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Form “PO-N” Guidelines after Tonsillectomy and/or Adenoidectomy

Disclaimer: This is not medical advice unless your surgeon has specifically given this to you as an active patient.



Breathing, bleeding, pain control, hydration, diet, nausea/vomiting are the main factors in care after tonsillectomy (and/or adenoidectomy)

Breathing:

Take care not to overdose pain medicine because doing so risks over-sedation and inadequate breathing.

If you are advised to use a CPAP device or oral appliance for sleep apnea, it is important that you use it after throat surgery.

In general, people tend to breathe more easily after throat surgery with their head elevated, such as in a recliner chair or with several pillows creating an incline at the head of the bed.

If the patient experiences breathing difficulty after surgery, call the surgeon’s office or after-hours contact at **(309) 663-4368**.

**THIS FORM
ONLINE: SCAN
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FORM “PO-N”**

Bleeding:

If a doctor has prescribed a medicine to “thin” the blood to treat or prevent a problem such as a blood clot, pulmonary embolism, atrial fibrillation, or a mechanical heart valve, you are in a special category requiring a specific plan of balanced risk for your situation, and a coordinated plan among this prescribing doctor, your surgeon, and you needs to be in place for when to stop and when to resume this medicine. Contact your surgeon in advance of your procedure for further instructions.

Bleeding during and after surgery adds risk to the operation. For most major operations, a patient must avoid using medications or supplements that promote bleeding. Medicines to avoid include common pain medications (see Table 1, below), blood “thinners” (see Table 2, below), and certain dietary supplements and herbal remedies (see Table 3, below). If a prescribing physician considers your risk of clotting too high to stop taking blood “thinners” according to table 2, he or she may arrange a “bridge” with a short acting blood thinner. If even this cannot be accomplished, then undertaking surgery should be reconsidered.

In general, it is normal to have a small amount of blood in the saliva or from the nose for a few hours immediately after after tonsillectomy (and/or adenoidectomy) surgery. It should then stop.

A bleeding event may occur anytime up to about 14 days after surgery.

Bleeding risk can be minimized by taking the following measures:

1. Avoid strenuous physical activity. Anything that gets your heart rate up gets your blood pressure up, and elevated blood pressure risks bleeding.
2. Avoid blood “thinning” medicines (like NSAIDs*, clopidogrel (Plavix), Coumadin (Warfarin), rivaroxiban (Xarelto), etc. If a doctor has prescribed any blood “thinning” medicine for you for another condition, a coordinated plan among this prescribing doctor, your surgeon, and you needs to be in place for when to stop and when to resume this medicine. Call your surgeon if needed.

Table 1: Common NSAIDs (non-steroidal anti-inflammatory drugs):

Name	Omit (do not take) timeframe	Common resume date
aspirin	1 week before surgery	2 weeks after surgery
Motrin (ibuprofen)	1 week before surgery	2 weeks after surgery
Advil (ibuprofen)	1 week before surgery	2 weeks after surgery
Aleve (naproxen)	1 week before surgery	2 weeks after surgery
Voltaren (diclofenac)	1 week before surgery	2 weeks after surgery
Naprosyn (naproxen)	1 week before surgery	2 weeks after surgery
Mobic (meloxicam)	1 week before surgery	2 weeks after surgery
Indocin (indomethacin)	1 week before surgery	2 weeks after surgery
(many others)	1 week before surgery	2 weeks after surgery

Table 2: Common drugs to “thin” the blood:

Name	Omit (do not take) timeframe
Plavix® (clopidogrel)	5-7 days before surgery
Warfarin™ (coumadin)	5 days before surgery
Pradaxa™ (dabigatran)	
normal-mild kidney dysfunction (CrCl > 50)	2-4 days before surgery
moderate kidney dysfunction (CrCl 30-49)	4-6 days before surgery
Xarelto™ (rivaroxaban),	
normal-mild kidney dysfunction (CrCl > 60)	2-4 days before surgery
moderate kidney dysfunction (CrCl 30-59)	3-5 days before surgery
severe kidney dysfunction (CrCl 15-29)	5-7 days before surgery
Eliquis™ (apixiban)	
normal-mild kidney dysfunction (CrCl > 60)	2-4 days before surgery
moderate kidney dysfunction (CrCl 30-59)	3-5 days before surgery
severe kidney dysfunction (CrCl 15-29)	5-7 days before surgery
Saveysa™ (edoxaban)	4-5 days before surgery

Arixtra™ (fondaparinux) normal-mild kidney dysfunction	5 days before surgery
Lovenox™ (enoxaparin)	2 days before surgery
Fragmin™ (dalteparin)	2 days before surgery

These medications are commonly resumed 7-10 days after surgery, as determined by the surgeon's assessment of bleeding risk.

