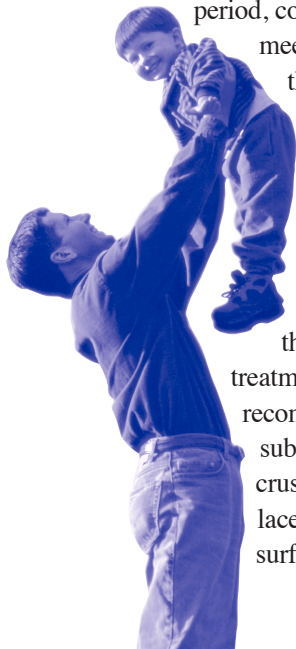


Bleeding

Fortunately, following the tonsillectomy there is very infrequently any bleeding during the first 2-3 days. The use of the cautery instrument to remove the tonsils seems to have helped reduce the bleeding during surgery as well as during the immediate period after surgery. The white patches that form over the raw surfaces from surgery are similar to scabs. Due to the continuous coating of the surfaces with saliva, they remain soft and moist and therefore do not turn the dark brown color similar to scabs on the skin. It takes about 7-10 days for the new lining of the throat to form beneath these white patches. About that time, the white patches will gradually begin to separate and flake off. Just as if a scab on the knuckle or elbow is bumped before it is ready to separate can ooze a small amount of blood so also can these white patches at the back of the throat if they separate prematurely have some associated bleeding. Usually this bleeding is minimal. If you have the patient sit up and either gargle or drink ice water, this usually causes the bleeding to stop promptly. If there seems to be more blood than saliva or if the bleeding does not stop within a 30 minute time

period, contact our office and we will meet you in the office or have the patient seen in the emergency room depending on the time of day.

Some patients who have eaten hard materials in the immediate post operative period experienced bleeding that required additional treatment. For this reason we do recommend patients avoid eating substances that are very hard or crusty that could cause a cut or laceration in the newly healed surface in the back of the throat.



Antibiotics

The use of antibiotics in the post operative period following tonsillectomy is somewhat controversial. Some studies have reported a decreased amount of pain associated with the tonsillectomy and for this reason we often use an antibiotic. It has also been the impression of some physicians that the foul odor that most patients have following a tonsillectomy is decreased.

Healing

The healing period following tonsillectomy usually takes a full ten days in children and up to fourteen days for adults. Usually the discomfort associated with tonsillectomy persists almost the entire 10-14 days. The pain is not usually significantly changed until the white patches completely separate. Then it is almost as if someone had flipped a light switch with significant improvement within a period of 24 hours. It is not uncommon for there to be some persistent discomfort particularly with wide opening of the mouth and yawning as the scarring that occurs following the surgery initially tightens the lining of the back of the throat. This discomfort is relatively mild compared to what the patient has already endured during the week and a half following surgery.

Voice Change

It is not uncommon for the voice to have a slightly muffled character for the first few days due to swelling from the appendage from the back of the soft palate known as the uvula. This usually reaches the size 2-3 times larger than normal and causes a muffled speech. As the swelling of the uvula decreases the voice will become more normal.

There may also be an airy quality for another 2-3 weeks if the patient had a large adenoid removed. This should also improve before your follow-up visit.

TONSILLECTOMY

Post – Op Instructions



E·N·T

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Pain

Most people are aware that there is pain associated with the recuperation period following a tonsillectomy. The pain is generally fairly severe. Most small children recover in 7-10 days. Most teenagers and adults need 10-14 days recovery. We have tried to find the approach that will make patients most comfortable following a tonsillectomy.

At the time the tonsils are removed, a cautery technique is used which minimizes bleeding. Some surgeons feel that this technique is more delicate and causes less pain. It has been our impression that no matter how the tonsils are removed the pain is about the same. One thing that seems to help is an injection of a long acting local anesthetic while the patient is still asleep. This provides some relief of the immediate post operative discomfort for up to six hours. The most effective means of controlling pain following a tonsillectomy is with the use of oral analgesic. It is of extreme importance that you notify the Doctor and the nurses if you are allergic to any medication. We have tried to provide medications that will cause the least amount of side affects and provide maximum relief of the discomfort. One problem that most patients will have following a tonsillectomy is difficulty swallowing tablets and therefore most medications need to be provided in a liquid form. We use a special preparation called Capital with codeine elixir. We strongly recommend that when you obtain this medication that you verify with the pharmacy that it is prepared without alcohol. Alcohol burns after tonsillectomy especially in small children so it should be avoided. Tylenol with hydrocodone elixir is often used in teenagers and adults since it is stronger but it does have a small amount of alcohol so it is not to be used in small children.

Another technique that may be helpful with patients over seven years old is irrigating the throat



with warm salt water solution. This can be prepared by dissolving a quarter tsp of salt in about 8 oz of warm water. The patient leans forward and the warm salt water solution can then be instilled. Either a soft rubber syringe or a more elaborate bag & tube with a soft tipped catheter may be used.

Ear Pain

There is a nerve which runs beneath the muscles in the back of the throat which senses the pain people experience with tonsillitis, strep throat and following tonsillectomy. This nerve also sends a branch to the ear canal, it is extremely common following tonsillectomy that the irritation of this nerve will cause the patient to experience ear pain. This is identical to that felt from an ear infection and it is almost as if the nerve in the throat confuses the brain. Sometimes the ear pain is more noticeable than that from the throat. The important thing is to know that additional antibiotics are not necessary. Use of the same oral analgesic medication that you are using for the tonsillectomy pain is sufficient to help alleviate the ear pain. This can be sharp pain but usually only lasts about 3 days. It generally doesn't start until a few days after tonsillectomy.

Eating

When the tonsils are removed there are two raw surfaces created on either side of the tongue at the back of the throat. These are similar to large mouth ulcers and cause the discomfort associated with tonsillectomy. In addition they overlay muscles that are used during swallowing and cause worse pain during swallowing and therefore make it more difficult to do so. During the first 2-3 days and up to the first week, most patients do not feel comfortable swallowing anything more than liquids. This is perfectly acceptable because the body can survive on liquids alone for a fairly long

time. Usually during a week and a half following tonsillectomy children will lose up to 5 lbs and adults up to 15 lbs. This weight loss is very quickly regained however as soon as the patient begins eating regular foods.

Certain foods should be avoided due to the irritation to raw surfaces, these include as mentioned above anything containing alcohol, acidic foods or juices such as citrus fruit, orange juice, lemonade, tomato juice, and sharp solid foods such as chips. Soft solid foods will not hurt anything.

Fluid Intake

The importance of adequate fluid intake cannot be stressed too much. If the person does not drink enough liquids, the body becomes dehydrated. When this happens the throat becomes drier and therefore the pain becomes accentuated.

Fortunately there is an easy way to tell if the patient is drinking adequate fluid. The kidneys are very sensitive organs within the body that sense the fluid level. If the person is drinking adequate fluids then the urine excreted by the kidneys is dilute and clear in color or light yellow color. If the person is not drinking enough liquids the kidneys try to retain all the fluid possible and the urine becomes much more concentrated changing to a darker yellow or orange color. If the urine color becomes more concentrated, then it is necessary to encourage the patient to drink more fluids. If adequate intake does not occur then progressive pain develops as well as fever. In this case occasionally the patient may need to return to the hospital and have the intravenous line replaced for a short period of fluid administration.

