



After Tonsil or Adenoid Surgery

There are several post-operative symptoms that may arise.

Occasionally, bleeding may occur after surgery. If the patient has any bleeding you should go to the nearest emergency room with an ENT doctor and your surgeon should be notified immediately. Any bleeding is abnormal and must be evaluated immediately as bleeding can sometimes be life threatening. Bleeding when it occurs, often happens within 48 hours after surgery or 7-10 days after surgery when the “scab” falls off. If there is significant bleeding, call 911. If you are an adult and experience bleeding and you are alone, Call 911 for assistance. Develop a plan of action prior to an event of bleeding. Have numbers and locations of nearest Emergency rooms with ENT doctors available in case of this emergency situation.

If the patient does not drink enough fluids, he/she is at risk for dehydration and increases the risk for bleeding. Signs of dehydration include poor fluid intake, dry lips, and decreased urination. If the patient has signs of dehydration, the patient should return to the emergency room for evaluation. Sometimes fluids can be given through the veins to improve hydration, other times they need to stay in the hospital for further treatment.

Pain is expected in the post-operative period. Pain usually persists for 10-14 days after surgery. Ear pain, throat pain, and pain with swallowing is expected. The patient will have a pain medication prescribed to improve pain control. Take this medication every 4-6 hours for the first 48 hours. Then, begin taking the medication every 4-6 hours as needed for pain control. Take only the pain medication your Doctor prescribes. Pain medications can sometimes cause constipation. If your doctor does not prescribe a stool softener and you note constipation after surgery please call your Doctor.

If the patient has a fever greater than 101.5, has poor pain control, has persistent nausea/vomiting, the patient should be re-evaluated by the ENT surgeon.

Instructions:

Drink plenty of fluids. Drinking fluids can reduce the risk of bleeding and dehydration. Avoid carbonated and acidic drinks as this can be painful to swallow.

The patient may eat a regular diet but avoid foods with hard, crunchy, or crumbly textures. Sometimes it is difficult to eat solid foods the first few days after surgery, offer fluids that are rich in protein and carbohydrates so that they get the nutrition they need from a liquid diet.

The patient is restricted to light activity for 2 weeks. Light activity means activity that does not increase your heart rate. Patients may return to work/school after one week as long as they continue restriction to light activity and have an emergency plan in place in the event of bleeding. No gym/recess for two weeks for school aged children.

Any questions or concerns you should have should be discussed openly with your surgeon, who is there to assist you.