Table 3: Dietary Supplements and herbal remedies that “thin” the blood:

Name	Omit (do not take) timeframe	Common resume date
Vitamin E	2 weeks before surgery	At least 2 weeks after surgery
Fish oil (including omega-3-fatty acids)	2 weeks before surgery	At least 2 weeks after surgery
Ginko biloba	2 weeks before surgery	At least 2 weeks after surgery
Ginger	2 weeks before surgery	At least 2 weeks after surgery
Garlic	2 weeks before surgery	At least 2 weeks after surgery

- Avoid sucking. The vacuum in the throat may cause a blood vessel to rupture. Avoid using straws and for kids who use a sippy cup, try removing the inside valve or making the holes larger so that suction is not needed to get the beverage.

If bleeding occurs:

Call your surgeon’s office at **(309) 663-4368**. You may get connected to another ENT surgeon covering call for your surgeon. Often, you will be directed to go to the Emergency Room where evaluation by the Emergency Room staff will occur and they will contact the ENT doctor. Do not eat or drink anything until instructed by a physician after evaluation because surgery may be necessary.

Pain Control:

Pain needs to be controlled reasonably, because excessive pain raises blood pressure and risks bleeding, can prevent swallowing and thus cause dehydration, and make for a miserable experience. On the other hand, do not try to attain a pain-free state, since this would require too much pain medicine, and risk dangerous side effects. The ideal degree of pain is low enough to be able to drink adequately and sleep a couple of hours at a time. Using high doses of narcotics in an attempt to achieve a pain free state is, however, also dangerous, since the amount of narcotic required to be free of pain may yield significant sedation, putting breathing at risk. **The ideal pain level after surgery is that of tolerable pain that allows for swallowing and some sleep.**

Narcotic pain medicines must be respected and used sparingly. Note that some pain medicines are combinations of narcotic and Tylenol (acetaminophen). Plain Tylenol (acetaminophen) may be used for mild to moderate pain, but the total amount of Tylenol (acetaminophen) from all sources must be less than 3 g (3000 mg) per day for an adult. Non-steroidal anti-inflammatory drugs (NSAIDs) should be avoided for two weeks after surgery because they promote bleeding. Ice packs on the neck may be used gently if desired.

Narcotic pain medicines should be taken with food.

It is common for the ears to hurt after throat surgery due to “referred pain” from the throat. The glossopharyngeal nerve has one branch that goes to the throat, and the other to the ear. Pain from the throat may be interpreted by the brain as pain from the ear. Sometimes the top of the head or the back of the neck hurt as well after throat surgery.

Additional pain control recommendations for **children**: Be sure to ask your child regularly if he or she has pain. About 30-60 minutes after giving pain medicine, ask your child if the pain is improved, and you may re-treat if necessary. Waking them up in the night for a dose of pain medicine is worth it. Distracting your child from the pain by playing with them, having their favorite toys or video games available, applying a cold or hot pack to their neck or ears, blowing bubbles, doing an art project, watching a video, or reading a book helps.

Hydration:

Despite a sore throat, it is imperative to stay hydrated after tonsillectomy (and/or adenoidectomy). Hydration helps reduce pain, and dehydration is dangerous. Swallowing pain appears to get worse the more dehydrated one becomes, so we must avoid a situation in which the patient is dehydrated, unable to swallow due to pain, and therefore unable to take pain medicine. If that were to happen, the patient would need to go to the Emergency Department, where I.V. fluids and pain medicine may be administered. As a general rule, keeping urine a light yellow or clear is a good sign of adequate hydration. For children in diapers, the frequency of diaper changes and the weight of the diaper are indicators.

Diet:

Dietary restrictions after tonsillectomy are minimal. Chewing and swallowing help the healing. Certain foods or juices with acidity or spice may cause discomfort. Water is fine, but fluids with electrolytes are better. Popsicles, pudding, fruit snacks, and ice cream work well for children and adults. While it is best to minimize sugary drinks like Gator-Ade, an exception to this rule may be worth it during recovery, as they have electrolytes, some calories, and are motivating to drink. Soft foods such as pasta, mashed potatoes, soup, and Jell-O may help minimize discomfort. I recommend avoiding sucking (drinking with a straw or from a sippy cup), as the vacuum generated might cause bleeding. For young kids who normally drink from a sippy cup, I suggest removing the inner valve or making the air vents larger so that the amount of suction required to drink is minimal. I also suggest against eating or drinking things colored red because if vomiting were to occur, we would want to know if the vomit contains blood.

