

Discharge Information: post Tonsillectomy +/- Adenoidectomy



MEG
MELBOURNE ENT GROUP

Dear Patient/Carer:

Please read this document carefully as it contains important information that complements the instructions given by your MEG ENT Specialist during your recent surgical admission.

Medications:

Pain Management:

- You should receive analgaesics and instructions (e.g. **Paracetamol, ibuprofen**) prior to your discharge from hospital.
- Ensure you take regular pain relief, as directed.
- Moderate Throat pain and discomfort is expected for up to 14 days. Some patients also experience earache.
- This pain usually lessens in the first 3 days, but may worsen on post operative days 3-7. This is normal. It will then gradually improve.
- It is also recommended that you gargle with a suitable mouth wash which will have a pain relieving effect
 - **E.g. Cepacaine®, Difflam®**

Antibiotics:

- You **MEG ENT Specialist** may prescribe Oral Antibiotics on discharge from hospital.
- Use as directed

Resumption of “Blood Thinning” Medications:

- Prescribed Blood Thinning Agents
 - **e.g. Aspirin, Warfarin, Clopidogrel, Rivaroxaban**
 - Your **MEG ENT Specialist**, in discussion with your **GP/Physician** will instruct you on when to recommence these medications.
- Over the counter blood thinning agents
 - **e.g. Krill Oil, Fish Oil, Ginseng, Gingko, Garlic, etc.**
 - You can restart these medications **2** weeks after your surgery.

Wound Care:

Wound bed appearance:

- the area where the tonsils were removed will have a creamy white coating for the first 2 weeks after your operation.
- This is a **normal** part of healing, and will return to healthy pink tissue after a few weeks.

Bad Breath

- This is common and will be temporary
- Continue to brush your teeth regularly and use a non-alcohol based mouth rinse if desired.

Bleeding:

- Bleeding occurs occasionally, especially when the tonsillar bed becomes dry and crusted. Any fresh bleeding after the surgery must be investigated.
- If you experience any bleeding, suck on ice and place an ice pack (frozen peas) on the back (nape) of the neck. Try to avoid swallowing any blood as this will make you feel sick.
- Most simple bleeds will settle with this management and it will reduce larger bleeds.
- If bleeding continues for **longer than 10 minutes**, or you are concerned you should:
 - Present to the nearest Emergency Department
 - Call 000 and ask for an ambulance

Diet:

- **Full, normal, diet** is actively encouraged
 - This includes food that must be chewed and swallowed – not just “ice cream and jelly”
 - Chewing allows muscles in the throat, jaw and neck to be used and not ‘seize up’ – decreasing pain and the risk of bleeding.
- Avoid hot, spicy and acidic foods for the first 2 weeks as they may increase pain and the risk of bleeding.
- Adults should avoid alcohol intake in the first 2 weeks post-op

Return to Normal Activities:

- You or your child will usually require 2 weeks from work or school for recovery.
- **Week 1-2 post-op:**
 - **First 24 hours:** Adults should avoid operating heavy machinery and signing important/legal documents.
 - Have relative rest and avoid lifting heavy objects.
 - Avoid bending over.
 - If you need to pick up objects from the floor, do so by bending your knees and keeping your head up if possible.
 - Avoid taking flights if possible.
- **Week 2-4 post op:**
 - You may now restart slowly all previous levels of physical exercise (including sports).

Attend your nearest Emergency Department or Local GP Clinic if:

- Bleeding continues for more than 10 minutes.
- Severe pain or fever is uncontrolled by the prescribed analgesics

On your Postoperative Appointment:

- An appointment will be arranged for 4-6 weeks after the operation.

- At this appointment, your **MEG ENT Specialist** will inspect you or your child's throat.

We will confirm the time and date of your post-operative appointment soon. Do not hesitate to contact us if you require any further information regarding these instructions.

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