

Post Operative Instructions – Tonsillectomy

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Pain Relief

Pain is the main problems following Tonsillectomy. The wound at the Tonsillectomy site is usually left open and this wound fills with bacteria and slough, which causes pain and inflammation. It takes several days for the bacteria to multiply and the inflammation to occur hence the pain following Tonsillectomy is usually the worse on the 4 and 5- day following the surgery. It is important to have good pain relief prior to this peak and this is achieved with a combination of Paracetamol or Codeine/Oxycodone or the two drugs in combination. These medications should be prescribed on discharge and usually required every four hours except when sleeping. Children can use Painstop, available over the counter at your chemist, but this drug should not be used with Paracetamol or Codeine/Oxycodone as it contains both of these medications and there is a risk of over dosage. I avoid Aspirin and anti-inflammatory medicines during the post-operative period, as this can be the cause of nuisance, anxiety-provoking bleeding.

Severe pain not controlled with Paracetamol and Codeine/Oxycodone may require further measures. Your general practitioner or myself should be contacted in this case for a combination of Penicillin, oral steroid, hydrogen peroxide gargles or a local anaesthetic gel (Xylocaine viscus). These measures should improve tolerance of normal diet.

Activity

Although the operative site is small, Tonsillectomy can make you feel lethargic and generally unwell. Any significant physical activity is usually poorly tolerated. I usually recommend ten days off work or school to allow enough time to recover. Excessive physical activity with an increase in blood pressure and pulse rate may lead to bleeding from the tonsillar fossae.

Diet

The open wound at the site of Tonsillectomy fills with bacteria and slough leading to pain and inflammation. It is important to eat a normal diet with rough type foods to debride or remove the slough from the healing wound site. Although it is more painful to eat bread, toast and cereal consistency foods, this results in fewer bacteria in the wound and less pain between meals. Traditional ice cream and jelly feels better to eat but results in more bacteria lining the pharynx and subsequently more pain between meals. Generally those presenting with post-operative bleeding have not been eating adequately. It is essential to have adequate fluid intake especially in younger children where dehydration can occur.

Complications

You should be well informed of the potential complications following Tonsillectomy by reading The Royal Australasian College of Surgeons pamphlet provided. The main concern is bleeding from the mouth and if this occurs you should contact myself or present to your nearest hospital via ambulance if required. You may need to return to the operating theatre to have the bleeding stopped. Ear pain is not uncommon after Tonsillectomy and is the result of referred pain from the tonsillar fossae and usually does not indicate an abnormality in the ear. Bad breath is common and is due to the build up of bacteria and slough in the tonsillar fossae. This will be less with a normal diet, which debrides the slough.

Follow-up

You should have received an appointment card following your surgery for your post-operative appointment. If your only surgery is Tonsillectomy follow-up is usually at four weeks following the operation unless there are problems in the interim. It may be necessary to be seen earlier if another procedure has occurred in conjunction with your Tonsillectomy.