



Mr Nicholas Agar

GEELONG
Head and Neck

Tonsillectomy

Discharge Date

Post Op Appointment

Discharge meds given? Yes / No

Time Panadol last given

The Recovery

The recovery from tonsillectomy is painful. This progressively improves from post operative day 3 or 4.

It is normal to have:

- a sore throat for about 10days.
- pain referred your ears.
- slightly bad breath for 10 days.
- a white patch in the throat where the tonsils have been removed. This falls away by approximately 10days.

Time Off

You will need 2 weeks off work. I advise strictly no exercise/ exertion during this period. After 2 weeks you'll just feel a little tight in the throat, and by 4weeks you will be back to normal.

Please ask for a certificate if needed.

Diet

It is very important to stay well hydrated - I recommend three extra glasses of water per day. A normal diet is safe although softer foods are easier to tolerate.

Some useful examples are:

- Dairy foods; yoghurt, milk, smoothies, soft cheeses, ice cream.
- Vegetables; steamed or boiled, mashed potatoes/pumpkin, soups.
- Fruit; pureed or stewed.
- Proteins; Eggs poached or scrambled, fish, baked beans, mince meats.
- Grains; breakfast cereals (softened with milk), porridge.

Post Op Medications

Prescriptions will be individualised according to other health issues, age, weight and any allergies. The key is to take regular pain relief even if you feel ok to avoid severe pain occurring.

My typical prescription is for:

- 1) Regular Paracetamol 4 times daily for 5 days.
- 2) Regular Celebrex (a newer anti-inflammatory) twice daily for 5 days.
- 3) Oxycodone as required 4 hourly.
- 4) Laxatives should be considered at the first hint of constipation. Ask your chemist.

Post Op Appointment

I will arrange to see you approximately 1 month post operatively. There is no charge for this appointment. If you are absolutely fine and you will find it inconvenient to attend it is OK to cancel this appointment - I will not be offended! If this is the case please let my rooms know.

Post Op Problems

Bleeding is the major complication and occurs in approximately one in 20 adult patients and one in 50 children.

A few small specks or streaks in the saliva can be managed at home with sucking on ice, however **any ongoing active or fresh bleeding needs to be reported.**

- 1) **In hours call me via my office 52218490**
- 2) **After hours call me on my mobile 0425746617**
- 3) **If I am unable to respond please attend the Geelong Hospital Emergency Department and the on-call ENT surgeon will become involved if necessary.** **OR**
- 4) **call an ambulance on 000**

If bleeding occurs I tend to observe you in hospital overnight where there is 24hr access to the operating theatre and ward staff readily available to deal with the problem. Bleeding will usually settle on its own. Approximately 1:100 patients will require a blood transfusion or a return to the operating theatre to stop the bleeding.

Infection of the tonsillar bed is characterised by increasing pain usually 5-10 days post operatively. Examination will show redness and swelling of the throat and this is also associated with bleeding and fevers. If you are concerned please contact me or attend your GP.

Nausea

This is usually related to opiate pain medications (endone, panadeine forte, tramadol etc). If nausea is severe you need to try and reduce these medications as much as possible, and maximise the use of panadol and celebrex. If this doesn't help contact me - i can provide an anti-nausea tablet prescription or an alternative pain tablet. Laxatives can be purchased from any chemist to help your bowels.

DO

Take regular paracetamol and celebrex to prevent your pain becoming severe.
Keep well hydrated and try to maintain a healthy balanced diet.

DON'T

Take Neurofen, Ibuprofen, Fish Oil. Whilst controversial, some evidence exists that these medications can increase bleeding.
Exercise or exert yourself for 2 weeks.