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Diplomates American Board of Otolaryngology

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### TONSILLECTOMY +/- ADENOIDECTOMY

**Indications:** It has been recommended that you or your child's tonsils and possibly adenoid be removed. This is usually considered when there are frequent infections despite antibiotic therapy, often resulting in excessive absence from work or school, or hypertrophy (enlargement) contributing to sleep related disorders such as obstructive sleep apnea and/or affecting oro-facial growth. Other indications include recurrent accumulations of food and debris in the tonsil often leading to chronic sore throats, bad breath, and bad taste in the mouth, chronic streptococcal carrier status, asymmetric enlargement of one tonsil, concern for a tumor, or acute or recurrent peri-tonsillar abscess.

**Material Risks:** Bleeding can occur up to 2 1/2 weeks after the operation and can rarely but occasionally require control in the office or return to the operating room. In extremely rare occasions severe bleeding could necessitate blood transfusion. Significant throat pain that can last up to 2 weeks. Voice change/regurgitation of food liquid through the nose related to inadequate closure of the palate can occur in rare cases and is almost always a temporary issue. Dehydration secondary poor liquid intake is common in younger patients. Other less common risks include oral airway swelling, airway compromise, unusual scarring, continued throat discomfort, prolonged difficulty swallowing, infection, and risks associated with general anesthesia.

Initially, some blood streaks in the saliva or nasal secretions is normal, but any more bleeding than this should be reported to the doctor. If calling after hours you will be instructed how to reach the doctor on call. In the event of bleeding, head should be kept elevated and ice or ice chips should be sucked on to control bleeding. If the doctor does not respond in a timely manner to your call, and/or if bleeding persists, or if you feel it is appropriate, please proceed to the emergency room. Stay calm; this is usually more frightening than it is dangerous.

**What to expect:** After surgery it will be difficult to swallow secondary to throat pain which may vary from day to day but tends to be worst around postoperative days 2-6 for most patients. Most patients are significantly better by post-operative days 10-14. Voice may initially sound soft and/or high pitched, but should gradually improve over time. Referred pain to the ears is very common and at times may be worse than the throat pain. The whitish film in the back of throat where the tonsils were is removed is part of the normal healing process, is not an infection and will last for up to 3 weeks. Bad breath is common. If it is felt that the swelling in the throat or mouth is making it difficult to breathe, please call the doctor immediately and go to the nearest emergency room. Aspirin or aspirin-containing medications, as well as any herbal supplements NOT explicitly approved by your doctor (including but not limited to: fish oil, echinacea, ginseng, ginkgo biloba) for 10 days before and 14 days after surgery to minimize the risk of bleeding. **Acetaminophen without or with hydrocodone or codeine (if prescribed) and a limited amount of ibuprofen are all permitted, please see the following page for explicit instructions.**

Postoperative diet should consist of plenty of liquids, and non-salty, non-spicy, non-crunchy, and non-citrus foods (These will burn less, and will have less of a chance of causing bleeding). Water, milk, sports drinks/pedialyte, ice cream, ice-pops, jello, pudding, with eventual progression to room temperature soft scrambled eggs, mashed potatoes, soft noodles is often a successful approach. Staying very well hydrated is absolutely crucial to a timely recovery. Do not use straws to drink thick liquids such as milkshakes or smoothies/slushies. Straws are perfectly fine to use for thin liquids such as water or juice.

Vigorous activity should be avoided for 2 weeks after surgery. Most patients take one and a half to two weeks off from work or school, but some can return sooner as long as this does not require vigorous or strenuous activity.

**Attestation:** I have read the above and I had the opportunity to discuss and ask my doctor and /or office staff any questions and I fully understand my alternatives and the benefits and risks of this procedure.

\_\_\_\_\_  
Patient Signature (or Authorized Signature)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date