

SURGICAL PROCEDURE:

ADENOTONSILLECTOMY (T&A)



You and Dr. Ulrich are considering an operation on you, or on a child for whom you are legally responsible, called an Adenotonsillectomy or “T and A.” This is the operation by which tonsils and adenoids are removed, and it requires surgical cuts in the throat where the tonsils and adenoids are located. Tonsils and adenoids are lymph glands which are the focal point for infections in the ears, nose, and throat. The “T and A” operation is rarely an emergency. Delay of the operation may result in further nose, throat, and ear infections; however, the chance of a serious complication in delaying the operation is quite small. The operation itself is of relatively short duration. Complications are unlikely, but they do sometimes occur. It is possible that this operation will not help the patient. A very small percentage of patients are even worse after the operation than they were prior to it. Because of these facts Dr. Ulrich can make no guarantee as to the results that might be obtained from this operation. However, in the vast majority of patients, the result desired from the operation is achieved.

As in any operation, bleeding and infection are possible complications of “T and A” operations. These complications can result in prolonged illness, the need for blood transfusions and very, very rarely, even death. Although the complications rate for “T and A” is low regardless of age, adults have been known to have more complications and slower recoveries than children. Even after the tonsils and adenoids are removed, patients may still have problems with sore throats and ear infections and may require further surgery. An occasional patient may develop a different quality of the voice after “T and A.” Usually this change is described as “nasal speech” and it can be permanent. Very rarely, allergic or other bad reactions may be caused by one of the substances used in the operation.

There may be alternatives to “T and A” surgery, such as the continued use of drug therapy. However, these alternatives carry their own risk of complications and have a varying degree of success. Therefore, in those patients in whom tonsillectomy and adenoidectomy is indicated, the operation may provide the patient with the best chance of successful treatment and the lowest risk of complications.

J. Martin Ulrich, D.O., F.O.C.O.O
BOARD CERTIFIED

ADENOTONSILLECTOMY (T&A)

ACTIVITY & DIET

• Your child should rest at home for the first 48 hours and “take it easy” for the first week following surgery. Activity may be gradually increased as your child’s strength improves. Avoid any strenuous activity, coughing or clearing the throat because this may cause bleeding. Do not travel outside the area for 2 weeks following surgery. While a good diet is important for healing, most patients after a tonsillectomy are too uncomfortable to eat a complete diet. It is very important to drink fluids to prevent dehydration. Make every effort to give your child liquids every waking hour until normal diet resumes. Inadequate fluid intake may result in readmission to the hospital.

The following is a guideline for minimum fluid intake:

Child’s weight (lbs)	Fluid in 4 hours (oz’s)
20- 30	4
30- 40	6
40- 60	8
60- 80	10
80-100	12
100-140	14
140 +	16

• Frequent, small feedings of soft foods or liquids are usually tolerated best. Please follow the T & A diet guidelines given to you at your child’s pre-op visit. Chewing is good for the healing process and is encouraged. Avoid rough, coarse, highly seasoned or spicy foods.

PAIN & TEMPERATURE

- It is common to have throat and/or ear pain after surgery. Throat pain may feel worse the 3rd or 4th day after surgery. Ear pain is due to shared pain nerves with the throat and not due to any ear problems.
- Avoid aspirin as this increases the possibility of bleeding. Use Tylenol (Acetaminophen) or the prescribed medication to help control the discomfort. The ear and throat pain will resolve usually in 7 to 10 days.
- It is normal to run a fever between 99 and 101 degrees for the first few days following surgery. If the fever does not respond to Tylenol or is over 101.5, contact our office.

BLEEDING

Once your child leaves the hospital there should be no bleeding. If after the first day you notice some pink saliva or a spot of blood in the saliva you should not be concerned. However, if your child bleeds like a cut would bleed from the nose or mouth, you should go directly to the emergency room.

WHAT TO EXPECT AFTER

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VOMITING

Most children will experience nausea and vomiting prior to discharge from the hospital. Rarely does this continue throughout the first night.

GENERAL CARE

Increased snoring or nasal congestion is normal after surgery and is caused by swelling in the back of the nose. Bad breath is also common and is caused by the scabs that form in the region of the surgery. Snoring, congestion and bad breath should be gone by 10-14 days after surgery. Bad breath may be improved by the use of mild salt water solution as a gargle.

FOLLOW-UP APPOINTMENT

A follow-up appointment has been made for you. Refer to your surgery letter for date and time. If this appointment needs to be changed, please contact our office.

QUESTIONS OR PROBLEMS

If questions or problems arise during normal business hours, please do not hesitate to call the office at (810) 695-3766. For postsurgical medical issues after normal business hours, call the office at (810) 695-3766 and follow the prompts to be connected with Dr. Ulrich. If unable to connect through the office, contact Genesys information at (810) 606-5000 to have Dr. Ulrich paged.

This is the diet that Dr. Ulrich recommends as a guide postoperatively. Do not use the diet given by the hospital upon discharge the day of surgery. There will naturally be some variation in each patient's readiness to progress to the soft diet, so at this point, "Advance as tolerated." If the patient expresses that they are hungry, begin soft foods. Remember not to use a straw, which can cause suction in the back of the throat.

DAY ONE: CLEAR LIQUIDS (AVOID RED LIQUIDS)

- Juices: apple, orange drink nectars (avoid citrus juices, orange, tomato, lemonade, grapefruit, pineapple)
- Jell-O
- Kool-Aid
- Pop, Popsicle's (broken into small pieces)
- Clear broth (not hot!) – some may be too salty
- Fruit ices, juice bars

DAY TWO: FULL LIQUIDS

- Milk Yogurt, frozen yogurt
- Ice cream Cream of wheat, Oatmeal
- Custards, puddings, Jell-O Cream soups (not hot!)
- Egnog, milkshakes

DAY THREE-TEN: (T&A SOFT DIET)

STARCHES:

- Soft bread, rolls, (no seeds)
- Rice, noodles, pancakes, (soft)
- Cooked cereal
- Dry cereal soaked in milk
- Macaroni and cheese

VEGETABLES/FRUITS:

- Cooked, mashed white or sweet potatoes, squash, asparagus, carrots, mushrooms
- Cooked fruit (without peelings or seeds)
- Bananas, applesauce, ripe avocado

PROTEINS:

- Cheese, lunchmeat slices
- Eggs – poached, soft cooked, scrambled
- Smooth peanut butter
- Casseroles with soft ground meat or chicken (meatloaf, chicken noodle casserole, etc.)

DAIRY:

- Mild, ice cream, milk shakes, yogurt, puddings, custards

MISCELLANEOUS:

- Jelly, honey, marshmallows

***AVOID: Nuts, seeds, and foods with peelings and hard edges (such as potato chips).**

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