Nausea/Vomiting:

Nausea and vomiting can occur after surgery for several reasons, including the anesthetic medicines, any swallowed blood, and use of narcotic pain medicine. Trying to avoid a nosebleed and swallowed blood, and trying to minimize or avoid narcotic pain medicines will help.

Your doctor may prescribe medicine to treat nausea or vomiting. Be aware that some of these, such as compazine, phenergan, and scopolamine can cause sleepiness, and

combined with other medicines, particularly narcotics, may create too much sedation for safety. Ondansetron (Zofran) is non-sedating, as is metoclopramide (Reglan).

Fever:

A fever is a temperature greater than 101.5 F. Notify your surgeon for a persistent fever or a temperature greater than 103 F, as these raise suspicion for infection.

Oral hygiene:

Continue oral hygiene practices like brushing teeth and flossing. Simply be careful not to traumatize the throat with the toothbrush.

Urinary Retention:

The inability to urinate despite having a full bladder can sometimes occur after a procedure under general or spinal anesthetic. This is more common among men above the age of 60 and when the anesthetic duration is longer than two hours. Symptoms of urinary retention include the following:

- Feeling like you need to urinate but being unable to urinate
- Feeling like you cannot fully empty your bladder after urinating
- Feeling pain in the low abdomen

Typically, if one is able to urinate normally once after surgery, the risk of urinary retention thereafter is low. Tricks to try to facilitate flow of urine include turning on some flowing water from the sink and putting a hand in warm water while trying to urinate. If symptoms of urinary retention develop, you may need to present to an Emergency Room where a bladder scan to verify urinary retention and possibly catheterization to empty your bladder may be performed. If one waits too long to get a bladder drained, the bladder may temporarily lose ability to contract, leading to needing a urinary catheter for several days while it recovers, or in extreme cases, bladder rupture.

Return to Driving and Other Activities Requiring Alertness:

General anesthetic can affect your memory, concentration and reflexes for a day or two, so it's important for a responsible adult to stay with the patient for at least 24 hours after your operation. You are also advised to take extra precautions against falling while walking, and to avoid driving, operating machinery, drinking alcohol and signing any legal documents for 24 to 48 hours. Do not drive for at 24 - 48 hours after your anesthesia. A traffic violation while affected by anesthesia may result in a Driving Under the Influence citation.

An adult may drive when ALL of these conditions are met:

1. Greater than 24 - 48 hours since surgery have passed,
2. You have had NOT taken narcotic pain medicine for at least 8 hours, and
3. The judgement of you and your family members is that you are safe to drive.

Activity:

For 2 weeks after surgery, avoid strenuous activity (such as running, jogging, sports, lifting more than 15 pounds, and gardening). You should be active with walking

regularly during this time. Young children may play, but should avoid situations in which they are encouraged to exert themselves vigorously.

You may find more information at DoctorLansford.com

Three common categories of pain medicine:

Acetaminophen (Tylenol)

Available over-the-counter as a pill or liquid

Acetaminophen (Tylenol) can be found in many prescription and over-the-counter medicines. Read the labels to be sure.

Maximum dose from all sources: 30 mg per pound every four hours for patients less than 100 pounds. 650 mg every four hours for patients greater than 100 pounds.

Do not drink alcohol while taking acetaminophen (the combination causes liver damage)

NSAIDS

See table 1 (above) for some of the specific names

Tend to promote bleeding. The more taken, the greater the bleeding risk. Avoid using NSAIDs unless advised otherwise by your surgeon.

Narcotics/Opioids

Can cause sedation, depending on an individual's weight, tolerance, and the dose.

Deep sedation risks airway and breathing problems

Acetaminophen (Tylenol) dose for children based on weight and specific product. Each dose may be repeated every four hours.

Child's weight (pounds)	6-11	12-17	18-23	24-35	36-47	48-59	60-71	72-95	96 and up	Unit
Liquid 160 mg per 5 milliliters (mL)	1.25	2.5	3.75	5	7.5	10	12.5	15	20	mL
Liquid 160 mg per teaspoon (tsp)	--	½	¾	1	1½	2	2½	3	4	tsp
Chewable 80 mg tablets	--	--	1½	2	3	4	5	6	8	Tab
Chewable 160 mg tablets	--	--	--	1	1½	2	2½	3	4	Tab
Adult 325 mg tablets	--	--	--	--	--	1	1	1½	2	Tab
Adult 500 mg tablets	--	--	--	--	--	--	--	1	1	Tab