**Instructions for Tonsillectomy with or without Adenoidectomy**

Tonsillectomy is the removal of lymphatic tissue along the sides pharynx (throat) and usually performed for chronic tonsillitis or obstructive sleep apnea. If adenoid tissue (lymphatic tissue behind the nose) is noted to be present t time of surgery an Adenoidectomy (or removal of adenoids) is performed. Tonsillectomy with or without Adenoidectomy requires up to two weeks for recovery depending on age. The secrets to a quick recovery are: adequate hydration, good pain control and communication with the office for any problems or questions.

**Pre-operatively**

Please avoid all forms of aspirin, alcohol, and herbal products for one week prior to the procedure, and discontinue any blood thinners according to your cardiologist instructions.

**What to Expect:**

* Sore Throat – This may persist for 2 weeks. It is usually worse in the mornings due to dryness dryness and a humidifier can help with this. Remember good pain control is imperative so take your pain medication as prescribed. Ice packs may help with discomfort.
* Fever – This usually occurs during the first few post operative days and it is important to encourage fluids as this helps with the fever. It is acceptable to use Tylenol or Motrin to reduce the fever. (Be aware that Tylenol must be alternated with the Lortab or Tylenol with Codeine to not give too much Acetominophen)
* Nasal Speech – This can occur after the first few days after surgery and may last a few weeks as the palate learns to close the space previously occupied by the tonsils and/or adenoids.
* Ear Ache – This occurs as referred pain or “sympathy” pain from the throat because the nerves to the tonsil also give sensation to the ear.
* Bad Breath – This usually occurs because of the scab where the tonsil was removed. It is okay to gently brush the teeth, but the smell will not resolve until the scabs have fallen off. If you look into the back of the throat, you will notice the scabs are a white, gray, yellow color and may even look like pus. This is the normal appearance for a scab in the oral cavity.
* Constipation – The combination of pain medication and reduced diet and activity can lead to post- operative constipation. We recommend using an OTC Miralax or glycerin suppository (children).
* Runny nose/nasal discharge is common during the first 2 weeks after surgery.

**Post-operative Care**

* Start with a liquid diet for the first 24 hours then advance to soft foods like mashed potatoes or scrambled eggs. No scratchy foods for 2 full weeks. (i.e. – chips, popcorn, cookies etc.).
* No heavy activity or exercising is recommended for 2 weeks following surgery due to an increase risk of post-operative bleeding. Please do not drive if taking narcotics, and children should not be allowed to play with things they may fall off of because of feeling woozy from the narcotic (ex: bicycles, scooters, slides, swings, trampolines)
* A little blood tinged sputum is normal after surgery, and spitting up blood (<1Tbs) is common. You can gargle ice water or Afrin to minimize this,
* However, if it looks like a nose bleed coming from the mouth, go to the nearest ER.
* Use the prescribed liquid hydrocodone every 4-6 hours as needed for pain.
* For nausea use the prescribed medication as needed (Zofran 8mg tablet or Promethazine 25mg tablet)
* Please call the office at (817)332-4060 if you have fever > 101.5, significant bleeding or any other concerns.