HELENA EAR, NOSE & THROAT CLINIC
3116 Saddle Drive, Suite 4, Helena, MT 59601 | HelenaENT.com | Phone: (406) 204-2409 | Fax: (406) 422-5611

Dr. Pargot
Dr. Sanders

Ph: (406)204-2409
Fax: (406) 422-5611

TONSILLECTOMY, ADENOIDECTOMY and UVULOPALATOPHARYNGOPLASTY are performed under general anesthesia in the operating room usually on an outpatient surgery basis. Nothing should be taken by mouth (including water) the night before surgery after midnight. After surgery, time is spent in the recovery room (usually 45 minutes to 1 hour) followed by several hours in the outpatient surgery area. Family members are allowed in the waiting area but not in the recovery room. It is not uncommon to remain overnight for observation if there is a history of significant sleep apnea.

Adenoidectomy is frequently performed alone but is often performed with a tonsillectomy. The risks of adenoidectomy alone are the same as for the tonsillectomy with adenoidectomy, although to a much lesser degree.

ADENOIDECTOMY alone is primarily done for two reasons:

1. Hearing loss and ear infections are caused by accumulation of fluid in the middle ear. The Eustachian tube connects the back of the nose with the middle ear space and drains and ventilates the middle ear. Adenoids are lymph tissue in the back of the nose. Large adenoids or chronically infected adenoids create a source of recurring ear infections. Tympanostomy is frequently performed with this surgery and the sheet on tympanostomy tubes should also be read (will be provided separately).
2. Nasal airway obstruction can also be caused by enlarged adenoids. Removing the adenoids relieves the obstruction.

Uvulopalatopharyngoplasty (UPPP) is a procedure that removes excess tissue in the throat to make the airway wider. This sometimes can allow air to move through the throat more easily when you breathe, reducing the severity of obstructive sleep apnea (OSA). The tissues that are removed may include:

- The soft finger-shaped tissue that hangs down from the back of the roof of the mouth into the throat (uvula).
- Part of the roof of the mouth
- Excess throat tissue, tonsils, and adenoids

HELENA EAR, NOSE & THROAT CLINIC
3116 Saddle Drive, Suite 4, Helena, MT 59601 | HelenaENT.com | Phone: (406) 204-2409 | Fax: (406) 422-5611

Before Surgery:

- All forms of aspirin (e.g. Bufferin, Anacin, Excedrin, Alkaseltzer, etc.) should be avoided for 2 weeks. All non-steroidal anti-inflammatory medications (NSAIDs) such as ibuprofen, Motrin, Advil must be stopped at least 1 week prior to surgery. These medications thin the blood and may cause significant postoperative bleeding.
- Tylenol (acetaminophen) can be used.
- Nothing to eat or drink, including water, the night before surgery.
- The Hospital or Ambulatory Surgery Center will contact you about any prescription medication you might be taking. They will also inform you of what time they would like you to arrive for your surgery.

Typically after a tonsillectomy, one has severe sore throat, ear pain (this is referred pain from the throat), coughing, an increase in salivation, a low grade fever, and even some neck stiffness for several days after surgery. A yellow-white membrane will form in the throat where the tonsils were removed, which will create mild malodorous breath.

POSTOPERATIVE INSTRUCTIONS

The following are guidelines for home postoperative care. If there are questions or concerns, about such symptoms as **bleeding**, diarrhea, persistent fever (over 101˚F), persistent vomiting, or persistent cough –call the office or the physician on call.

DIET: soft, mushy foods are best. Good choices include milk products, carnation instant breakfast, ice cream, Jell-O, cooked fruit, warm soup, cream of wheat, and mashed potatoes, etc. Avoid spicy, scratchy, hard, or irritating foods until seen by the physician in the office. No hot liquids, acidic citrus juices, pretzels, potato chips, Doritos, or anything else that may be sharp and scrape the healing surgical site should be eaten. Once the stomach has settled, it is very important to begin eating and drinking. This will improve your energy level, prevent dehydration and quicken the healing process. For ADENOIDECTOMY ALONE, you may begin eating and drinking a normal diet after the surgery.

PAIN RELIEF:

Patients 13 Years and Older:

- Will be prescribed **narcotic pain medication** for post-operative pain management.
- If the patient reports inadequate pain control with narcotics, **ibuprofen** can be added to their regimen as needed.

