milk of Magnesia) the second night when necessary.

3. Control increased temperature with Tylenol. Appropriate doses may be given every four hours. NO ASPIRIN, ANACIN, MOTRIN, IBUPROFEN OR ADVIL by mouth. NO ASPERGUM. They can cause bleeding.

4. It is more important that the patient take fluids such as water, pop, ginger ale, and sweet drinks etc. No tomato or orange juice. The patient may eat anything warm or cold in temperature. The patient may advance to regular diet as soon as possible. No spicy foods, popcorn, potato chips, pizza or french fries for 14 days after surgery.

5. A small amount of Mentholatum or Vaseline may be used in the nose. Use a humidifier during the winter months if needed.

6. If you feel it is necessary, you may contact the office any time during office hours and the hospital or doctors at home any time after hours following surgery.

7. Bleeding may occur at any time during healing. There may be some dark clots from the nose or in the saliva. Do not worry about these. Bright red bleeding should be reported to a doctor as soon as possible—do not wait.

8. Due to risk of late bleeding, it is recommended that the patient remain in the area for two weeks and not travel from home or go on vacation during the postop period.

9. Earache is common and is related to the healing in the throat if not accompanied by a fever of over 102 degrees. Heat on the ear and pain medication will usually relieve the pain.

10. The patient should gradually increase activity. Vigorous activity, (P.E. and riding bicycles) should be avoided for 10-14 days.

11. Do not drink from a straw for two (2) weeks.

If there are any questions or problems, call at any time: OFFICE: 402-463-2431

A. Excessive coughing
B. Bleeding more than just usual spotting
C. Persistent fever over 102 degrees by mouth
D. Uncontrolled vomiting.

_________________________________________  __________________________________
Patient’s Name and Date     (PRINT)      Patient or Legal Guardian      (SIGN)

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Witness                          Relationship to Patient