AFTERCARE OF TONSILLECTOMY WITH OR WITHOUT ADENOIDECTOMY

DIETARY INSTRUCTIONS:

Avoid citrus fruit juices (orange, lemon, etc) and hot or highly seasoned foods. They may be given after two days if tolerated. No tomato juice or red-colored juices, Jell-O or popsicles for ten (10) days.

■ First day (i.e. day of surgery): Abundant water, popsicles, clear broth (lukewarm), small quantities of milk, ice cream or sherbert frequently repeated. Soft drinks may be given but allow a few minutes after opening for some of the carbonation to go out.

■ Second day and beyond: Milk, Jell-O, ice cream, pudding, beef and chicken broth, etc. Progress to regular diet as rapidly as the patient desires. Avoid hard foods, such as crackers and potato chips, until healing has taken place (ten days or more).

GENERAL INSTRUCTIONS:

1. The patient may resume light activity around the house, no lifting or straining.
2. No athletic or swimming until approved by doctor, usually at least 10 days after surgery.
3. Chewing gum may be used beginning the first day after surgery. DO NOT USE ASPERGUM AS THIS MAY CAUSE BLEEDING.
4. Coughing, “hacking” and clearing of the throat are to be avoided.
5. Carbonated beverages prior to meals may facilitate eating.
6. Encourage fluids frequently during the day, especially in the morning, and be firm. Fever may be caused by not enough fluids.
7. Older children and adults may wish to gargle 4 times daily with an 8-ounce glass of lukewarm water containing one teaspoon of ordinary table salt.
8. An ice collar or cold compress to the neck is soothing and may be used if desired.
9. If bleeding from the nose or throat should occur, contact the doctor’s office immediately. A physician from our practice is available 24 hours a day.
10. Please make an appointment for a follow-up visit if one is not made for you the day of your preoperative visit.
11. No aspirin, Advil, Motrin or other anti-inflammatory medicines are to be taken. All of these may cause bleeding.

(OVER)
TO BE EXPECTED:

1. Earache in one or both ears is not significant unless associated with discharge or high fever (101 or greater. This is true with T & A patients in general whether or not tubes were placed in the ears.