

## TONSILLECTOMY: POST-OPERATIVE CARE PLAN (Adolescents and Adults)

After tonsillectomy, it generally takes 10-14 days to fully recover and each patient will have a slightly different recovery experience. The following is a guide to help you through the recovery period.

**PAIN:** It is expected that pain will be felt in the throat, although it is not uncommon to experience ear, neck and jaw pain. It is important that pain is managed effectively so that you can maintain as normal a diet as possible, and avoid getting dehydrated.

Pain typically increases between days 5 and 7 after surgery. This is normal and expected, and is due to maximum healing. During this period pain relief may need to be increased, and it is common to require regular pain relief for up to 10 days after surgery.

A suggested analgesia regimen:

1. Regular paracetamol, 1 gm four times a day
2. Celecoxib (Celebrex) 200 mg twice a day – this is a non-steroidal anti-inflammatory drug (NSAID), which is more selective in its action than ibuprofen (eg. Nurofen, Advil), and does not seem to inhibit the function of platelets to help clot the blood, so is probably a safer option following tonsillectomy than ibuprofen. This medication needs to be prescribed.

Celecoxib is contraindicated if you have the following:

- Severe allergic reaction (rash, hives, trouble breathing, dizziness) to aspirin, an NSAID (eg, ibuprofen), or a sulfonamide (eg, sulfamethoxazole).
  - Significant cardiovascular disease
  - A history of stomach ulcers or gastrointestinal bleeding
  - Poor liver or kidney function
3. An opiate analgesic, such as oxycodone will usually be prescribed, and can be taken every four hours as needed, in addition to paracetamol and Celecoxib. Opiates can slow the gastrointestinal tract, so can cause constipation or nausea. It is best to take oxycodone with food.
  4. Difflam spray – this antiseptic spray has a topical anaesthetic effect and can be used around meal times.
  5. Chewing gum helps relieve muscle spasm and jaw ache, so can be useful between meals.

Please do not use aspirin after surgery at any point until risk of bleeding is minimal (2 weeks after surgery).

**ANTIBIOTICS:** These are not prescribed routinely, as infection is uncommon and there is no evidence they improve healing or reduce risk of bleeding, and may cause side effects. Occasionally they may be prescribed for some patients, due to other considerations, and your surgeon will advise you in this case.

**DIET:** It is important to ensure that your diet remains as normal as possible to minimise the risk of dehydration, infection and bleeding, and speed up the recovery process. Mild dehydration can increase the discomfort experienced after surgery, so keeping up fluid intake is important.

Avoid food that can irritate, such as spicy foods, chilli, acidic fruit and juices (such as orange and lemon). Softer foods such as mashed potatoes, pasta bakes, puddings or ice cream are also good choices during recovery.

Drink plenty of water.

It is best to take food after pain relief medication, to make eating easier, although opiate medications can cause nausea and this can be reduced by taking with food.

**RETURN TO NORMAL ACTIVITY:** Recovery time varies from 10 to 14 days for most patients. Most patients turn the corner after 7 to 8 days, and complete healing can take 4 weeks, so some discomfort in the ears when sneezing or yawning can last for this period.

It is best to avoid sport, heavy lifting and straining for 2 weeks. Light activities can be resumed when you are feeling better.

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**FEVER:** A low grade fever is common after the surgery and may reach 38°C periodically for several days. Increased temperature does not indicate infection, and is simply part of the healing response. Sustained fever over 38°C may be a sign of an infection. If high temperatures persist, especially with difficulty opening your mouth and worsening pain, medical attention should be sought.

**APPEARANCE OF THROAT AND FACE:** If you look at the tonsil bed, it has a grey, white or slightly yellow appearance. This is the normal appearance of a moist wound or scab in the throat. It occurs due to deposition of proteins which form a “biological dressing”. Eating some “roughage” helps debride this area and keep the “dressing” clean. Hence it is important to eat as normal a diet as possible.

Some puffiness around the lips, eyes or face is common in the first couple of days after surgery.

**NAUSEA AND VOMITING:** This is uncommon but may occur after anaesthesia. It is more common in younger women. Prolonged nausea and vomiting can lead to dehydration, poor pain control and increased discomfort following surgery. If this is a significant problem, you should contact your surgeon.

**CONSTIPATION:** Opiate analgesics can cause slowing of the gastrointestinal tract, and therefore constipation. Eating normally is important whilst taking opiate medication, but you may wish to supplement with Metamucil or laxatives from your pharmacy.

**BLEEDING:** The risk of bleeding is maximal between 6 and 10 days after surgery and can occur up to 2 weeks post operatively. This is because healing tissue called granulation tissue starts to form at this time, and contains lots of new blood vessels.

A small amount of bleeding (1 to 2 tablespoons) is common. Brisk bleeding or vomiting blood requires immediate medical attention. Call your surgeon immediately and make your way to the nearest Emergency Department.

**BAD BREATH AND ALTERED TASTE:** These may occur during the recovery process and gradually improve as the wound heals.

**FOLLOW UP APPOINTMENT:** A return visit to our office will generally be organized between two and four weeks after surgery.

**AT ANY TIME:**

1. Call our office if any of the following occur:
  - Brisk bleeding from the nose or mouth
  - Severe pain, unresponsive to the above analgesic plan
  - Persistent high fever
  - Inability to maintain adequate hydration
  
2. If you need to contact someone after hours, our mobile phone numbers can be found on our answering service, in the White Pages, and on the paperwork provided to you pre-operatively. In an emergency, please dial 000 for an ambulance to your nearest hospital.