



PLEASE BRING THIS PACKET WITH YOU ON THE DAY OF SURGERY

Pre and Post Operation Instructions for Tonsillectomy and Adenoidectomy

Tonsils and adenoids are collections of lymphoid tissue found in the back of the mouth and back of the nose, respectively. Tonsils and adenoids help infants fight infection but are generally no longer needed by the time a child's immune system matures around three years of age. The two main reasons to remove the tonsils and/or adenoids are infection and obstruction. Recurrent sore throats, difficulty swallowing, disruptive snoring, sleep apnea, and recurrent tonsil stones are indications for tonsillectomy. Chronic ear infections, nasal obstruction, and sinusitis are indications for adenoidectomy.

BEFORE SURGERY:

- Minimize aspirin, Motrin, Ibuprofen, Advil, Nuprin or any other anti-inflammatory medicine for one week before and one week after surgery. Tylenol is permitted at any time.
- If you take Coumadin or other blood thinners please discuss this with your surgeon.
- Please do not eat or drink anything after midnight the night before surgery, but you may take any prescription medicines the morning of surgery with a sip of water.
- The hospital or surgical center will call you the day before with time and instructions for surgery. Please make arrangements for a ride home after surgery, as you will not be able to drive.

AFTER SURGERY:

- You will have a very good amount of discomfort after surgery, please prepare for this.
- The throat will be numbed with injections at the end of the surgery, and this will give some relief usually until the next day.
- Pain usually peaks around day three when the swelling is at its worst. The uvula is usually quite swollen at this point.
- Pain usually peaks around day three when the swelling is at its worst. The pain is also usually intense when the scabs fall off about 6-7 days after surgery. These scabs will look like white pus, and have a foul odor, no need to worry this is completely normal. You will probably feel the scabs tug off and go down the throat as you are swallowing or eating a week out from surgery.
- There is a 2-3% chance of bleeding from the mouth when the scabs come off. About half the time the bleeding will stop on its own. Gargling with ice water helps slow down the bleeding.
- **If you have bleeding for more than 20 minutes contact our office immediately at 801-328-2522 and if you cannot get ahold of Dr. Gale please visit your nearest Emergency Room.**

Pain Management After Surgery

- The pain medicines will help but not alleviate all discomfort, please take these as prescribed.

Children under the age of six are generally treated with Tylenol every four hours in addition to Ibuprofen every six hours as needed for pain. Generally, if given on schedule this will provide adequate pain control. At times when this does not provide adequate pain control a narcotic based medication may be used. Medications such as Lortab, Percocet, Hycet and Norco, are a combination of a narcotic medication and Tylenol. So additional Tylenol should not be given. This is often written on the bottle as "APAP". Oxycodone elixir (a narcotic) can be prescribed without the Tylenol component. In such a case continue giving the regular dose of Tylenol and Ibuprofen, in addition to the Oxycodone. If there are any questions or concerns about pain management call the office number for clarification.

Adults are given liquid Hydrocodone-Acetaminophen. Use every 4-6 hours.

- Tetracaine lollipops to numb the throat and mouth are helpful for most people, but not everybody likes them. They are only available by prescription at compounding pharmacies such as Jolley's and University pharmacies in the Salt Lake valley, and South Valley Compounding in Riverton.
- Motrin/Advil/ibuprofen decreases swelling and is very helpful for most people, but it decreases our ability to make a clot. If you are taking Motrin/Advil/ibuprofen and you are one of the 2-3% of people who bleed a week out from surgery, you are probably more likely to need cautery in the ER. Antibiotics have not been found to be helpful and are not used.
- The pain medicines will help but not alleviate all discomfort. Many people choose not to eat solid foods for the first few days as it is too painful, but you must continue to drink fluids.
- If you become dehydrated, the pain becomes more intense, and you can become confused and unreasonable. If all you can do is sip, then please continue to sip all day long. Cold clear fluids such as Gatorade, apple juice, and water are easiest to swallow. Using straws to drink is fine.
- Jell-o and Popsicles are also soothing. Eat soft foods such as mac and cheese, apple sauce and mashed potatoes when you feel ready.
- Monitor how much urine you make to ensure you are not becoming dehydrated. You should be urinating every six hours or so. If the urine is dark or has a strong odor, you are becoming dehydrated. If you are unable to drink, then please go to the ER for IV fluids.
- Narcotics can upset the stomach and cause nausea. Taking the painkillers with a little food is helpful, or at least with a thicker fluid such as milk will give some relief from nausea. Some patients complain that milk-based liquids give an annoying sensation of phlegm in the back of the throat, but that is better than nausea! If nausea continues, call our office for nausea medication.
- Consider a stool softener after surgery as pain medications may cause constipation.
- Earache after tonsillectomy is very common, as the nerves to the throat also go to the ears.

