

## Provident ENT

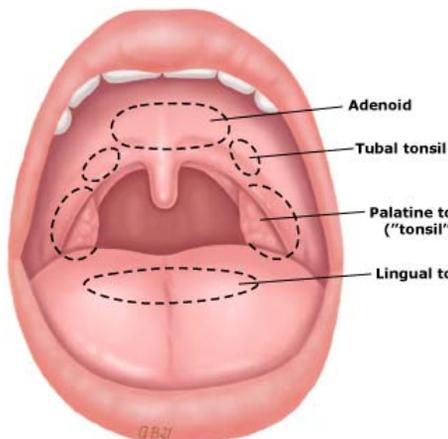
101 S Venture Drive  
Greenville SC 29615  
Phone: 864-284-9869  
Fax: 864-284-9882  
[www.providentent.com](http://www.providentent.com)



### Tonsillectomy and Adenoidectomy Surgery Checklist:

- Schedule surgery with our office. (864) 284-9869
- Have a pre-op phone assessment. Do not worry, there is nothing for you to do. The Surgery Center will call you.
- Get your exact time of surgery. This is determined by patient age **the day before your surgery**. Again, do not worry. The Surgery Center will call you in the evening and give you the time.
- Pick up your prescriptions. Medicines are FAXED to the pharmacy you have on record at our office the night before surgery.**
- Return for your 2 week post op check (pg 20)
- Have plenty of soft foods at home!

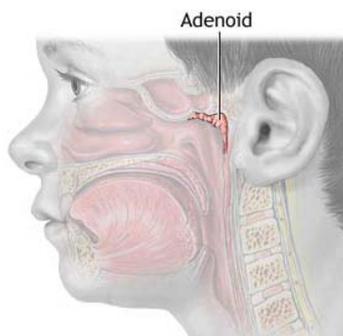
### What are the tonsils and adenoids?



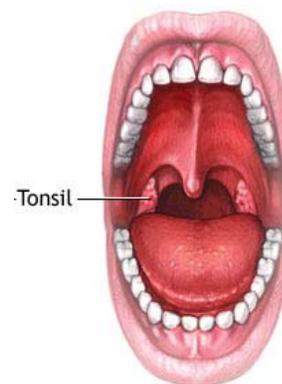
A ring of lymph (immune) tissue at the back of the throat, known as Waldeyer's Ring, includes the palatine tonsils, which we can see on exam, the adenoid, which hides where the back of the nose and top of the throat meet, lingual tonsils at the base of the tongue, and small clusters of lymph tissue down the esophagus.

When it was discovered that this tissue was part of the immune system it was thought that it should no longer be removed. More recent thinking is that the tissue becomes tolerant of bacteria and stops fighting infections as well as it should. By removing the tissue, the immune system is jump started to start responding to infections.

### What is a Tonsillectomy and Adenoidectomy



We are removing both tonsils and the adenoid. This is a common throat operation that can provide relief from breathing obstructions, throat infections, and in some cases ear disease. Approximately 1/2 million tonsillectomies are performed annually in the USA.



### Why are the Tonsils and Adenoids removed?

- \* Chronic infections
- \* Obstructive tonsils (interfering with sleeping or eating)
- \* Unilaterally enlarged tonsil

### How are the Tonsils and Adenoids removed?

Tonsils and adenoids are removed through the mouth. Methods of removal include electrocautery, coblation, or microdebrider removal. Bleeding is controlled by thermal sealing of the blood vessels, usually at the same time. In some cases of enlarged tonsils, they may be partially removed (intracapsular tonsillectomy) enough to improve breathing.

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### Complications

**Bleeding:** Occurs in 2-3% of patients. If it cannot be controlled by gargling cold water then we can stop the bleeding in the OR.

**Voice change:** Based on the anatomy in the back of your child's throat, sometimes voice changes occur after surgery as they adjust to having more room in the throat. This usually resolves as the muscles in the back of the throat heal and strengthen over the course of several weeks.

**Swallowing difficulty:** At first this will be due to pain. If it continues we may want to see you in the office and consider further testing.

**Failure to cure the problem:** Though rare, it is possible.

**Reaction to anesthesia:** Most likely nausea, vomiting and disorientation, but including even death.

**Chronic Globus Sensation:** Globus is the sensation that you have swallowed a pill that is stuck in your throat.

**Aspiration pneumonia:** This is a potential complication with any procedure under general anesthesia and could prolong recovery.

### Does a Tonsillectomy Hurt?

Yes, for one to two weeks after surgery the throat can be very sore. This is why we prescribe strong pain medicines.

Fortunately pain medicines usually work well, though side effects may need to be addressed (namely constipation). Expect pain to get worse for about 3 days, then stay the same for about 5 days, before slowly resolving. It is common for us to get calls with the concern that pain is out of the ordinary around day 8, with things turning the corner soon thereafter.

