



# ENT AND FACIAL PLASTIC SURGERY

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## Patient Instructions

### Tonsillectomy and Adenotonsillectomy

**What are Tonsils and Adenoids?** The tonsils are two pads of tissue located on either side of the back of the throat. The adenoids are a similar pad of tissue located behind the back of the nose in the throat. These pads can become enlarged in response to recurrent infections or strep throat. They can also become a reservoir for bacteria.

**Most Common Reasons for Tonsillectomy(T) or Adenotonsillectomy(T&A):**

1. Upper airway obstruction: Enlarged tonsils and/or adenoids can block the airway causing difficulty breathing.
2. Recurrent tonsil infections of strep throat despite antibiotic therapy.

**Preoperative Care:** No aspirin, ibuprofen (Advil, Motrin, Pediaprofen), Naprosyn (Aleve), or Peptobismol for two weeks before or two weeks after surgery. Acetaminophen (Tylenol, Tempra, Panadol) may be given as well as over-the-counter cold medications and antibiotics. Please notify your doctor if there is any family history of bleeding tendencies or if the child tends to bruise easily.

**The Surgery:** The surgery takes 30-45 minutes. The tonsils and/or adenoids are removed through the mouth. The child remains at the hospital for 4 hours after outpatient surgery or overnight if admitted.

**Risks/Alternatives:** Possible risks of this procedure include but are not limited to pain, delayed healing, dehydration, prolonged nausea and vomiting, bleeding which may be severe (and may require a second surgery or blood transfusion), difficulty swallowing, change in voice that may require speech therapy or surgery, scarring that leads to nasal blockage, continued infections, continued airway obstruction, or pneumonia. Practical alternatives to this procedure include observation, possibly first obtaining a sleep study and if needed use a CPAP mask during sleep or treatment with antibiotics.

**Postoperative Care:** It takes most children 7 - 10 days to recover from complete tonsillectomy. Some children feel better in just a few days, and some take as many as 14 days to recover. It will take most adults longer to recover, and a severe sore throat for up to 2 weeks is expected. After two weeks, there should be improvement in soreness.

**Drinking:** The most important part of recovery is to drink plenty of fluids. Some children are reluctant to drink because of pain. Offer and encourage fluids frequently such as juice, soft drinks, Popsicles, Jell-O, pudding, yogurt and ice-cream. It is normal to experience nausea and vomiting from the general anesthetic usually during the first 24 hours after surgery. Please call the office if you are worried that your child is not drinking enough or if there are signs of dehydration (such as: urination less than 2-3 times per day, crying, but no tears). Occasionally, when drinking, children may have a small amount of the liquid come out the nose. This should resolve within a few weeks.

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**Eating:** We recommend drinking liquids the day of surgery and then advancing to a soft diet during the healing process. The sooner eating and chewing are resumed, the quicker the recovery. However, food with sharp edges (crackers, chips, nuts etc) is not recommended. Many children are reluctant to eat because of pain. As long as drinking is good, don't worry so much about eating. Many children are uninterested in eating for up to a week. Some children lose weight, which is gained back when a normal diet is resumed.

**Fever:** A low-grade fever is normal for several days after surgery. Please call the office if the temperature is over 102.5 degrees F

**Activity:** Most children rest at home for several days after surgery. Activity may be increased, as the child desires. Generally, children may return to school and adults to work when they are eating and drinking normally, off pain medication, and sleeping through the night. Please do not travel away from the Northern Virginia area for 2 weeks after surgery.

**Breathing:** Snoring and mouth breathing are normal after surgery because of swelling. Normal breathing should resume 10-14 days after surgery.

**Scabs:** A membrane or scab will form where the tonsils and adenoids were removed. The scabs are thick and white and cause bad breath. This is normal. They usually fall off 5-10 days after surgery and are swallowed a little at a time.

**Bleeding:** With the exception of small specks of blood from the nose or in the saliva, bright red blood should NOT be seen. If this occurs, contact us immediately, or go directly to the emergency room. Bleeding usually means the scabs have fallen off too early and this needs immediate attention.

**Pain:** It is common to experience a fair amount of throat pain after surgery. Many patients also complain of earache. The same nerve that goes to the throat goes to the ears and stimulation of this nerve may feel like an earache. Some children also complain of jaw pain and neck pain. This is from positioning in the operation room. The severity of pain may fluctuate during recovery from mild to very severe; and may last up to 14 days.

**Pain Control:** Pain medication will be prescribed.

**Follow-up:** Please call for an appointment to follow-up in 1 month. If there are problems or questions before that time please call the office.