



POSTOPERATIVE INSTRUCTIONS FOR ADULT TONSILLECTOMY, ADENOIDECTOMY AND/OR UVULOPALATOPHARYNGOPLASTY (UPPP)

Please review the general preoperative instructions. For the first few days after surgery, you are encouraged to rest. **Do not participate in any strenuous activity** which may raise your blood pressure or heart rate until your doctor believes you are adequately healed – this includes going to work if your job requires physical exertion. Expect to miss one week of work after your surgery.

Do not, however, stay on

the couch or in bed all day. You are encouraged to get up and walk around as this will help prevent complications. When to resume normal activities can be discussed during your post-operative visits. In the meantime, **resume all of your routine medications prescribed by your physicians with the exception of blood thinning medications such as Plavix and/or Coumadin (warfarin).**

During the post-operative period you might observe:

1. Pain: **A significant amount of throat and ear discomfort is to be expected.** Pain medicines should help control the discomfort but do not eliminate it. Sometimes it is more painful on the second day than immediately after the operation. Prior to going home, you will be provided with a prescription for pain medication, and sometimes an antibiotic. Have these prescriptions filled as soon as possible. Always take pain medication with or after food and/or liquids. You may ask the nurse for pain medication just prior to your discharge from the hospital. You will be given a prescription for a narcotic pain medication. If this does not already contain acetaminophen, you can take Tylenol in addition to the narcotic. Motrin can also be taken in addition to the Tylenol and narcotic if needed.

2. Dehydration: **Fluids are very important to prevent becoming dehydrated (dry) and to help with the healing process. Dehydration may lead to an emergency room visit for intravenous (IV) fluids.** You may advance to regular foods after 24 hours but it is not unusual to take many days to tolerate more solid foods. Avoid hot and spicy fluids or food; avoid scratchy food such as chips, toast and crackers. Orange juice and other acidic drinks may sting.
3. White patches at the back of the throat: These are scabs from the raw surfaces in the mouth that will fall off usually 7-10 days after surgery. Do not try to manipulate or pick these crusts yourself. There may be bleeding when the scab falls off. The risk of bleeding persists until about 2 weeks after the procedure. For this reason, we strongly recommend no swimming, trips to remote areas, or any airline flights for 2 weeks after the procedure. Call immediately if you vomit or spit up any blood . If the bleeding is dramatic go to the nearest emergency room for care. Call 911 for assistance when appropriate.
4. Swelling of the tongue, palate (roof of the mouth), or uvula (punching bag in back of throat): Swelling of these structures may cause some discomfort but usually resolves in a week. Sleeping sideways (as opposed to flat on the back) or with the head elevated can alleviate some of the nighttime symptoms.
5. Voice changes: Removing the tonsils and adenoids alter the resonating chamber of the airways and can result in slight alteration in your voice. This can be either temporary or permanent.
6. Persistent snoring: Snoring may persist for a few weeks as a result of swelling at the surgical sites.
7. Foul smelling breath: Bad breath frequently occurs but should clear up within a couple of weeks.
8. Low-grade fever: 99-101 degree temperatures are common within the first 24 hours. This usually improves with time and oral intake.

9. Leakage of air or liquid from the nose with speaking or swallowing: The palate muscles are typically very sore and may have some difficulty closing off the nose from the mouth. This is usually temporary, lasting a few days. On rare occasion, this may last for a few months.

10. The initial post-operative visit will be scheduled for 1-2 weeks after the procedure with the Physician Assistant.