

EAR, NOSE AND THROAT SPECIALISTS OF NORTHWESTERN PA

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HOME CARE INSTRUCTIONS FOLLOWING ADENOID & TONSIL SURGERY

GENERAL: After tonsillectomy, the child often lacks pep and is listless for a period of several days, may be restless at night, and may sleep fretfully. These symptoms gradually improve over a period of 3 to 4 days. Due to a lack of food or the use of Codeine containing pain medications, there may be constipation for several days. Such symptoms as outlined are not so prominent following adenoid surgery.

DIET: The single most important aspect of the patient's diet in the first three days is adequate fluid intake. Frequent small feedings of soft foods or liquids are usually tolerated best. Make an effort to give drinks every hour during waking hours for the first two (2) days after surgery. Soft drinks, fruit juice nectars, jello, custard, popsicles, Gatorade or Pedialyte are all excellent. As the patient's appetite improves, solid foods and chewing should be strongly encouraged.

ACTIVITY: It is advisable for the child to rest at home for the first 48 hours. Activity may be gradually increased as the patient's vigor increases but generally it is satisfactory to return to these activities in approximately 5 to 10 days after tonsillectomy, or 2 or 3 days after adenoidectomy alone. Generally by this time the patient is on a fairly normal diet. Vigorous physical activity should be avoided for 14 days following tonsil surgery.

PAIN: Throat pain and/or ear pain is generally quite severe after tonsillectomy. Expect pain in the ears between the 3rd and 7th days. The same nerve that goes to the tonsil also goes to the ear and the child often perceives the pain associated with the tonsillectomy healing as coming from the ear. Following tonsillectomy, give regular doses of pain medications 4 to 5 times a day for a week. Avoid aspirin and Motrin or Advil as this increases the possibility of bleeding. Use acetaminophen (i.e. Tylenol, Datril, Tempra) or Tylenol w/Codeine. Further measures to decrease throat discomfort are the use of cool compresses and ice collars on the neck, ice chips or the use of chewing gum.

BAD BREATH: Bad breath is quite common. This results from a white to yellowish membrane that forms in the throat in the region of the tonsil surgery. Bad breath may be improved by the use of a mild salt water solution as a gargle. This may be made by adding 1/2 teaspoon of table salt to 8 oz. of warm tap water. The membrane breaks off during healing, generally between the 5th and 10th days postoperatively and when this occurs the patient may spit up some bloody mucous.

BLEEDING: There should be no bleeding from the nose or from the mouth after your child returns home. Please get up to check the patient once or twice during the first night. There can be bleeding from day 1 through 2 to 3 weeks postoperatively. Avoiding heavy exercise will help decrease the chance but not eliminate it. If there is blood streaked mucous or saliva merely have the child drink icy slushy liquids and/or gargle with ice chips mixed with water. If this does not stop the bleeding after 30 minutes, call our office at 864-9994 to receive further instructions. If there is heavy bleeding at any time (a teaspoon or two of fresh blood) have the child begin drinking icy slushy liquids or gargle with ice chips and immediately call our office.

SCHOOL: Your child should not return to school until after their post-op appointment unless otherwise instructed by the physician.

FEVER: It is normal for patients to run a fever between 99 and 101 degrees for the first few days following tonsillectomy. Fever is worsened by a poor fluid intake producing dehydration. Fevers also can be reduced by encouraging the child to be more active and taking deep breaths. Taking walks, deep sigh breaths, etc. may help. Tepid (not warm, not cool) bathes may help.

NAUSEA OR VOMITING: Promethazine (Phenergan) Suppositories as needed for nausea or vomiting per the following schedule. Dose may be repeated once after 4 hours. If vomiting persists, call our office.

3 years and under	12.5 mg.
4 years and over	25 mg.

SPECIFIC INSTRUCTIONS:

1. **MINIMAL** fluid intake for the first 24 hour period is:

<u>Weight of Patient</u>	<u>Minimal Fluid Intake</u>
Over 20 lbs.	4 cups
Over 30 lbs.	5 cups
Over 40 lbs.	6 cups
Over 50 lbs.	7 cups
Over 60 lbs.	8 cups

Give small amounts every hour during waking hours. Cold slushy liquids such as sherbert, Italian ice, popsicles (whole or crushed up) and slushes are excellent liquids to drink. They hydrate the child as well as soothe the painful tissue.

2. RECOMMENDED DOSAGE OF PAIN MEDICATIONS:

<u>Age of Patient</u>	<u>Tylenol Elixir</u> (for moderate pain)	<u>Tylenol w/Codeine Elixir</u> (for severe pain)
Over 6 months	1/2 tsp.	
Over 1 year	3/4 tsp.	1/2 tsp.
Over 2 years	1 tsp.	3/4 tsp.
Over 3 years	1 1/2 tsp.	1 tsp.
Over 7 years	2 tsp.	2 tsp. if necessary
Over 12 years	3 tsp.	3 tsp. if necessary

3. If you do not already have a return visit scheduled, call our office to make an appointment 10 to 14 days after surgery.

4. Our nurses are available during working hours to answer questions. Please feel free to call 864-9994.