

POSTOPERATIVE ADENOTONSILLECTOMY INSTRUCTIONS

1. You may expect to have a relatively constant sore throat for a week to ten days.
2. You will be given an antibiotic and a narcotic pain reliever (Lortab elixir or Tylenol with Codeine). Please take the antibiotic until the prescription is finished. The pain medicine works best if taken by the clock. You may not want to wait until you are in a lot of pain to take the medicine. It is a good idea to awaken at least once during the night to take the medicine.
3. Chloraseptic spray and/or Cepacol lozenges (available over the counter) may help some patients.
4. The same nerves that go to your tonsils go to your ears. For this reason you may have significant ear pain. This is called “referred pain”, and is often worse on days 3-5 postoperatively. This is best treated with pain medicine.
5. Use Ibuprofen, Aleve® or Motrin® as directed by us.
6. If you have any trouble from the medication (such as a rash), stop all medication and call us immediately.
7. The pain medicine combined with a liquid diet may slow the bowels. If you experience nausea or constipation after eating (often on day 3-4) try some Milk of Magnesia®.
8. Soft cold foods are the easiest to eat. Popsicles, ice cream, and Jello® are a good start. Mashed potatoes, creamed corn, grits, etc. may be eaten, but not if they are too hot. Please avoid chips, pizza, and anything that could scratch the raw surface of your throat causing pain and possibly bleeding.
9. A white scab will form on the back of your throat. When it releases (about 7 days) you may have some bleeding (a tablespoon or so). Gargle with ice water if this occurs. If the bleeding becomes profuse call us immediately.
10. You may notice some bad breath during the week after surgery. This is not harmful, it will go away on by itself, and there is no good treatment for it.
11. Fever is common after adenotonsillectomy. If you develop a fever greater than 101.5° F, call us.
12. Please don't travel far from the Harrisonburg area for 2 weeks after your surgery.
13. If bleeding occurs, apply an ice collar to the neck. Older children and adults may gently gargle ice water. It is better if the bleeding comes out of the mouth, rather than swallowed. If the bleeding is profuse, or doesn't stop after 10 minutes, proceed immediately to the nearest hospital emergency room and contact us.
14. It is extremely important to limit activity for the first **two weeks** after surgery. During this period, absolutely no running, biking, swimming, weight lifting or participation in physical education classes. Many patients feel fine after 1 week, but it is very important to adhere to this policy. Do not return to work or to school until one week after surgery.

IF YOU NEED ASSISTANCE PLEASE CALL (540) 434-2255

Postoperative Instructions for Endoscopic Sinus Surgery / Septoplasty / Turbinate Reduction

FOR THE FIRST WEEK AFTER YOUR SURGERY:

- Do not blow your nose. Sniffing gently is acceptable
- Do not bend over from your waist.
- Do not lift any object heavier than ten pounds.
- Do not engage in any strenuous activity.
- Do not drive for the first two days, or if taking pain medication.
- Do not attempt to remove any crust from the nose other than with irrigation.
- If you sneeze, do so with your mouth open.
- You may wish to elevate your head on one to two pillows.
- You may need to change a nasal drip pad several times during the first few days. Do not be alarmed if the pad is tinged with blood
- Beginning the day after surgery, irrigate you nose four times per day with the saline irrigation kit provided. Increase water concentration if burning occurs.
- For the first three days only, you may place 2 squirts of Afrin into each nostril morning and night to help with breathing.
- If so directed, take the steroid dose pack (Medrol) as directed on the label.

Remember to take your medication as prescribed.

Remember to keep your postoperative appointments to the office.

FOR THE SECOND WEEK AFTER YOUR SURGERY:

- You may increase your level of activity but no strenuous events.
- You may lift up to twenty-five pounds.
- Blow your nose only if so instructed by you physician.

AT ANY TIME AFTER YOUR SURGERY:

- Do not drive or operate any hazardous equipment within six hours of taking prescription pain reliever.
- If any bleeding should occur, apply 3 to 4 squirts of Afrin into the side that is bleeding. Sit in an upright position and squeeze the soft part of your nose for ten minutes. If the bleeding persists for longer than ten minutes, please notify us by calling the office (434-2255).
- Smoking will delay healing. Please quit during the healing phase after surgery. If you must smoke, you should use the irrigation kit more frequently.
- Using a humidifier in the bedroom during the healing phase will be of benefit.
- If you experience any double vision, loss of vision, fever >102, or a stiff neck, contact us immediately by calling the office (434-2255).

