

POST OPERATIVE PATIENT INFORMATION
Tonsillectomy / Adenoidectomy > 12 years old
Uvulopalatopharyngoplasty

- A. Activities** - For 7 days after your surgery, avoid strenuous physical activity, avoid prolonged exposure to cold air; avoid exposure to crowds and people who may be ill. If you are attending school, you will need 1 week off and 2 weeks off from sporting activities.
- B. Diet** - Start with popsicles, ice chips, and pop, as these are the best tolerated items. Liquid intake should be encouraged with these items. You may eat soft food in the evening after surgery at room temperature. Avoid hot or spicy foods. Add solid food as tolerated. The sooner you return to a regular diet, even if taking very small bites, the better you will feel.
- C. Medication** – Prescribed narcotic medications when taken as instructed on the package should control pain after this surgery. Tylenol (liquid or tablets) may be taken instead of the prescribed medication. Avoid aspirin or aspirin-related products (such as Advil, Aleve, Motrin, Ibuprofen, etc.), as they may increase the bleeding tendency.
- D. Special Precautions** - Anyone having a general anesthetic should not participate in any activity requiring mental alertness, physical coordination, or balance for 24 hours after the anesthetic, i.e., driving, bicycling, etc. Maintain cleanliness of the mouth to minimize the chance of infection and objectionable mouth odor which is common for a few days following surgery. Rinsing the mouth and brushing the teeth will cleanse the mouth and help control the odor. Two white or gray patches will form where the tonsils were removed. They are perfectly normal and are similar to a scab on the outside of the body.
- E. Communications:**
- Bleeding:**
Danger of serious bleeding is usually over by the time the patient leaves the hospital. Occasionally, slight bleeding occurs within 5 to 6 days following surgery. Blood may be coming from the mouth or nose. In children, bleeding may be accompanied by persistent refusal to eat or drink. Swallowed blood may cause nausea and/or abdominal discomfort. Should bleeding occur, have the patient remain quiet, lie down, and spit the blood out carefully. Gargle the throat gently with ice water. If the bleeding does not stop promptly, notify the office. Also, notify the office or answering service of any of these symptoms of bleeding. Bleeding may necessitate an examination either in the office or in the Emergency Room. Call the office to find out where you should go.

If the office is closed, your call will be forwarded to the on-call physician. If, due to unforeseen circumstances, you are unable to reach your doctor, go directly to the Emergency Room. There will be a physician there to treat the patient and to notify your doctor. However, it is best to talk to the doctor to get instructions.

ADULT > 12 YEARS OLD POST OPERATIVE PATIENT INFORMATION

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2. **Fever:** A slight temperature elevation may accompany this surgery and last for a few days postoperatively. This is normal and no cause for alarm. A moderate to high temperature (greater than 101 degrees orally) should be reported to the office. This may necessitate examination and treatment.

 3. **Pain:** Ear pain is common following tonsillectomy and adenoidectomy. This does not mean there is an ear infection. The pain is referred from the throat to the ears. Pain not relieved by routine medication and/or pain of an increasing character should be reported to the doctor.
- F. Follow-up** – If your post operative follow up visit is not already scheduled, then call the office. This visit should take place approximately 1-2 weeks from the date of your surgery. Generally only one follow-up visit is required.

If you are uncertain about any of the above items or have any questions, please contact our office at (702) 834-5886 from 8:00 a.m. to 5:00 p.m. Monday through Friday. After hours, if you have an emergency, go to the emergency room or call the office number and you will be connected to the on-call physician.

My postoperative instructions have been explained to me, I understand their meaning and a copy has been given to me.

Patient/Family: _____ Date: _____

Nurse: _____