Breathing:
Snoring and mouth breathing are normal after surgery because of swelling. Normal breathing should resume 10-14 days after surgery.

Scabs:
A membrane or scab will form where the tonsils were removed. Two separate scabs may be seen, or the entire back wall of the throat may be involved. The scabs are thick and whitish and cause bad breath. This is normal. The scabs usually dissolve on their own 5-10 days after surgery.

Bleeding:
Bleeding may signal that the scabs have fallen off too early. If there is any bleeding noted from the nose or mouth, contact the office (402-397-0670) or the physician on call (after hours 402-354-2754). Emergency Room evaluation may be recommended. Travel away from home is not recommended for two weeks following surgery.

Speech:
If the tonsils were very large, the sound of the voice may be different after surgery.

Follow-up:
Your physician will request that you return for post-operative evaluation about 2 weeks following surgery.

What if I have a problem?
If you or your child have difficulty during the post-operative period, please contact our office (402-397-0670) or after hours call (402-354-2754).

Key Points:
- Drink plenty of fluids after surgery to avoid dehydration, which is dangerous and can worsen the pain
- Consult with doctor about all medications you are taking or plan to take
- Use pain medication as instructed.
- Generally, no aspirin or aspirin-like medications.
- No travel for 2 weeks following surgery

Call us for:
- Bleeding
- Temperature over 102 degrees Fahrenheit
- Suspected dehydration
- Changes in mental status (abnormal behavior)

For questions about surgery scheduling, please call (402) 397-0670 Option 2.
1. Infection: Recurrent infections or strep throat despite causing problems, such as the following:

   Adenoids and tonsils only need to be removed if they are adenoids or tonsils with antibiotics as a first line of defense. Tonsils and adenoids need not be removed simply because Reasons for adenoidectomy/tonsillectomy:

   adenoids:

   There are several symptoms associated with enlarged 

   Symptoms of infected adenoids:

   There are several symptoms associated with enlarged adenoids:

   • Difficulty breathing through the nose
   • Nose sounds blocked when the person speaks
   • Snoring and sleep apnea (a condition where you stop breathing for a short amount of time)
   • Recurrent ear infections

   Reasons for adenoectomoy/tonsillectomy:

   Tonsils and adenoids need not be removed simply because they are enlarged. Your physician may wish to treat infected adenoids or tonsils with antibiotics as a first line of defense. Adenoids and tonsils only need to be removed if they are causing problems, such as the following:

   1. Infection: Recurrent infections or strep throat despite antibiotic therapy (more than 3-4 infections per year) or chronic infections not responsive to antibiotics.

   2. Upper airway obstruction: Enlarged tonsils and adenoids may block the airway and cause difficulty breathing (sleep apnea).
   3. Speech impairment
   4. Halitosis (bad breath)
   5. Asymmetric enlargement of the tonsils in select cases

   Preparing for surgery:

   The following elements are important when preparing for surgery:

   • Tell your surgeon if there is a family history of bleeding tendencies or if you or your child bruise easily.
   • Tell your surgeon if the patient or patient’s family has had any problems with anemia.
   • If the patient is taking any medications, has sickle cell anemia, has a bleeding disorder, is pregnant, or has concerns about the transfusion of blood, the surgeon should be informed.
   • A blood test may be required before surgery.
   • A visit to the primary care doctor may be needed before surgery for a pre-operative physical.
   • Follow all directions given by your doctor.

   Be as honest with your child as possible in answering questions about the surgery. Simple, factual conversations are best. Reassure the child that you will be with them. Your presence is the most important thing to helping your child cope.

   Preoperative care:

   If you or your child (the patient) is taking any medication, continue to take it up to the night before surgery (unless otherwise directed). Bring medications to the pre-op visit and on the day of surgery.

   No aspirin products (including Pepto Bismol and Aspergum) or products containing Ginkgo Biloba and/or St. John’s Wort should be given for two weeks prior to surgery. No ibuprofen products (Children’s Motrin, Children’s Advil, etc.) or anti-inflammatory medications (Naprosyn, Aleve, Celebrex, etc.) should be given for 5 days prior to surgery. Use of all of these medications is restricted for two weeks following surgery unless otherwise directed by your physician. Acetaminophen (Tylenol, Tempra, Panadol) may be given as well as over-the-counter cold medications and antibiotics. Please consult with your doctor about all medications.

   Generally, after midnight prior to the operation, nothing may be taken by mouth (including chewing gum, mouthwashes, throat lozenges, toothpaste). Anything in the stomach may be vomited when anesthesia is induced, and this is dangerous.

   Surgery:

   The surgery is performed either as an outpatient or with overnight observation. Surgery usually takes 30-60 minutes, and you or your child will be continuously monitored throughout the entire procedure.

   The tonsils and adenoids are both removed through the mouth. There is no need to cut the skin. The patient will wake up in the recovery area, and if there are any problems with breathing or signs of bleeding, he/she may return to the operating room. Generally, total time spent in the hospital is 5-10 hours, but occasionally an overnight stay is required.

   Post-operative care:

   Most people take between 10-14 days to recover following adenoceotomoy (adenoids and tonsils both removed). Often the worst days of recovery are days 4 and 5.

   If an adenoidectomy (removal of adenoids only) is performed, recovery time is much shorter and children can often return to school in 3 days. Tonsillectomy (removal of tonsils only) requires a longer recovery period than adenoidectomy because of increased pain and risk of bleeding. After tonsillectomy, expect to be out of normal activities and school for 10 days!

   Drinking:

   The most important part of recovery is drinking plenty of fluids. Some children do not want to drink because of pain. Offer and encourage fluids frequently such as juice, soft drinks, popsicles, ice cream and jello. Straws may be used as long as the child is seated and not walking while drinking. Sippy cups may be used. Signs of dehydration include urination less than 2-3 times per day and crying without tears. Please contact the office or physician on call if you should suspect dehydration or if your child will not drink. Call us immediately if the patient has not urinated for 12 hours or more. Some people will require intravenous fluid hydration in the Emergency Room or hospital. Also, patients may have a small amount of liquid come out of the nose when they drink. This should stop within a few weeks after surgery.

   Eating:

   There are no food restrictions after surgery; however, bland foods are usually tolerated better than spicy and acidic foods. Also, swallowing sharp or crunchy foods (pretzels, peanuts, pizza crusts, etc) may cause pain and should be avoided. It is recommended that semi-solid foods be eaten initially. Many children are reluctant to eat for up to one week because of pain. The sooner eating and chewing are resumed, the quicker the recovery. Some patients lose weight, but this is usually gained back once a normal diet is resumed.

   Activity:

   Most children rest at home for several days after surgery. In order to decrease the risk of bleeding during the healing period, activity should be limited for 10 days. Children should be restricted to quieter activities. Playing in large groups, contact sports, and rough horseplay should be avoided. Older children and adults are asked to refrain from strenuous exertion, such