

## HOME CARE INSTRUCTIONS FOLLOWING TONSILLECTOMY/ADENOIDECTOMY

Page 1 of 2

Date: \_\_\_\_\_

### ACTIVITY

1. Rest quietly during the first 24-48 hours. Avoid vigorous activity for 14 days to lessen risk of bleeding. Activity can then be generally increased as tolerated. Plan on missing approximately 7-10 days of school or work.
2. Avoid coughing, clearing throat and vigorous nose blowing.

### SURGICAL SITE CARE

1. During the procedure, some blood may be swallowed by the patient. This may result in vomiting various quantities of brown, dark colored blood. Hemorrhage may be indicated by the vomiting of bright red colored blood. Begin gargling with ice water then if it is more than two teaspoons of bright red blood, contact the on-call physician 847-2021 or 1-800-897-5307.
2. Anytime up to two weeks - a small percentage of patients may have bleeding. If this happens.
  - a. Remain calm.
  - b. Sit upright.
  - c. Gargle with iced water.
  - d. Call physician if bleeding does not stop promptly.
3. A white exudate coating is usually present in the back of the throat and is normal. It will slowly release beginning in the second week.
4. The uvula (tissue hanging down in back of throat) often becomes enlarged and is normal. It usually subsides with keeping the head elevated during the first week.
5. Elevate head of bed to 30 degrees. May decrease swelling and increase comfort.

### COMFORT

Throat pain is expected following tonsillectomy and may be severe. Ear pain is also expected following tonsillectomy and adenoidectomy. This does not mean the ears are infected or are having problems. Use the pain medication your doctor prescribed to help control this pain.

1. You may need to use prescription pain medication regularly at first and then as needed. If medication is taken  $\frac{1}{2}$  hour before eating and drinking, swallowing will be easier. For milder discomfort use over-the-counter pain medication; such as Tylenol. Avoid aspirin.
2. If nausea persists or rash occurs, stop medication and call your doctor.
3. Ice collar or compress to neck is soothing and may be useful. Use for 24-48 hours.
4. It is common for throat and/or ear pain to become worse days 3-8. The pain will rapidly improve again after that time period.

### MEDICATION

1. New medications:
2. Last dose of pain medication:





Wausau, WI

715.847.2121 ~ 800.283.2881

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Page 2 of 2

Date: \_\_\_\_\_

### DIET

1. Liquids must be actively encouraged, particularly the first few days after surgery. Failure to take significant quantities of fluid leads to dehydration with worsening pain and could require hospitalization. Soft foods and liquids should be given for the first ten days (i.e., ice cream, yogurt, mashed potatoes, jello, soup, pudding). Avoid scratchy or spicy foods, hot liquids and citrus juices.
2. Some of the sedative/anesthetic medication you receive will make you nauseated. Begin with clear liquids and then progress to solid foods as your stomach tolerates them. If you become nauseated, tea or carbonated beverages are helpful. If **vomiting** persists, call your doctor.

### SAFETY

1. You can expect to feel dizzy, weak and drowsy for as long as 24 hours after receiving a general anesthetic and while taking prescription medication.
2. Please follow these instructions for that time:
  - a. **DO NOT** drive a car or operate machinery. Your reflexes and coordination are not up to normal. Have standby assistance on stairways. Children should not ride bicycles or ride-on toys.
  - b. No alcoholic beverages.
3. Because of the effects of anesthesia/sedation, we recommend that you have someone stay with you for 12-24 hours or overnight following your procedure.

### WHEN TO CALL

If any of the following symptoms occur: SEVERE PAIN, VOMITING MORE THAN TWO TEASPOONS BRIGHT RED BLOOD, 24 HOURS WITHOUT ADEQUATE FLUID INTAKE, FEVER (101° OR ABOVE), PERSISTENT NAUSEA AND VOMITING, RASH OR ANY CONCERN ABOUT YOUR RECOVERY.

### WHO TO CALL

ENT Associates Clinic

PHONE: 847-2021 or 1-800-897-3307

AFTER HOURS PHONE:

**Aspirus Day Surgery Plus - Phone: 847-2907**

Open 6:00 a.m.-7:00 pm Monday - Friday

### RETURN APPOINTMENT

Dr.

Date/Time:

A nurse will attempt to call you in the next few days to discuss your recovery and any questions or concern you may have. If you have a question or concern before you hear from us, please don't hesitate to call. In case of an emergency please go to your nearest emergency facility.

**I have discussed the above information with a nurse and my questions have been answered to my satisfaction.**

\_\_\_\_\_  
Patient or Responsible Party Signature

\_\_\_\_\_  
Date/Time

\_\_\_\_\_  
RN Signature

\_\_\_\_\_  
Date/Time