

TONSILLECTOMY AND/OR ADENOIDECTOMY

2 WEEKS BEFORE SURGERY

- Do **not** take aspirin or aspirin containing products for 2 weeks prior to the surgery and for 2 weeks following the surgery. Aspirin will increase the risk of post-operative bleeding.

NIGHT BEFORE SURGERY

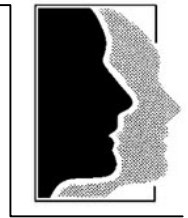
- Do **not** have anything to eat or drink starting 8 hours before surgery.

THE DAY OF SURGERY

- Following the surgery you will stay in the recovery room until you are fully awake. After a few hours you will be discharged to go home.
- Wear an ice pack collar for the first 24 hours after surgery.
- You may be nauseated after general anesthesia. This usually clears after a few hours. If the nausea persists or if you vomit repeatedly, Dr. Lieberman should be contacted.

DIET

- Drinking fluids is very important. They can be cold or lukewarm, but **not** hot. The more you drink the faster you will heal. Do **not** eat or drink any milk products (e.g. milk, ice cream, milkshakes, yogurt) for the first post-operative week, as these will thicken your mucus, and ultimately make swallowing more difficult. Fruit juices are okay, but they may cause a burning sensation. Popsicles, gelatin, Italian ice, scrambled eggs, oatmeal, mashed potatoes, etc., are ideal.
- You should **not** eat anything “scratchy” for 2 weeks after surgery. Food like pretzels, potato chips, popcorn, crackers, toast, etc., may scratch the area where the surgery was performed and cause bleeding.
- After the first 24 hours following the surgery you can progress slowly, and as tolerated, to a soft, lukewarm diet.



ACTIVITY

- Strenuous activity should be avoided for the first 2 weeks after surgery.
- Dr. Lieberman will see you 1 week after surgery, and at that point he will evaluate the time frame for going back to work or school.

WHAT TO EXPECT AND WATCH FOR

- You will have a sore throat following surgery, and it may be severe. You will be given pain medication which needs to be taken as prescribed. Do **not** wait until you are in severe pain, as the pain medication will be less effective and will take longer to “kick in”.
- You may run a low-grade fever. This is not unusual. Call Dr. Lieberman if your temperature goes above 100.4.
- If you begin to bleed, you need to call Dr. Lieberman immediately. Anything other than blood-tinged mucus can be serious.
- Monitor your urine output, as this is a very sensitive indicator of dehydration. If you do not need to urinate at least 3 to 4 times a day, you are already partially dehydrated and may need to go to the hospital for IV rehydration.

POSSIBLE COMPLICATIONS

- Hemorrhage (or bleeding) is one of the most serious complications from surgery of this type. At times, although rarely, the bleeding may even be severe enough to require admission to the hospital or require going back to the operating room to control it.
- There are risks inherent with any general anesthesia case. Discuss these with your anesthesiologist.

09/26/13