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Postoperative Ear Tube Instructions

- Your child may return to normal activity, but please avoid vigorous play (wrestling, tackle football) for 1 week.
- If drops are prescribed, use them for the recommended duration. The drops may say they are for use in the eyes. These are also used as eardrops.
- If the drops cause severe pain, stop using the drops and contact us.
- After surgery, your child may have ear drainage for 3-4 days. This may even be blood tinged. Do not be alarmed, as this is normal. If after five to seven days the drainage persists, becomes very thick, or has a foul odor, please call our office.
- If in the future the ears begin to drain for more than a few days, begin using the prescribed eardrops twice daily for 1 week. If your child becomes very ill, or if the drainage persists longer than 1 week, contact our office.
- You may use a Q-tip to remove any visible drainage from the ear canal prior to using the drops.
- **Remember your return visit.** If you have any other questions or problems please call us at the office at 434-2255.

Ear Infections After Tubes

- Although uncommon, children can still get an ear infection (otitis media) with a functioning tube; Discharge from the ear canal is the most common symptom.
- Ear infections without discharge may also occur but usually resolve without treatment. Antibiotics are unnecessary unless your child is very ill or develops ear discharge. Ear discharge may be clear, cloudy, or foul smelling. Bloody discharge may occur if the middle ear is inflamed, but it is not a cause for alarm or excessive concern.
- If you notice a discharge from your child's ear:
 1. Clean the ear and outer canal as needed to keep the ear clean. A cotton ball may be used intermittently, but avoid using for prolonged periods of time.
 2. Prevent water entry into the ear canal during bathing or hair washing by using a small piece of cotton saturated with vasiline to cover the opening.
 3. Do not allow your child to swim until the discharge stops.
- When ear discharge persists more than a few days, begin using prescribed eardrops twice daily in the affected ear for 1 week. If you do not have drops, call the office (434-2255). Oral antibiotics are not as effective as applying drops directly.
- Contact our office if the discharge persists longer than 7 days or tends to recur frequently.
- Ear discharge will not damage your child's ears or hearing.

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Wound Care with Steristrips Instructions

1. After your procedure, engage in NO activity that may increase your risk of bleeding for 24 hours (bending over, picking up heavy objects, exercising, etc.). Call the office if you experience a sudden increase in swelling with associated bleeding (540-434-2255).
2. Please do not change the dressing. It may turn red. This is normal.
3. If you have a Tegederm dressing applied to your wound (a clear dressing over the Steristrips), it is extremely common to develop fluid under the bandage. As long as the fluid does not leak, this is normal. You may shower at any time after surgery. If you have only Steristrips, please keep the wound dry for 48 hours.
4. If you had a skin graft and have a Bolster dressing sewn into place, please keep the Bolster intact. You may apply Vaseline to the Bolster 2-3 times per day to keep it moist. Do not attempt to clean or remove any crusts from around the Bolster.
5. Do not apply creams or lotions to the wound.
6. Please take all prescribed medications as directed.
7. You may use 1-2 tablets of Extra Strength Tylenol every 6 hours or Ibuprofen 600-800 mg every 6 hours as needed for pain, unless otherwise directed.
8. Please keep your follow up appointment as previously scheduled. If you are unsure of your appointment time, ask the nursing staff or call the office during business hours.
9. When you return, your stitches will be removed. Steristrips are then reapplied over the incision. Leave the Steristrips in place for one week, and then remove them. If they fall off sooner, it is not a problem; they do not need to be replaced.
10. Keep the incision away from sun exposure, or use SPF 15 or higher sun block applied every two hours for the first 6 months while in the sun.
11. Scars go through a well-regulated maturation phase. At one week, when the stitches come out, the scar will barely be visible. Over the ensuing 6-8 weeks the scar will turn red as new blood vessels and collagen form. In some cases, the scar will need to be smoothed with a wire brush (dermabrasion) at 7 weeks. After the red stage the scar will fade to purple, then brown, and eventually white. Final scar maturation may take 1-2 years.
12. If incisions have been made in a circumferential manner, swelling may appear. This is because the tissue fluid channels (called lymphatics) have been interrupted and need to reform. It may take up to one year for the channels to reform and the swelling to subside. Massage is sometimes helpful during this time.
13. Please call the office if during the first week of surgery you experience:
 - a. Pain persists longer than a few days and is intensifying.
 - b. There is unusual or increased redness and swelling around the incision.
 - c. Yellow or green drainage is noted from the incision site
 - d. Fever develops greater than 101.5

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