



TUSCALOOSA

# EAR NOSE & THROAT

## CENTER, P.C.

JAMES E. SHOTTS, JR., M.D.  
JAMES H. WALBURN, M.D.  
LEE H. LOFTIN, M.D.  
GARY M. LAKE, III, M.D.  
CARL R. STEPHENSON, III, M.D.  
DAVID B. ROSENSTIEL, M.D.

EAR, NOSE & THROAT  
HEAD & NECK SURGERY  
FACIAL PLASTIC SURGERY  
UPPER RESPIRATORY ALLERGY  
NEUROLOGY

### TONSILLECTOMY AND ADENOIDECTOMY INSTRUCTIONS

These instructions are designed to help care for the patient before and after surgery. We hope it will answer many of your questions. Should you find it necessary to call our office, one of the nurses may be able to answer your questions. If not, she will ask your doctor to return your call or she may instruct you to come to the office to see him.

#### BEFORE SURGERY:

1. You will be required to come to our office for a pre-operative history and physical evaluation. This is usually scheduled on the day before surgery, or the preceding Friday for Monday surgery.
2. The patient should have **no aspirin**, or aspirin containing medication for two weeks prior to surgery due to the blood thinning action which may cause bleeding. If needed, acetaminophen (Tylenol) may be used for pain or fever. Any other medications needed are fine, unless otherwise instructed by your doctor.
3. Notify our office if the patient becomes ill prior to surgery.

#### AFTER SURGERY:

Since every individual is different, the following may vary slightly and should be used mainly as a guide.

1. **Encourage liquid intake**, but citrus juices or carbonated beverages may burn temporarily. It is important that adequate liquid intake be met to prevent dehydration which leads to feeling weak and/or bleeding. For a child, we recommend a fluid intake of 32 ounces per 24 hour period. For the first 2 or 3 days after surgery, fluids are adequate if the patient does not want anything solid. The patient may have soft foods only, nothing hard or sharp (such as dry toast, chips, crackers, crisp fried foods, etc.). The following is a list of suggested foods for the post-operative diet.

Gatorade	Jello	Sherbet
Water	Pudding	Ice Cream
Soft Drinks	Soup	Mashed or Baked Potatoes
Baked Chicken	Macaroni & Cheese	Baby Foods
Softened Cereal	Oatmeal	Scrambled Eggs
Milk Shakes	Apple Sauce	Soft Cooked Vegetables

The patient may return to a regular diet 10 days after surgery.

2. Keep the patient as quiet as possible and avoid overheating or physical exertion until after the first post-op visit. On the average, seven days is required for healing before returning to work or school. It takes about two to three weeks to fully heal.
3. Give medications as ordered by the doctor according to directions. Most prescribed pain medicines (for example, Lortab and Tylox) already have Tylenol added to them, **so using added extra plain Tylenol with lortab or Tylox is not safe.** Too much Tylenol can be harmful to the liver. **DO NOT GIVE ASPIRIN OR IBUPROFEN (Advil, Motrin).** More pain is usually experienced by ones who do not drink an adequate amount of liquids.
4. The patient may complain of ear pain. This is usually referred pain from the throat.
5. The area where the tonsils were removed will be covered with a white film. This is the normal healing process, and may also be accompanied by a foul odor to the breath.
6. A rectal temperature of about 100-101 degrees may be present for several days. Remember Lortab and Tylox have Tylenol in them so do not give extra Tylenol.
7. Bleeding from the nose or throat is a problem which occurs occasionally and it is well to remember that it is usually not of a serious nature. If bleeding does occur, there are certain points which will be helpful in handling the situation. Maintain a calm and reassuring manner and your child will usually respond with a similar behavior. Set the patient up in bed and forward over a basin which is placed in the child's lap. Call the office number (758-9041) day or night for further instructions.