

ASSOCIATES IN EAR, NOSE, THROAT  
AND FACIAL PLASTIC SURGERY

Instructions For Your Child Before And After A Tonsillectomy And/Or Adenoidectomy

I. PREPARATION

It has been determined that your child should have his or her tonsils, adenoids, or both removed. This will be a new experience. Undoubtedly, some apprehensions may develop concerning this, and to allay this you should casually and gradually prepare your child for the forth- coming operation.

II. PRIOR TO HOSPITALIZATION

1. Maintain your child's normal diet.
2. Continue any vitamins or any other medications that your child has normally been on. However, **NO ASPIRIN** is to be given for at least seven days prior to the operation.
3. Any evidence of a childhood disease (measles, chicken pox, etc.) or any evidence of a cough, cold, fever, or runny nose will mean that the operation should be postponed. We prefer that the child be done when he is as healthy as possible. In addition, the Anesthesiologist will not place your child asleep with any of these symptoms. It is noteworthy that our Anesthesiologists have all trained in pediatric anesthesia at children's hospitals. You can rest assured that they will receive the same excellent anesthesia at our Institutions. Your child's operation will be performed by your attending surgeon, and not by a resident doctor in training.
4. Each hospital has different requirements in reference to what time your child must be in the hospital. Our surgical coordinator will advise you when you call the day before surgery when to report to the hospital. Depending on the scheduled time of surgery your child (under age 12) may be able to have clear liquid that you can see through (apple juice, water) up to four hours before anesthesia. Please check with our surgical coordinator. **REMEMBER, NO SOLIDS, FOODS, OR MILK ARE ALLOWED AFTER MIDNIGHT BEFORE SURGERY. OTHERWISE, SURGERY WILL BE POSTPONED.**
5. Instructions will be given to you concerning the admitting procedures of the hospital you will enter.
6. Please bring any hospitalization papers with the patient at the time you see the doctor.

III. HOSPITALIZATION AND SURGERY

1. Remember to follow the rules concerning no solids or milk after 12 midnight before surgery. If surgery is scheduled late in the morning, or in the afternoon, you will likely be allowed to offer your child clear liquids (apple juice or water) up to four hours before surgery. Again, please verify these instructions with our surgical coordinator for your child's particular

situation.

2. Post-operatively:
  - a. Vomiting is expected in a certain percentage of patients.
  - b. Sleepiness is to be expected.
  - c. Liquids are to be encouraged. Supper will consist of milk, ice cream and liquids
3. Many insurance companies and state regulations are requiring that tonsillectomy and adenoidectomy be done as an outpatient. If you fit into this requirement, other important points must be made. It will be your responsibility to make sure that the patient drinks liquids. Dehydration is one of the worse things that can happen. In addition, many of the patients will fight you and refuse to take liquids, and you must force them to do so. Their symptoms will decrease tremendously if they are able to maintain hydration. Vomiting can be expected at home and suppositories may be ordered. Occasional dripping of some blood and oozing can be expected. However, brisk, heavy, severe, bleeding is not usual. If this occurs follow section 6 "When to call our office."

#### IV. AFTERCARE

1. Diet:
  - a. Avoid all citrus juices. If your child desires cookies or crackers, please dunk them in milk to make them soft.
  - b. It is essential that you encourage any type of liquids.
  - c. Popsicle's are especially good the first day or two after surgery.
  - d. We also recommend mild, ice cream, strained cereals, and Jell-O, ginger ale, puddings, and broth initially, if the child rejects a normal diet.
  - e. Further foods such as cooked cereals and eggs will also help.
  - f. Chewing gum (**Not "Aspergum"**) is helpful to make the mouth feel better.
  - g. Once your child feels like eating a normal diet he may eat whatever he feels like. Some children will eat a normal diet in a couple of days, while others can take over a week.
2. Activity:
  - a. The patient should be restrained from any overexertion.
  - b. He or she need not be confined to bed.
  - c. The child may go for a walk, ride to the store, or do any light activity that you do. One is always happier if the child is entertained.
  - d. Medicines – any medicines given by us the child should take. Usually we recommend Tylenol, which may be obtained over the counter. **DO NOT TAKE ASPIRIN OR PRODUCTS THAT CONTAIN ASPIRIN, BECAUSE IT HAS A TENDENCY TO CAUSE BLEEDING.**
3. You should already have been given a post-operative appointment, when your surgery was scheduled. If not, then we would like to see the child 7-10 days from the date of surgery, after which your child will generally be able to return to school.

#### V. GENERAL INFORMATION

1. Gargles are not to be attempted unless recommended.
2. Coughing, hawking, and clearing of throat are to be avoided. Heavy mucous secretions are normal and expected in the throat. Do not be concerned.
3. A white or yellow coating will form on the back of the throat—this is normal.
4. Drinking adequate fluids, adequate intake of food, and chewing gum relieves objectionable mouth odor, commonly observed for several days.
5. “Sour Stomach” may be helped by a little Milk of Magnesia. This may also help the transitory constipation about the third or fourth day.
6. An Ice Collar or cold compress to the neck is soothing and may be used occasionally, if desired.
7. It is normal to have both comfortable and uncomfortable days in the first 10 days following the surgery. The complaints will be mainly **pain in the throat and/or the ears**, especially at night. This occurs because the throat dries out in the evening. When the child swallows it will cause transient (“shooting pain”) to the ear. A pain pill or Tylenol may help this.
8. Temperatures of low-grade, or even higher to 102 or 103 are expected and are helped tremendously by drinking adequate fluids.
9. Congestion and heavy mucous is expected and can cause coughing. Nothing is usually done for this and it will disappear as the child heals.
10. Severe earaches may occur. This is due to referred throat pain. The ears are not infected. Tylenol or the pain medication given may be taken for this.
11. Myringotomies may have also been performed. Follow the instruction sheets given to you for this.
12. School is resumed when the child is well, eating, or checked by us.