In addition to the sore throat, ear or neck pain may be present. Ear pain is quite common and is called "referred pain." The ears are not usually infected, but the nerves that transmit pain sensations in the throat also go to the ears, causing the pain to feel like it is in the ears. Neck pain may be from the position in the operating room, but it should be reported to the doctor's office if you or your child has any trouble turning the head.

### Recovery—Post Op

As a result of the very rapid anesthesia, your child may appear disoriented or very upset for a few minutes after surgery. This is normal. Usually, the child will not even remember this "excitement phase."

We have you stay at the hospital for about 3 hours after surgery to make sure pain and nausea are under control before you go home. The one on one nursing care is excellent during this time—do not be alarmed by the oxygen or heart monitors, that is done for every patient in recovery.

### Medicine

Medicine is FAXED to the pharmacy we have on record at the office the night prior to surgery. A Tetracaine lollipop is faxed to SHAW PHARMACY. Please make sure there is no confusion with these during regular office hours, so we can help clear it up promptly.

**Narcotic Pain Medicine** should be used while you need it. After several days if you are feeling better, try tapering the medicine by either using smaller doses or decreasing the frequency of dosing. You can supplement with Tylenol while you do this. **BEWARE, there is Tylenol in the pain medicine.** Please pay attention to how much Tylenol is being taken.

**Promethazine** for nausea or vomiting is prescribed as a suppository because if you are vomiting you are not able to swallow medicine. You can substitute with liquid medicine instead when you fill this prescription at the pharmacy if you think that will be more tolerable.

**Antibiotics** are given to help reduce severe bad breath, reduce a little bit of pain and the speed of healing (this is a common but unproven opinion). If you have a reaction to the antibiotics you can either stop them or skip a day.

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### Tetracaine Lollipop

This is a numbing medicine in the form of a lollipop. It is not always necessary after a tonsillectomy and adenoidectomy, however it helps to temporarily numb the throat making eating and drinking more bearable. Because it is a topical pain medicine it can be used in addition to the narcotic pain medicine.

**This is only FAXED to SHAW PHARMACY, located at 1633 E North Street. (864) 235-0361.** It costs about \$12 but should last for several days. You should only suck on it for 30 seconds, then wrap the lollipop and store in the refrigerator until needed again.

### Tips for Using Pain Medicine

- \* **TYLENOL IS IN THE PAIN MEDICINE.** It is the limiting factor for how much you can take. Please do not mix Tylenol and the narcotic pain medicine.
- \* Narcotics are the strongest cough suppressants.
- \* The flavor can be disguised well with strawberry syrup (Nestles, etc.).
- \* You may take any over the counter laxative for constipation.
- \* You should take your Promethazine for nausea or vomiting as needed.
- \* **Once the narcotic is not being used it is generally safe to return to school/work.**
- \* Fill your prescriptions early and call our office before 4:30 PM so if there is any confusion about the medications we can help!

### Recovery at Home: Drinking



The importance of drinking plenty of fluids cannot be overstated. This speeds healing and decreases pain. I do not advise against red-colored fluids or foods.

**Please drink calories!** Swallowing may be uncomfortable so make every sip count. Juice, milk, protein shakes, and Gatorade are all good options. Try to avoid sodas, diet drinks, and caffeine as these things act like diuretics and actually worsen dehydration. You may want to avoid orange juice or other citrus drinks, spicy foods, and hot broth for the first few days because they may be less comfortable on the throat.

If your child is becoming dehydrated and refuses to drink, please call our office. Signs of dehydration may include dark colored urine, dry mouth, constipation (though this is also a side effect of pain medicine), and a fast heart rate. Rehydration in children is best done by drinking fluids (instead of by IV).

### Recovery at Home: EATING

You should eat what appeals to you, only avoiding SHARP foods like pizza crusts and chips, which can occasionally cause bleeding. Eating can really help decrease pain by getting the muscles in the throat moving early. I advise going slowly the first day until you get an idea as to whether or not you will have nausea.

While some information states you should avoid red food or milk, I do not have a preference. Jell-O, apple sauce, pudding, yogurt, ice cream, popsicles, Flavor-ice, Italian ice, and fruits like watermelon have a lot of water in them and are easier to swallow than plain water.