HELENA EAR, NOSE & THROAT CLINIC
3116 Saddle Drive, Suite 4, Helena, MT 59601 | HelenaENT.com | Phone: (406) 204-2409 | Fax: (406) 422-5611

Patients 12 Years and Younger:

- Pain management will consist of alternating **acetaminophen** and **ibuprofen**:
  - **Acetaminophen:** 15 mg/kg every 4 hours.
  - **Ibuprofen:** 10 mg/kg every 6 hours.

Methylprednisolone:

- All patients will begin taking **methylprednisolone** on **post-operative days 5, 6, and 7** to aid in reducing inflammation and pain.

Additional Pain Management Options:

Cool compresses, ice collar to the neck or sucking on ice water/chips will also help. This will help reduce inflammation and pain while scabs are sloughing off. If you do not feel pain is adequately controlled, please contact the office to speak with a nurse or provider on call.

BLEEDING: Watch for bleeding particularly within the first 24 hours following surgery and again 5-10 days after surgery. This is due to tissue sloughing during the healing process. One will see bright red blood from the mouth and/or nose or after vomiting, with paleness and often cool, clammy skin. If this occurs, remain calm –bleeding is usually minor. However, if it does not stop promptly, gargle with ice water for 10-15 minutes, and then call the office or report to the Emergency Room.

ACTIVITY: Avoid strenuous activity for two weeks following surgery. Do not leave town or take trips until seen in the office following surgery. Specific activities to avoid are: sneezing, coughing, clearing the throat, and vigorous nose blowing. Avoid contact with people who have an infection or cold. If there are any questions or concerns please call the office at the number listed above.

ANTIBIOTICS: A prescription for antibiotics may be given after surgery and depends upon particular circumstances.

HELENA EAR, NOSE & THROAT CLINIC
3116 Saddle Drive, Suite 4, Helena, MT 59601 | HelenaENT.com | Phone: (406) 204-2409 | Fax: (406) 422-5611

RISKS/COMPLICATIONS OF SURGERY: TONSILLECTOMY AND ADENOIDECTOMY

The following are possible complications and risks associated with this procedure. As with any operative procedure, there is a possibility of unforeseen complications and general anesthesia risks in addition to those listed.

- Postoperative Bleeding: There is a small risk of bleeding usually within the first 24 hours and also 5-10 days after surgery as the tissue heals and the scab sloughs off.

- Infection: Occasionally the raw tonsil bed may become infected after surgery resulting in delayed healing. This would require antibiotics.

- Hypernasality: This is only for those patients undergoing an adenoidectomy. Normally the soft palate closes the nasal cavity from the mouth during swallowing. After the adenoids are removed from the back of the nose, the palate must "relearn" to close the nasal cavity again. This is temporary and usually lasts several weeks. Until then, one may have liquid reflux through the nose while drinking. Only in extremely rare cases is this permanent or requires physical therapy.

- Loss of Taste: Loss of taste postoperatively is usually temporary, but rarely can be permanent.

If you have read this completely and agree to proceed with surgery, please place your signature below.

Patient or Legal Guardian_____

Date_____

HELENA EAR, NOSE & THROAT CLINIC
3116 Saddle Drive, Suite 4, Helena, MT 59601 | HelenaENT.com | Phone: (406) 204-2409 | Fax: (406) 422-5611

RISKS/COMPLICATIONS OF SURGERY: TONSILLECTOMY AND ADENOIDECTOMY

The following are possible complications and risks associated with this procedure. As with any operative procedure, there is a possibility of unforeseen complications and general anesthesia risks in addition to those listed.

- Postoperative Bleeding: There is a small risk of bleeding usually within the first 24 hours and also 5-10 days after surgery as the tissue heals and the scab sloughs off.

- Infection: Occasionally the raw tonsil bed may become infected after surgery resulting in delayed healing. This would require antibiotics.

- Hypernasality: This is only for those patients undergoing an adenoidectomy. Normally the soft palate closes the nasal cavity from the mouth during swallowing. After the adenoids are removed from the back of the nose, the palate must "relearn" to close the nasal cavity again. This is temporary and usually lasts several weeks. Until then, one may have liquid reflux through the nose while drinking. Only in extremely rare cases is this permanent or requires physical therapy.

- Loss of Taste: Loss of taste postoperatively is usually temporary, but rarely can be permanent.

If you have read this completely and agree to proceed with surgery, please place your signature below.

Patient or Legal Guardian_____

Date_____