

# PRE-OP & POST-OP CARE FOR UPPP, TONSILS, ADENOIDS, GENIOGLOSSAL ADVANCEMENT AND HYOID SUSPENSION

## **Before the surgery:**

NPO (Nothing by Mouth) GUIDELINES: No solid food or liquids after midnight—this includes candy, gum and breath mints—UNLESS OTHERWISE DIRECTED.

## **After The Operation**

1. It has been advised that you have one of the surgeries noted above. It is preferable that you be free from infection for two weeks prior to surgery. If you should develop a fever, cough or cold prior to your surgery date, please call our office for medication orders or to reschedule the surgery to a later date.
2. Upon completion of the operation, which usually takes about one hour (but may take longer if the surgery is being done to correct obstructive sleep apnea), you will be transferred to the Recovery Room. You will remain in the Recovery Room for one to two hours. When you have fully stabilized, you will be taken to a room for a “short stay” admission. Expect to remain drowsy most of the afternoon following your return to your room. If you stay overnight, you will be examined the day following surgery and discharged at that time, provided your postoperative course has been satisfactory.
3. On the day of your surgery, when awake, you may have sips of water, cracked ice, ginger-ale, Kool-Aid, a popsicle, ice cream, pudding, cottage cheese, etc.

## **POSTOPERATIVE HOME CARE**

### **Dietary**

For the first 10-14 days, most people who have undergone tonsillectomy/adenoidectomy/UPPP will prefer to be on a semisolid or liquid diet. Examples of such foods are Jell-O, pudding, ice cream, milkshakes, Carnation Instant Breakfast, tepid broths or soups, macaroni and cheese, mashed potatoes and scrambled eggs. If desired, you may have food of a more solid character; just make sure it is cut into small pieces. In fact, if you are able to swallow reasonably well, there are no dietary restrictions except for refraining from eating extremely dry or coarse foods, such as potato chips or toast. Food or drink that is hot, spicy or contains large amounts of citric acid or tomato derivatives should be avoided because they may cause burning in the throat area (e.g., orange, lemon, lime, grapefruit, tomato, juice, etc.).

It is common to be unwilling to take any form of solid or semisolid food for several days. If this is the case, there is no cause for alarm; however, a baseline of daily oral fluid intake is required in order to prevent dehydration. The following are minimum daily fluid intake requirements:

Adults, three quarts per day.

It cannot be stressed enough that the most important dietary consideration after surgery is not that you take solid or semisolid food but that you take in an adequate amount of fluid daily.

### **Activity**

You may go back to work after 10-14 postoperative days have elapsed. If your work environment requires strenuous activity, you must be off work for 14 days. You must refrain from any form of strenuous activity for a total of 14 postoperative days.

### **Medications**

IF YOU WERE TAKING MEDICATIONS PRIOR TO THE SURGERY, CONTACT THE PHYSICIAN WHO PLACED YOU ON THESE MEDICATIONS TO DETERMINE WHEN AND IF TO RESUME THE MEDICATIONS.

A prescription for postoperative antibiotics will be given after surgery. You should take these antibiotics until they're gone and do not refill the prescription unless directed to do so by your physician. The prescription pain medication should be taken as needed.

Do not hesitate to use pain medicine since discomfort tends to inhibit oral intake and eventually results in problems with dehydration. In general, adults will require stronger pain medicine that usually contains codeine or some other strong analgesic. Codeine has a tendency, as do other strong pain medications, to slow down digestion and create a problem with constipation. It is best to begin the early use of a general laxative, such as Milk of Magnesia or Metamucil, to prevent this from happening when codeine or strong pain medicines are being taken on a regular basis.

Other helpful measures can also be used to reduce pain, such as using Chloraseptic Throat Spray, which you can purchase over the counter. In addition, an ice pack placed around the neck area often brings some relief.

You should not take medications that affect the ability of the blood to clot for one week before and two weeks after surgery. Some of these medications include aspirin, Advil, Aleve, ibuprofen and all nonsteroidal, anti-inflammatory medications. Coumadin and Heparin are common blood thinners that you should avoid taking prior to surgery.

Pain medication preparations that contain aspirin or ibuprofen should not be given for at least two weeks before and after the procedure because these two medications can cause postoperative bleeding by thinning the blood. Examples of products that contain aspirin or ibuprofen are Bayer, Bufferin, Alka-Seltzer, Advil and Nuprin. Confusion can be avoided by remembering that one may either take Tylenol or the prescribed pain medicine for pain.

Postoperatively, the patient may start whatever medications they were on preoperatively, except for blood thinners such as Coumadin, Plavix, aspirin, ibuprofen or any other nonsteroidal anti-inflammatory drug. If you are in doubt about whether or not to restart a previously taken medication, contact our office.

A whitish to gray coating sometimes develops over the area where the tonsils used to be. This is normal. The coating will fall off and be swallowed within seven to ten days.

## **FREQUENTLY ASKED QUESTIONS**

Discomfort or actual pain is certainly to be expected after tonsillectomy/adenoidectomy/UPPP. Different individuals experience varying degrees of pain. There is no way to know preoperatively to what degree an individual will experience discomfort. The pain is usually localized to the throat area but can sometimes radiate to the ears, giving one the impression of an earache. In almost all cases, this does not indicate an ear infection but is a result of referred pain from the throat area. The throat discomfort builds gradually to reach its peak at about the third or fourth postoperative day. It begins to dissipate slowly and usually disappears somewhere between the tenth and fourteenth postoperative days. During this postoperative period, there is not much one can really do for the discomfort except ensure adequate fluid intake, use pain medications and wait it out.

In the early postoperative period, the tongue may swell due to the pressure placed on it by the instrument used to open the mouth during the surgery. This usually appears on the first day and dissipates within a few days. Muscular soreness in the neck (stiff neck) is sometimes seen. The stiff neck results from necessary intraoperative positioning of the head in an extended position. The neck stiffness usually goes away after several days. Gentle massage and application of warm packs or a heating pad to the area may be beneficial in alleviating the discomfort.

Nasal congestion and noisy breathing can occur, especially when adenoidectomy has been done with tonsillectomy. This condition is caused by tissue swelling and mucous congestion and will dissipate slowly over several days.

Bad breath is common for several weeks. You can use a mild mouthwash after two weeks. Call the office if severe bad breath is present.

Fever is also common and sometimes reaches 101 F and above. Fever can be alleviated by giving Tylenol in the appropriate dosage, increasing fluid intake, sitting up in a chair and engaging in deep breathing exercises several times a day. If the fever remains elevated at above 101.5 F for more than a day, the physician should be notified by calling the office. Fatigue and malaise are also common, lasting for as long as 10 days and exacerbated by inadequate fluid intake. It is common for weight loss to occur after this surgical procedure. Adults may lose as much as 10-15 lbs. This weight loss is usually gained back within the first postoperative month.

Bleeding after surgery may start anytime from the first postoperative day all the way up to and sometimes beyond the tenth postoperative day. Postoperative bleeding is most likely to occur when the scab (grayish or greenish coating) that was present over the operated area begins to fall away. Bleeding, which is not profuse and is self-limiting within a period of 15-20 minutes, can occur during this time period. If bleeding is prolonged or profuse, the patient should be taken to the emergency room of the nearest hospital where the procedure took place. If the bleeding is severe and life-threatening, the patient should be taken to the nearest hospital emergency room. For minor bleeding, sucking on ice chips or a popsicle can often help stop the bleeding.