

# POST OPERATIVE CARE TONSILLECTOMY



## Prior to Surgery

Prepare for at least two weeks out of work or school for recovery.

Stock up on essentials such as: Jell-O, Gatorade, soups, popsicles, ice cream, noodles, juices, mashed potatoes, macaroni and cheese, and in general any favorite soft foods.

Please **DO NOT** take aspirin or any aspirin containing medicines ten days prior to surgery.

*\*\*\* Please consult with your physician prior to discontinuing any blood thinners. \*\*\**

*Please ensure travel arrangements are made for your ride home after your surgery.*

## After Surgery

**Days 1-7** Ensure to drink plenty of liquids; it is very important to not sleep through the night without pain medications. Set an alarm every three hours to drink either cold or room temperature liquids. This is important as consuming plenty of liquids will help to avoid dehydration and aid in pain management.

- *Do not use straws for beverages as it will increase pain.*
- *Soft bland diet. Stay away from any sharp, jagged, spicy, or acidic food while recovering (at least two weeks).*

**Days 4-7** Your pain will likely be the worst.

**Days 7-10** There is a 10%-15% chance that a developed scab will come off causing bleeding. (See below)

**Day 8** you will begin weaning off of oxycodone

### **\*\*\*IMPORTANT: Report the following immediately\*\*\***

- ◆ Bright red bleeding from the nose or throat. On days 7-10 there is a 10%-15% chance that a developed scab will come off. A warm metallic taste in your mouth, or you spitting up blood are signs of a postoperative bleed.
- ◆ The bleeding can, at times, be stopped by the following: gargle with ice water every 5 minutes, spitting in a bowl/bucket for over an hour.
- ◆ Signs the bleed has stopped is if you are coughing/spitting up clear colored products.
- ◆ If you are unable to adequately control your bleeding, ***please be seen by your surgeon immediately.***

During business hours (Monday-Friday, 8am-4pm); urgently call Mel Hodge at 828-263-5684

During the weekend or at night: please report to the **Watauga Emergency Room**

- ◆ Adverse reactions to any medications.
- ◆ Nausea or vomiting that is not relieved by taking nausea medication.
- ◆ Temperature greater than 102°F that persists for more than 24 hours and unrelieved by Tylenol or Motrin (fever reducers).
- ◆ Severe neck pain or inability to turn the head.

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## ***Pain Management***

**Pain management schedule: (unless directed otherwise by your physician)**

Pain medication will begin the day of your surgery once you are discharged home from the hospital (day 0), as well as your steroid dose pack (helping with pain/swelling) and nausea medication. Day 1 will begin the day after surgery. *Keep in mind that days 4-7 will likely be the worst.*

Pain medication should be taken every three hours days 0-7. Oxycodone (1-3 5mg tablets) should be alternated with Tylenol (2 650mg tablets) and Ibuprofen (3 tablets to equal 600mg) each day. **For example:**

At 2:00pm take Oxycodone + Tylenol

At 5:00pm take Oxycodone + Ibuprofen and so on.

As previously stated, on days 4-7 pain may be the worst and it may be necessary to increase oxycodone up to three tablets every three **every three hours. On day 8 you will begin weaning off of oxycodone.**

### **Additional tips/notes\*\*\***

Applesauce, cool whip, or pudding may be useful if swallowing pain medication becomes too difficult or painful. Simply crush the pills and mix with your preferred choice.

Side effects of oxycodone:

Itching (very common) - For this, take Benadryl every 4-6 hours, as needed to relieve itching.

Nausea - Zofran/ondansetron will be prescribed for this and can be taken every 4-6 hours.

Constipation (common) - it is recommended to purchase over the counter MiraLAX and begin taking after surgery. One should note that stool softeners are not generally effective for this side effect.

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Contact our office for assistance

828-263-5684

Or After hours

1-800-893-6743