

EAR, NOSE AND THROAT ASSOCIATES OF CHESTER COUNTY

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TONSILLECTOMY / ADENOIDECTOMY

>>PATIENT INSTRUCTIONS >>

Please read and familiarize yourself with these instructions both **BEFORE** and **AFTER** your procedure. By following them carefully, you will assist in obtaining the best possible result from your surgery. If questions arise, please contact our physicians or nurses.

PRE-OPERATIVE:

- If you experience signs or symptoms of an upper respiratory infection or other illness within five days prior to surgery, please call our Surgical Coordinator at 610-363-2532.
- For one (1) week prior to surgery, you should not take any aspirin or aspirin containing drugs, nor any ibuprofen or ibuprofen containing drugs. Examples of these include Advil (Motrin), Naprosyn (Naproxen), or Fiorinal. Also, supplements which should be avoided include Vitamin E capsules, omega 3 (fish oil), or glucosamine chondroitin. If you are required to be on any of these medications, discuss this matter directly with your ENTACC provider before stopping. If you are on Coumadin (Warfarin), Aspirin, or Plavix, please discuss with the prescribing physician about how to adjust this medication prior to your surgical procedure.
- Do not eat or drink anything, including water, after midnight prior to surgery.
- If the patient is your child, please try to avoid demonstrations of parental anxiety. Do not be overly solicitous or protective. You may bring a pair of pajamas, a toothbrush, comb, teddy bear, etc. with you to the hospital. Remember... your anxiety will be transmitted to your child. If made as pleasant as possible, future hospitalizations and experiences with doctors may be less traumatic for your child. Show cheerful exterior, even if you are concerned.
- Your physician will provide you with prescriptions for medications to take at home following surgery. Please prepare by filling your prescriptions prior to your surgery. Take only the medications prescribed by your physician(s).
- Call our office at 610-363-2532 if you have any questions about your surgery.

POST-OPERATIVE:

GENERAL HOME CARE:

- Moderate pain in the ears, and slight fever are common and of no significance. A temperature over 101 degrees (orally or axillary) in a child should be brought to our attention.
- Gargles should not be attempted. Coughing, hacking and clearing of the throat should be avoided.

- Objectionable mouth odor commonly observed for several days is relieved by drinking fluids, rinsing your mouth with ice water, and chewing gum. Chloraseptic Spray three or four times daily may be used to help relieve throat discomfort.
- Laxatives or enemas may be given if needed.
- Secondary bleeding may occur on the sixth through the tenth post-operative days. Notify our office immediately if any bleeding should occur. Meanwhile, lie in bed propped up on two pillows with an ice bag on the neck. If the patient is kept quiet on the aforementioned days, there should be no problems. Appearance of white exudate is normal.
- White spots on the tonsillar area are normal and part of the healing process.
- Avoid hot showers during the post-operative period. Quick, lukewarm showers are OK.
- For three weeks after surgery, do not take any aspirin, aspirin-containing, ibuprofen or ibuprofen-containing drugs. (Please refer to list of products in Pre-Operative section above)

ACTIVITY:

- After discharge from the hospital, a child should be kept indoors with restricted activity for three days. Plan quiet time activities- puzzles, movies, etc. After the third day, the patient may be allowed outdoors on a nice day under supervision.
- It is advisable to keep the patient away from other people during the first post-operative week in order to avoid contracting infections. Other than siblings, contact with other children should not be permitted.
- During the sixth through the tenth day, scabs or membranes which form at the operative site usually come loose, and the raw surface which is left may bleed. During these three days, the patient should be kept relatively quiet and indoors. After 14 days, if there has been no problem, the patient may be allowed full freedom. However, activities should still be limited for a total of two weeks from the date of surgery.
- The child should not return to school until seen in our office. This post-operative visit will usually be scheduled about one week after surgery. If circumstances result in a later follow-up appointment, the child may return to school after eight days, provided there are no problems.

DIET:

- Adequate fluid intake during the first few post-operative days is essential. The patient should be encouraged to chew as much as possible. Chewing gum, though initially painful, will aid in reducing throat and ear pain, and will minimize scarring of the throat.
- **FIRST DAY** – Strained cereal, water ice, sherbet, jello, junket, custard, pudding, beef and chicken broth, cottage or cream cheese. Abundant fluids- a daily intake of eight to ten glasses (4 oz. glasses for children under 5 years; 6 oz. glasses for children ages 6 through 12; 8 oz. glasses for children 13 and older and adults) is ideal. Avoid caffeine.

- **SECOND, THIRD & FOURTH DAYS** – Soft foods may be added gradually- mashed potatoes, pureed vegetables, soft cereals, soft, boiled and poached eggs, and finely chopped meats.
- **FIFTH DAY-** Regular diet is gradually resumed but avoid crackers, toast, nuts, chips, pretzels, highly seasoned foods, acid and citrus juices until two weeks have elapsed from the day of surgery.

If you have any questions concerning your comfort or care, please contact our office at 610-363-2532.