

Fluids and diet:

The most important thing you can do after a tonsillectomy to prevent complications such as bleeding and dehydration, **is to drink plenty of fluids.** At times it may be very difficult to swallow. With good fluid intake you will have less pain overall and also decrease the possibility of requiring further hospital management to correct dehydration. Try to drink thin, non-acidic drinks or frozen icy poles. Soft foods such as jellies, ice-cream, custard and mashed foods are helpful to maintain adequate nutrition. Hot, spicy, rough foods such as fresh fruits, toast, crackers and potato chips should be avoided as they may scratch the throat. If dehydration occurs and attempts at home cannot correct the problem, then admission to hospital for intravenous fluids may be necessary.



Your throat:



You will notice white patches in the back of your throat where the tonsils have been removed. These are temporary scabs which occur during the healing process. They are not a sign of infection and will fall off within the first two weeks following surgery. No attempt should be made to remove them. You are therefore advised not to blow your nose for 10 days after surgery. The throat may take 6 weeks to return to a normal pink colour. Often at around 7 to 10 days there is a period of increased pain, which can include pain in the ears, especially with swallowing. The scabs are often falling off during this time and it is around this time that bleeding can occur.

Overall, most patients will have fully recovered by two weeks however, there may be some throat tenderness for up to 6 weeks. You may notice some changes to the quality of your voice or even louder snoring for several weeks after the surgery. This will return to normal after several months, although the voice may have less of a nasal tone.

Complications:

Bleeding occurs in a small percentage of patients, almost always 5 to 10 days after surgery. Dehydration and excessive activity increases the chances of postoperative bleeding. If bleeding occurs, try to remain calm and relaxed. Rinse the mouth out with cold water and rest with the head elevated. If bleeding continues call your doctor. Treatment of bleeding can be simple or it may require a trip back to the operating theatre.

If you have any of the following problems:

1. A sudden increase in the amount of bleeding from the mouth or nose that lasts more than a few minutes.
2. A fever greater than 38.0 degrees C, which persists despite increasing the amount of fluids taken and taking paracetamol.
3. Persistent sharp pain or headache which is not relieved by pain medications prescribed.
4. Increased swelling or redness of the nose, neck or eyes.

Please contact

- **Your General Practitioner (GP)**
- **Your surgeon's rooms (Lister House)**
- **After hours service GP service (number 1800 641 395) or**
- **Present to the Emergency Department**

Acknowledgements:

MeicineNet: <http://meicine.net> was the primary resource used in preparing this brochure

Disclaimer: This patient pathway is intended as a guide only. As each patient is an individual and responds differently, the care plan may alter. If you have questions, please discuss with your Doctor or Nurse.



PATIENT PATHWAY FOR TONSILLECTOMY (ADULT)

INFORMATION FOR YOU . . .

The following information will be discussed with you in the Pre-Admission Clinic.

Date of Admission to Hospital:
You will need to telephone the Day Procedure Unit on (03) 5381 9265 between 1.00 p.m. and 3.00 p. m. the day before your surgery.

You will need to stop eating and drinking at least 6 hours before your admission time. You may have a couple of sips of water up until 2 hours before your admission.

You will need to shower at home on the morning of your operation.

You will need to remove all jewellery (your wedding ring may be left on).

BEFORE YOUR SURGERY YOU NEED TO TAKE:

Your own medication/s: to be taken with a sip of water on the morning of your operation, unless advised.

When you come into hospital bring your:

- Any medications you are taking (tablets / eye drops / inhalers). These will be continued whilst you are in hospital.
- Eye glasses and / or hearing aids if you use them.
- Toiletries, night clothes (1-2 changes).
- Do **not** bring a large amount of money, jewellery or valuables.

Admission / Discharge Arrangements:

- Please come to Hospital Reception at your admission time.
- You will be expected to stay in hospital for 1 night after your surgery. Discharge time is 10.00 a.m.
- Before you come into hospital please make arrangements for someone to drive you home on your discharge.
- It is best to limit the number of visitors you have the day of your surgery.

Post Discharge appointment with surgeon / General Practitioner (GP)

Mr Campbell / Mr Kitchen appointment made for 7 to 10 days after discharge, see local GP if you live out of Horsham.
ENT specialists: Review with GP for 7 to 10 days after discharge.

YOUR CHECK LIST . . .

The following checklist is to assist you in preparing for your admission to Hospital.

Confirm Admission by phoning 5381 9265 the day before your operation:

Date: **Time:**

Confirm Fasting Time

Nothing to eat or drink from: Time:

Shower at home on the morning of your operation: no powder, no deodorant, no make-up, no nail polish. Wedding ring ONLY.

Your own medication/s: taken as directed

Do not take your:

Do you have your:

- Own medications
- Eye glasses and / or hearing aids
- Patient Pathway (this document)
- Toiletries, night clothes

Admission / Discharge Arrangements:

- Arrangements made for family / friend to take you home on discharge from hospital.
- Present to Hospital Reception on your admission.