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### Recovery– Things To Expect

- **Stinky breath:** All patients will have foul smelling breath after this surgery. The scabs in the back of the throat serve as home base for bacteria living in the mouth and throat. The antibiotic should help reduce the bad breath.
- **Whitish-gray patches in the back of the throat:** These patches are simply scabs that are bathed in saliva; they are not a sign of infection but part of the healing process.
- **Fever:** It is common to have a low-grade temperature (up to 101°F) after a tonsillectomy; this usually responds to fluids and the pain medicine.
- **Nausea/vomiting:** There are several factors that can contribute to nausea and vomiting. Some people are sensitive to anesthesia medicines, which can last for 24 hours after surgery. Some people get sick from the pain medicine or from the antibiotics. Promethazine is prescribed for this.
- **Bleeding:** Postoperative bleeding occurs in about two percent of cases. Bleeding after tonsillectomy is most common five to seven days after surgery, though it can occur at any time in the first two weeks. **Gargling ice cold water for 20 minutes may stop the bleeding. If not, please call our office at (864) 284-9869.**

### Pain in Children

Usually, pain from a tonsillectomy is much less in children. I find that kids age 4-8 seem to have the “best” recovery. Pain is still reduced in children under age 4, however it is difficult to “read” pain levels in these very young kids.

Children age 4 and up have a better understanding of taking medicine that might not taste so good, and that drinking and eating may hurt but is still necessary.

I recommend starting the pain medicine as prescribed. When you see fit, you may start to taper the narcotic pain medicine by either giving it less frequently or giving smaller doses.

### Follow up

A two-week post-op check is scheduled when your child’s surgery is scheduled (see page 20). At this appointment we will discuss returning to normal activity levels and what is safe to eat and drink.

### Does my child need home bound schooling after surgery?

Generally, no.

Please work with your child's teacher to plan ahead so they can do assignments from home as they start to recover and not fall too far behind. **Once your child is no longer taking narcotic pain medicine he/she should be okay to return to school.** I advise against PE or physical sports where their blood pressure may rise until after your two week follow up appointment.

### Return to Normal Activity

Once pain medicine is needed rarely or not at all, I advise returning to work or school. However, be aware that it is possible to have a deceptively easy course the first few days. You should be careful not to be so active that you do not allow for proper healing.

I often see people return to work very early, only to end up taking more time off than average. Word to the wise!

### When to Call the Doctor’s Office

- \* Bleeding
- \* Fever over 102 F
- \* Severe ear pain
- \* Stiff neck pain

### Provident ENT

Our normal business hours are 8:30—4:30 M-F  
Please call our office at (864) 284-9869

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### Surgery Locations

We do surgeries at one of three locations based on the type of surgery you are having and scheduling convenience. They are all located within 1/2 mile of our office.

#### Upstate Surgery Center, 864-458-7141

10 Enterprise Boulevard #109  
Greenville SC 29615

#### St. Francis Eastside, 864-675-4000

125 Commonwealth Drive  
Greenville SC 29615

[www.stfrancishealth.org](http://www.stfrancishealth.org)

#### Center for Special Surgery, 864-527-7700

209 Patewood Drive, Suite 300  
Greenville SC 29615

[www.centerforspecialsurgery.com](http://www.centerforspecialsurgery.com)

### General OR Information

#### PLEASE READ THE FOLLOWING CAREFULLY

1. You are scheduled for \_\_\_\_\_ / Your child is scheduled for \_\_\_\_\_ CPT Code \_\_\_\_\_
2. Your OR date is \_\_\_\_\_ at  
Upstate Surgery Center / St. Francis Eastside campus / Center for Special Surgery
3. You will be asked to arrive early in the morning on the day of surgery. You will receive a phone call the business day prior to surgery with the exact time to arrive at the outpatient center where your procedure is scheduled.
4. A nurse from your surgery center will call one or two weeks prior to surgery to do a pre-assessment over the phone. They will ask for medical information pertinent to planning anesthesia and related to your surgery.
5. You will \_\_\_\_\_ / will not \_\_\_\_\_ have a pre-op appointment in person at the surgery center. This is scheduled for \_\_\_\_\_.
6. There will be separate fees for the surgeon, anesthesiologist, and the surgery facility. We will call your insurance regarding authorization for surgery but we suggest that you will also call to ask for information regarding your deductible, co-insurance, and covered benefits. The code listed one page above may assist you when talking with your insurance company.
5. **Your 2 week Post Op follow up appointment is \_\_\_\_\_.**
6. We are happy to answer any questions you may have that this booklet has not covered.

*With any surgery, there is the risk of an unforeseen catastrophic complication, but the chance of a very severe complication from tonsillectomy and adenoidectomy is very remote.*

#### Our Mission Statement:

Provident ENT exists to provide excellent

Otolaryngology– Head and Neck Surgery care for the Greenville community. This means providing consistently respectful, professional, compassionate ENT care to patients, the highest quality consultant resource for referring physicians, and a superb work environment where professional and nonprofessional staff can enjoy exercising their gifts and talents.

It is an honor to take care of you  
and your family.



Provident ENT  
Dr. W Michael Greene, M.D.  
Mary Ellen Kistler, PA-C

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