

QUICK REFERENCE

Throat pain	1. Encourage patient to swallow and drink (at least 1 ounce per hour). 2. Chew gum to work out soreness. 3. Use non-aspirin pain reliever such as Tylenol (avoid aspirin and Aspergum). 4. Use pain reliever prescribed by your surgeon according to schedule.
Earache (“referred pain from the throat and adenoids due to swelling)	1. Use a hot water bottle to the ear (not throat). 2. Use ear drops (such as Oticaine). 3. Use non-aspirin pain reliever such as Tylenol (avoid aspirin and Aspergum). 4. Use pain reliever prescribed by your surgeon according to schedule.
Fever	1. Drink plenty of fluids. 2. Use non-aspirin pain reliever such as Tylenol (avoid aspirin and Aspergum). 3. Notify your doctor of any persistent fever (over 101°F) — 423/267-6738 .
Bleeding - immediately after surgery <u>and</u> 5-10 days after surgery	1. Put patient to bed. 2. Place ice collar (ice cubes rolled in plastic bag or towel) on neck. 3. Encourage patient to suck on ice chips. 4. If bleeding is considered excessive (especially in a child under 3 years) or lasts longer than 10 minutes, call our office immediately (423/267-6738) and proceed to the Emergency Room.
Vomiting	If patient is under 10 years of age or if vomiting is excessive or won't stop, call our office (423/267-6738).
Yellow or white coating in throat	This is a scab and not infection . Bleeding may occur when the scab comes off 5-14 days after surgery.
Mouth odor	1. Encourage the patient to take fluids and swallow. 2. Swish the mouth with a mouthwash, such as diluted Chloraseptic, when the odor is too offensive (but do not gargle). 3. Brush the teeth gently.
Excessive nasal mucous	1. Aspirate the nose gently with a small bulb (nasal) syringe. 2. Rinse the nose with saline nasal spray (such as Ocean or Ayr). 3. Use antihistamine / decongestant (such as Triaminic or Dimetapp) as prescribed by your primary care physician (pediatrician).
Excessive saliva (spit), poor sleep & nightmares, Nasal speech, Talking without moving jaw or tongue	1. Aspirate the nose gently with a small bulb (nasal) syringe. 2. Rinse the nose with saline nasal spray (such as Ocean or Ayr). 3. Use antihistamine / decongestant (such as Triaminic or Dimetapp) as prescribed by your primary care physician (pediatrician).

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HOME CARE AFTER TONSILLECTOMY OR ADENOIDECTOMY

SPECIFIC INSTRUCTIONS:

After surgery, return to the office on

Tonsillectomy and/or Adenoidectomy

Tonsillectomy is the removal of one or both tonsils from the throat. Adenoidectomy is the removal of the adenoids (located at the back of the nose in the throat). Both surgeries may be done together or only one may be done.

GENERAL INFORMATION:

The patient may lack energy for several days, and may also be restless at night. This will improve over 3 to 4 days after an adenoidectomy, and 5 to 14 days after a tonsillectomy. Recovery from an adenoidectomy is easier than recovery from a tonsillectomy. Constipation may occur during this time for three reasons: not eating a regular diet, taking pain medications, and being less active. Loss of weight is normal until regular eating habits resume.

BLEEDING:

On the day of surgery there should be little or no bleeding from the nose or mouth, other than some slightly blood-tinged mucous. If you see any **bright red bleeding** at all, sit the patient upright and phone your doctor immediately. Brown or dark red blood is “old blood” and does not indicate bleeding is currently happening. Between 5 and 10 days after surgery, the white or yellowish membrane (soft scab) breaks off in the back of the throat. A small amount of bloody mucus may be spit up. Have the patient rest, apply an ice collar, and give patient ice chips to suck on. If this continues after 20 to 30 minutes or is profuse, please call your doctor. If you are unable to reach your doctor quickly, please bring the patient into the emergency room (preferably at the hospital where the surgery was performed).

DIET:

The patient must **drink plenty of fluids** during the initial 14 day postoperative period. Offer a drink (at least 1 ounce) every hour he/she is awake. Offer favorite liquids such as popsicle, slush, pop and sherbert. Gatorade, Powerade and Pedialyte are highly recommended. Acid-based drinks, such as tomato and orange juice, and soda may be uncomfortable. Most people don't feel like eating for several days. This is okay as long as the person drinks lots of fluids. Signs that the patient needs to drink more are when the urine is darker in color (urine should be pale yellow) or when a high fever (over 101° persists).

As appetite improves, solid foods and chewing should be strongly encouraged. There are no limits on the sort of foods the patient can eat. You cannot damage the throat by giving any particular type of food. Offer the patient his/her favorite foods. Salty foods encourage the patient to drink more. A dose of pain medication 30 to 40 minutes before eating may be beneficial.

PAIN:

Throat and ear pain can be severe after a tonsillectomy. Give regular doses of pain medicine as your doctor suggests. **DO NOT USE ASPIRIN** products (like Aspirin or Pepto-bismol) for 2 weeks after surgery, because they thin the blood and may encourage bleeding. Chewing gum may be helpful in lessening muscle spasm. Acetaminophen products (Tylenol) may be repeated every 4 hours, but not more than 5 times a day.

ACTIVITY:

The patient should rest at home for the first 48 hours. Activity may increase as strength returns. Generally people may return to school or work 7 to 10 days following a tonsillectomy and 2 to 3 days after an adenoidectomy. Patients should avoid swimming and vigorous activity for 14 days or until seen by their doctor. The patient may bathe and shampoo hair immediately, but do not use very hot water. Avoid long trips and plan to stay in the general area for 3 weeks after surgery.

BAD BREATH:

Bad breath is very common due to the healing in the back of the throat. Drinking lots of fluids, swallowing frequently and chewing gum may improve the bad breath. Most people tend to breathe through the mouth and snore during the recovery period due to swelling. This may last up to 14 days and may be helped by propping up with pillows and using an ice collar (a few ice cubes wrapped in a plastic bag or towel). Using a humidifier at bedtime may lessen throat dryness caused by mouth breathing.

FEVER:

It is normal for a patient to have a light fever (99° to 101° under the arm) for the first few days following a tonsillectomy. Drinking lots of fluids and taking acetaminophen (Tylenol) will help keep the fever down. If the fever is over 101.6°, contact your doctor.

NAUSEA/VOMITING:

It is not unusual for the patient to feel sick following a tonsillectomy, especially after the ride home. If vomiting persists into late evening, you may want to contact your doctor for a medication. If the patient is still vomiting the day after surgery you need to notify your doctor. Also notify the doctor if the patient feels nauseous or vomits after taking pain medication or antibiotic.

If You Need Help

Thank you for choosing us for your surgery. Following discharge home, if you have question or concerns, please give us a call:

Telephone nurse: **423/267-6738**

Insurance, billing: **423/209-9110**