

# ENT & Audiology Center of Southlake

**Michael D. Bryan, M.D.**

*Diplomate of the American Board of Otolaryngology*

**Amy K. Mettman, M.D.**

*Otolaryngology-Head and Neck Surgery*

## **TONSILLECTOMY AND ADENOIDECTOMY SURGICAL INSTRUCTIONS**

### Before Surgery:

Bleeding is sometimes a risk both during and after surgery. Some over-the-counter anti-inflammatory medications can increase this risk. **DO NOT take any anti-inflammatory medication 1 week before or 2 weeks after surgery.**

**Examples of anti-inflammatories include: Ibuprofen, Motrin, Advil, Aspirin, Aleve or any medication that includes these drugs.** If you are taking any "blood thinners" please notify both the anesthesiologist and me prior to surgery.

You **MAY** take Acetaminophen (Tylenol) for pain or fever during the period before or after surgery without affecting the risk of bleeding.

### On the Day of Surgery:

THE HOSPITAL WILL CALL YOU IN REGARDING THE TIME YOU ARE SCHEDULED FOR SURGERY. THEY WILL INSTRUCT YOU AS TO YOUR ARRIVAL TIME AND PRE OP FASTING INSTRUCTIONS.

**Each hospital will have specific instructions and you should adhere to them. If you are not contacted in advance, or for any reason do not receive more specific instructions, use the following guidelines:**

You should **stop eating** all solid foods, candy, gum, and milk **eight (8) hours** before the scheduled surgery time.

Further, you should **stop drinking** all liquids, even clear liquids **six (6) hours** before your scheduled surgery time.

**IF YOU SHOULD FORGET, AND EAT/DRINK AFTER THE CUTOFF TIME, NOTIFY THE HOSPITAL ASAP, BECAUSE THIS MAY DELAY OR CANCEL THE SURGERY.**

660 W. Southlake Blvd, # 100  
Southlake, TX 76092



Telephone: 817-416-9731  
Fax: 817-416-9751

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## Postoperative Care:

### What to Expect:

1. A feeling of something in your throat. This is usually due to drainage and/or swelling from the surgery. This is temporary. Drinking fluids will diminish this feeling.
2. A foul mouth odor. Prescribed medication will help minimize this, as will maintenance of fluid intake.
3. You may have a low-grade fever for few days after surgery. This is typical and usually responds to increasing fluid orally, resuming some non-strenuous activity and deep inhalation to help expand the lungs. This fever is rarely related to an infection.
4. Avoid forceful coughing or throat clearing.
5. I will likely prescribe prescriptions for pain, antibiotics and/or nausea. Take as directed.

### Dietary Guidelines:

1. It is imperative to drink normal amounts of fluids post operatively. You may be reluctant to drink due to pain, so time your fluid intake about 30 minutes after you have taken pain medication.
2. Encourage fluids! Two to four quarts of clear, non-acidic fluids should be attempted daily. Liquids such as water, apple juice, Gatorade, Kool-Aid, Sprite, and tea are the preferred post-operative liquids.
3. For the first few days, encourage liquids and soft foods such as jello, puddings, scrambled eggs, mashed potatoes, macaroni and cheese, spaghetti, Popsicles, ice cream and frozen yogurt.
4. It is fine to eat solid foods, but do not force solid foods on yourself if do not want them. They can be added as you tolerate them and feel better, which may be as long as 10 to 14 days after surgery.
5. Avoid foods with sharp edges, such as chips or pizza crust as these may abrade the throat during swallowing.

*A good rule of thumb for how much fluid intake is measured by the patient's weight in kilograms, divided by 10. The result is about how many ounces of fluid need to be consumed per hour (on average). Multiply by 24 to get an estimate of total daily fluid needs. This is a minimum needed to prevent dehydration. More is better!*

### Activity Guidelines:

1. Non-strenuous activity is fine, but strenuous should be limited until healing has occurred to prevent excess drying or straining that could increase bleeding. Typically, full physical activity can be resumed at two weeks.
2. Contact my office if you need us to supply your school or work with a note to excuse a student from physical activity, or to explain your absence.

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## **Pain Control:**

1. An ice collar or cold compress to the neck is soothing and may be used as desired, especially during the first 24 hours postoperatively.
2. You will be sent home with a prescription for pain relief (usually narcotic), an antibiotic, and an anti-emetic for nausea. The antibiotic will decrease the level of bacteria in the throat, which aids in decreasing pain and speeds up the healing process.
3. You may complain of ear and throat pain. This occurs because the same nerve that goes to the throat sends a branch to the ear and may cause discomfort. This ear pain will diminish as the throat heals. Treat the throat pain with the postoperative pain medications. Note: It may worsen a little on the sixth to eighth day. This is expected and will pass.
4. Notify my office if you need a refill for pain medications or the prescribed pain medications are not effectively managing your pain when taken as prescribed.
5. Usually you are given pain medication in an elixir form, but if you prefer to swallow a pill, please contact me so that the prescription can be changed.

## **Mouth Odor/Elevated Temperature/Healing:**

1. Drinking fluids, rinsing the mouth with mouthwash, and chewing gum, may help control objectionable mouth odor, commonly observed for several days postoperatively.
2. You may have a slight temperature elevation for a few days, from 99-101 degrees. This is usually controlled by the use of Tylenol and adequate fluid intake. The fever is a normal response of the body to stress and the wound repair process.
3. If you happen to look at the throat after surgery, do not be alarmed if the throat looks white, gray, yellow, or even black. This is called an "eschar" and is normal, this will resolve.

## **When to Call the Office:**

1. Call if bleeding should occur. When the tonsils and adenoids are removed, a raw place in the throat and nasopharynx is created which is soon covered by a membrane similar to the scab which forms on a wound on the outside of the body. It takes the full two weeks for this raw place to heal completely. Since a raw place is created, bleeding can occur at any time until it is completely healed. The most common time is the first 24 to 48 hours, and again between the 8<sup>th</sup> and 11<sup>th</sup> days. This delayed bleeding is usually caused by premature separation of the membrane in the throat, which opens up blood vessels. If you should bleed more than a tablespoon of blood, it may require attention, and I should be notified immediately, day or night. If I am unavailable, you will be referred to a doctor who is taking my calls.
2. Call if persistent, productive cough should develop within the first week.
3. **Call if nausea or vomiting should occur within the first week that does not respond to the anti-emetic prescription.**

## **Follow Up Appointment:**

1. You should receive a call within 24 hours of surgery from one of my office staff to check on you, and to answer any questions you may have about postoperative care.
2. Call my office if a fever greater than 101 degrees occurs more than 48 hours after surgery.
3. For tonsillectomy and/or adenoidectomy, follow-ups are not usually necessary because they do not provide a benefit to healing and it is primarily inconvenient to the patient. The exception would be if persistent problems develop or improvement is not evident.
4. If you have procedures in addition to the tonsillectomy/adenoidectomy, a follow-up appointment may be requested.

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