- Many patients may run a low-grade fever after tonsillectomy up to 101.5 degrees. The pain medicines contain Tylenol and will help keep fever down.
- A stiff neck is sometimes seen after tonsillectomy and adenoidectomy.
- The tongue is usually numb for a week or two after surgery, and foods can taste metallic. This is from the pressure placed on the tongue to lift it out of the way during surgery, and will go away as the taste buds return to normal.
- Strenuous exercise should be avoided for two weeks. Children may need a week to 10 days off from school and adults may not be able to return to work/normal activity for 10-14 days.
- Some children have more sound coming out of their nose after adenoidectomy and the voice may sound nasally. This is due to the increased volume of space no longer filled by adenoids and will typically resolve over the course of several days. Rarely this can persist and may need corrective surgery. You will also notice children tend to protect their palates from moving after surgery, giving their voice a high-pitched sound for several days.

RISKS:

- **Bleeding**- 6-7 days out from surgery the scabs fall off, and there is a 2-3% chance of bleeding, which can be potentially life-threatening. Blood-tinged spit or a brief bleed is usually okay. Gargling with ice water may help. Patients with continuous dripping of blood from the mouth for more than 20 minutes, recurrent bleeding from the mouth, or vomiting blood must be seen by the doctor. Children should go to the closest emergency room, but preferably Primary Children's ER. During office hours, adult patients should come to one of our offices or go to the closest emergency room. After hours go straight to the emergency room. Please call us immediately if you are coming in so we can coordinate your care. Patients who have had adenoidectomy may note some blood in the nose for several days.
- **Dehydration**-If the patient has taken little or no fluids by mouth for 12 hours or a child seems particularly irritable or has not urinated for 8-10 hours, they are getting dehydrated. If they still refuse fluids, they must go to the E.R. for I.V. fluids.
- **Airway Problems**-Patients with obstructive sleep apnea can have airway problems after surgery, including breath holding, blockage of airway, and fluid collecting in the lungs. These patients are watched closely after surgery for this, and may have to spend extra time in the hospital.
- **Scarring**-There can be unusual scarring in the back of the throat, and sometimes there is difficulty sealing off the nasal passages when swallowing and speaking. This can cause drinks to come out of the nose, and a nasal voice. There can be damage to lips and teeth at the time of surgery. Further surgery may be required.
- **Fever**-Infection in the back of the throat is possible, including abscess formation. Please contact us if there is a temperature greater than 101.5 or any temperature accompanied by cough or difficulty breathing.

INSURANCE COVERAGE:

As a courtesy to our patients, we will check with your insurance company to find out if this procedure is a covered benefit for you. However, you are responsible to verify these benefits and you also are responsible for any co pays, co-insurance and deductibles related to your surgery. If you do call your insurance to check your eligibility, they may ask you for the procedure codes also known as CPT codes, these can be provided to you at your request.

We will be in contact by telephone after checking these benefits with your insurance to schedule this procedure. Please allow us 2-4 weeks to hear back from your insurance company. If you haven't heard from us in this time please do not hesitate to reach out to us.

Please note that some procedures, including Rhinoplasty, sometimes require additional time to gain approval from your insurance company. **Depending on your insurance it may take us several weeks to obtain a guarantee of coverage before we can schedule.**

BILLING:

Please be aware that all surgical procedures consist of 3 separate bills from - the hospital, surgeon, and anesthesiologist. These are all billed through insurance. If you would like an estimate regarding your out of pocket cost after insurance coverage, we are happy to help you obtain these.

A representative from our office will contact you prior to surgery to let you know your out of pocket cost after insurance coverage for the procedure. They will be collecting this amount from you prior to surgery. If you have any questions for our billing department please contact our billing department manager Tiana at 801-533-0589 Extension 1571

Please Call our office anytime with Questions or concerns, we are always happy to help!

Derrick Gale MD

Assistant:

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