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## Tonsillectomy information sheet

There are two tonsils, one on each side of the throat near the palate. They are lymph nodes, and part of the immune system. Because of their location in the throat, the tonsils are very prone to becoming infected or swelling, which can lead to illness. The most common reasons for tonsillectomy removal are frequent, recurrent bacterial infections despite antibiotic therapy and difficulty breathing due to enlarged, obstructive tonsils and/or adenoids (especially daytime sleepiness in adults and behavioral problems in children). Other reasons for tonsillectomy include previous peritonsillar abscess, chronic tonsillitis (often associated with foul smelling tonsillar debris) and tonsils that are two different sizes.

Surgery is generally done as a “day care” or ambulatory surgery at the hospital. Prior to surgery, you should avoid aspirin, motrin, advil, ibuprofen or similar types of medication for at least two weeks. Tylenol is fine. It is important to inform us of any problems that you (or your family) may have regarding possible bleeding disorders or anesthesia difficulties. Labs tests will be done about 2 weeks prior to surgery. Nothing should be taken by mouth after midnight the night before surgery.

The operation is performed through the mouth. The patient will stay in the hospital for approximately six hours after the operation for observation. Following tonsillectomy severe pain is common. The most important goal after surgery is to stay well hydrated – it is not necessary to eat, but it is critical to drink fluids. Make sure you drink enough fluid so that urine is not dark. Good choices are water, sport juices, apple juice, popsicles, ice cream and soft solids (pudding, pasta, mashed potatoes). When the pain has subsided, you may resume your regular diet.

Pain control is important and is best done with Tylenol (acetaminophen) or ibuprofen; and following the guidelines on the bottle. Adults may be given narcotics, but in general children do NOT receive narcotic medication. For 3 weeks after surgery do NOT take aspirin or similar medications unless specifically instructed by your surgeon. This is important to prevent bleeding. Low grade fever and nausea are common. If this is severe, call the office.

If you notice bleeding from the nose or mouth which doesn't completely stop within 5-10 minutes, you should call the office. If the bleeding is brisk, go to the Emergency Room AND call our office. You should plan on 10 days of missed school/work after surgery. Travel more than 30 minutes from the hospital, and vigorous exertion should be avoided for about two weeks. Work/school excuses will be provided if necessary. A postoperative visit will be scheduled.