## VI. WHEN TO CALL OUR OFFICE

1. If severe bleeding from the throat or nose should occur, please **call us immediately**. After a tonsillectomy a scab forms in the throat, and if this should inadvertently come off a day or two before it is supposed to, it may ooze a little. If this occurs, **call us first**, so we may meet you in the Emergency Room when you arrive and save some important time. If you can’t reach us then go to the Emergency Room and they will reach us while they treat your child.
2. After the child is checked in the office, all normal activities may be resumed, except for swimming. (Wait until the 12<sup>th</sup>-20<sup>th</sup> day).
3. If you have any questions, or are concerned about anything, please call our office.

**I have read and understand the above information. I have been given the opportunity to ask any question regarding this surgery.**

Signature: \_\_\_\_\_ Witness: \_\_\_\_\_

Date: \_\_\_\_\_ Date: \_\_\_\_\_

**ASSOCIATES IN EAR, NOSE, THROAT  
AND FACIAL PLASTIC SURGERY**

**Instructions For Patients After Stapedectomy**

1. Do not blow your nose for two weeks.
2. If sneezing occurs during the first week following surgery, please sneeze with the mouth open. If you hold your hand or handkerchief tightly over your mouth while sneezing, a sudden increase in pressure may occur in your ears.
3. If you feel dizzy, someone should help you to and from the lavatory the first few days after surgery.
4. The packing, if any, in the ear will be removed the second week after surgery.
5. Antibiotic capsules may be sent home with you. All the medication should be taken. If there is any question, please call our office.
6. Keep water out of ears for two weeks. A towel should be held over the ear when the hair is washed during this period. Do not use a mechanical hair dryer.
7. Obtain an appointment for hearing test with our office for approximately one-month after surgery unless other arrangements are made. Additional tests will be necessarily in twelve months and at yearly intervals thereafter.
8. Momentary dizziness from time to time during the first two weeks following surgery is not usual. However, if after you are at home, you have dizziness which is persistent (not momentary), please notify us.
9. If dizziness is present, you should avoid driving your car under all circumstances. You should not drive a car on expressways with heavy traffic for three (3) weeks, even though there is no sign of dizziness.
10. Hearing may become worse the day after surgery and may not improve for three to four weeks, even though there is no sign of dizziness.
11. SCUBA diving should be avoided.
12. Water skiing is permitted after one month if a protective cap is worn over the ear.
13. Flying in a pressurized commercial airplane is permitted after the first month. Flying in other types of airplanes should be avoided for the first 60 days.
14. If your work requires you to be in a noisy environment, such as a foundry, an ear defender should be worn in the operated ear while at work. You should **NOT** fire a gun unless **the ear** defender **is in place**. Extremely loud noises may damage your ear unless an ear defender is worn when there is noise present. These precautions should be taken at all times in the future.
15. Please do not blow your nose until your doctor has indicated that your ear has healed. Any accumulated secretions in the nose may be drawn back into the throat and expectorated if desired. This is particularly important if you develop a cold. If you do get a cold, oral and/or nasal

decongestant may be used.

16. Do not “pop” your ears by holding your nose and blowing air through the Eustachian tube into the ear.
17. Do not allow entering the ear until advised by the doctor that the ear has healed. Until such a time, when showering or washing the hair, lambs wool or cotton may be places in the outer ear opening and covered with Vaseline.
18. Do not take any unnecessary chance of catching cold. Avoid undue exposure or fatigue. Should you catch cold, treat it in your usual way, reporting to us if you should develop ear symptoms.
19. Do not have dental work requiring drilling of the teeth until three weeks after surgery.
20. You may anticipate a certain amount of pulsation, popping, clicking, and other sounds in the ear and also feeling of fullness. Occasional sharp shooting pains are not unusual. At times, it may feel as if there is liquid in the ear.
21. A discharge may be present. Cotton may be used, next to the outer ear opening to absorb any ear drainage. A slight watery discharge, offer blood tinged, is not unusual for a period of a week after surgery. Should this discharge continue longer, or should a yellow (infected) discharge develop at any time, please call our office.
22. Occasional, shooting pain in the ear is not unusual. You should not have continual ear pain, after a few days; if you do, please call my office and arrange to see me.
23. After the packing is removed, you may notice that your hearing will have a “hollow” or “tinny” quality. These will disappear within a few weeks.
24. You may be advised to use eardrops in your ears anywhere from seven to three days prior to your post-operative appointment.
25. Occasionally, after surgery, patients will notice a funny metallic taste in their mouths. This too will gradually subside.

**I have read and understand the above information. I have been given the opportunity to ask any questions regarding this surgery.**

Signature \_\_\_\_\_ Witness: \_\_\_\_\_

Date \_\_\_\_\_ Date: \_\_\_\_\_