Appointment with :

_____ at _____



Your Health Care Team

Your Surgeon: Mr. Kitchen or Mr. Campbell,
Ear Nose Throat Specialists: Mr. McConchie and Mr. Guirguis
Resident Doctor: _____

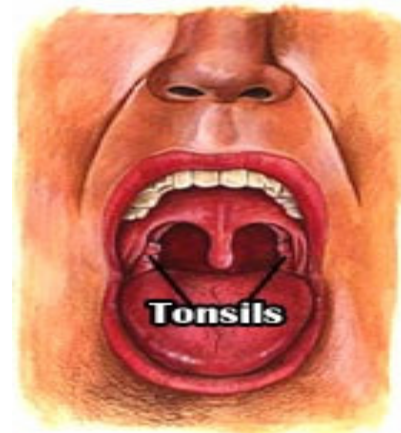
General Practitioner (GP): _____
Lister House Clinic 53820011
Yandilla Ward 5381 9255 (leave message)
Oxley Ward 5381 9258

Tonsillectomy and Adenoidectomy Surgical Patient Pathway:

Your doctor has recommended that you have a tonsillectomy and/or adenoidectomy. The following information is provided to help you prepare for your surgery. You are encouraged to ask your doctor/surgeon any questions that you feel necessary to help you better understand this procedure and how it will affect you.

Risks and Complications:

Your surgery will be performed safely and with care in order to obtain the best possible results. The surgery may involve risks of unsuccessful results, complications or injury from both known and unforeseen causes. Because individuals differ in their response to surgery, their anaesthetic reactions, ultimately no guarantee can be made as to the results or potential complications. Furthermore, surgical outcomes may be dependent on pre-existing or concurrent medical conditions. It is important that your surgeon is fully aware of your medical history.



Preadmission Clinic:

At Preadmission Clinic you will be assessed for the anaesthetic. Your blood pressure, pulse and weight will all be measured and you will be asked some questions about your medical history. Details will be provided about the procedure on the day of surgery and what to expect whilst you are a patient



A doctor will check your medical history and medications. You should not take aspirin, or any product containing aspirin within 10 days of surgery. Non-steroidal anti-inflammatory medications (such as Nurofen® [Ibuprofen]) should not be taken within 7 days of surgery. These drugs should also be avoided after surgery. As many over the counter medications contain aspirin, Ibuprofen or related drugs, it is important to check carefully or ask the pharmacist. If your doctor has prescribed aspirin or any other blood thinning medication, please make sure that your surgeon is aware of this.

You will be advised that you should not eat or drink anything 6 hours prior to coming to hospital. Anything in the stomach increases the chances of an anaesthetic complication. Ask your doctor/preadmission nurse what time to take regular medications.

If you are sick or have a fever the day before surgery, make an appointment or speak to your General Practitioner. If sick on the day of surgery come to the hospital as planned and your doctor will decide if it is safe to proceed with the surgery.

Please use the check-list on the front of this brochure to make sure that you have everything you need to bring to hospital.

Generally you will stay in hospital overnight and be discharged the next morning. Please leave all valuables at home.

Discharge time is 10 am.

Day of surgery:

Please present to the hospital reception at your admission time. After completing the necessary paperwork you will be asked to go to the Day Procedure Clinic.

The anaesthetist will generally see you before surgery, explaining what will happen. Generally an IV infusion line will be started before the operation.

During the surgery the anaesthetist will continually observe and monitor you by oxygen saturation and heart rhythm. The operating team is very experienced, well trained and prepared for any emergency.

What happens after surgery:

After surgery you will be taken to the recovery room where nursing staff will monitor your recovery from the anaesthetic. When you have regained consciousness and your condition is stable, transfer to the ward will be arranged.



In the ward, nursing staff will continue to monitor your recovery from the anaesthetic, make you comfortable and offer you a wash.

Pain relief will be given as required. If required, one dose of intravenous pain relief may also be given. Medication for nausea can also be given if required. Please advise nursing staff of discomfort or nauseous feelings.

On return to the ward you should rest in bed with your head elevated on 2 or 3 pillows. By keeping your head above the heart you will assist in minimising swelling. You may get out of bed to use the bathroom.

Pain is common after a tonsillectomy. It is hard to predict who will recover quickly or who will have prolonged pain. Immediately after surgery many patients report only minimal pain, the next day the pain may increase and remain significant for several days. After a week pain may become significant again.

Ear pain can be common due to swelling blocking the tube which balances pressure in the middle ear.



At home:

Your doctor will discuss medications with you before going home. Paracetamol (Panamax®, Panadol® etc) or Panadeine® or Panadeine Forte® are recommended for analgesia. Again, avoid medications containing aspirin and ibuprofen which change blood clotting characteristics. Remember that Panadeine® or Panadeine Forte® contain codeine which will cause constipation. Taking a stool softening medication such as coloxyl and senna® (adults only) or Coloxyl drops should be considered. Constipation and straining should be avoided, as straining may trigger bleeding.

Some surgeons may prescribe an antibiotic for 10 days after surgery, the entire course as ordered should be taken.