



The Head+Neck Center
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SINUS
ENDOCRINE
HEAD AND NECK CANCER
VOICE DISORDERS
SALIVARY GLANDS
TONSILS AND ADENOIDS
EARS
PEDIATRICS
SNORING / SLEEP APNEA

Tonsillectomy and Adenoidectomy

Removal of tonsils (tonsillectomy) and/or adenoids (adenoidectomy) is one of the most frequently performed throat operations. It has proven to be a safe, effective outpatient surgical method to resolve breathing obstruction and recurrent throat infections. As with any surgical procedure, along with the well-known benefits there are also the rare side effects.

KNOWN RISKS AND COMPLICATIONS

Pain

Postoperative pain is the most common side effect. Similar to what a patient experiences with a common throat infection, the pain is also often felt in the ears. This unpleasant side effect can be reasonably controlled with medication. Your doctor will give you a prescription for pain mediation at your preoperative visit so that you can have it ready when you arrive home following surgery. As with any surgery, along with the benefits of surgery, certain risks must be discussed in order to obtain an informed consent.

Bleeding

Postoperative bleeding occurs in about 4-5% of cases. Bleeding, which most often occurs in the immediate postoperative period, can occur at any time during the first two weeks after surgery. Treatment of persistent bleeding is usually an outpatient procedure, although it may require control in the operative room under general anesthesia. In very rare cases a blood transfusion may be recommended.

Dehydration

Because swallowing is uncomfortable after surgery, or due to nausea, there may be poor oral intake of fluids. If this cannot be corrected at home, the patient may be admitted to the hospital for IV fluid replacement.

Nausea

Nausea or vomiting occurs in about 40% of our patients. It is secondary to the effects of anesthesia in the first 24 hours. Thereafter is its likely secondary to the narcotic pain medication taken on an empty stomach. After three episodes of vomiting call our office and we can prescribe an antiemetic. Tylenol® or Advil can be substituted for the narcotic

Infection

Infection is an uncommon risk for this procedure. On the day of surgery, you will receive preventative antibiotics during your procedure. At your preoperative visit your doctor will provide you with a prescription for antibiotics so you can start antibiotics at home the day after your procedure.

Anesthesia

Complications from anesthesia are known to exist. These complications are quite uncommon since patients are usually young and healthy.

PREOPERATIVE INSTRUCTIONS

Food and Drink	You may drink clear liquids up to four hours prior to your departure for the Procedure Center. Nothing to eat or drink after midnight the evening before the procedure. This includes all food, candy, mints or gum. Your procedure will be cancelled if you do not follow these instructions. You may brush your teeth.
Medications	Take medications as directed with just a sip of water the morning of surgery. If you are on any other medications that affect bleeding (such as coumadin or warfarin) please notify the office immediately.
What to Avoid	Please avoid aspirin, aspirin-containing products, ibuprofen (Advil®, Aleve®, etc.) or Vitamin E for one week prior to your surgery.
Do Not Bring	Do not bring valuables (cash, credit cards, watches, jewelry, etc.) to the center.
Remove	Remove make-up and nail polish before coming to the procedure center.
Confirm Arrival	Please call Westfall Surgery Center at 256-3862 before noon on the day prior to your procedure to confirm your arrival time. If having surgery at Rochester Ambulatory they will call you the day before to provide arrival time.

POSTOPERATIVE INSTRUCTIONS

Activity	No strenuous activity or play for seven to ten days. Avoid bending, lifting or straining. No school for one week. No swimming for two weeks.
Diet	The goal is to avoid dehydration. It is important to drink one to two quarts of fluid per day. Begin with clear liquids and advance to regular diet as tolerated. Guideline: clear liquids (water, Kool Aid, popsicles, sherbet, apple or grape juice, Jell-O, etc.) for one to two days advancing to a soft then regular diet as tolerated. Avoid citrus or pulpy juices as they will irritate and cause pain. Skim milk is okay if regular milk produces too much mucous.
Medications	Pain in the throat and ears may last for 7-14 days. You will be given a prescription pain medication for the first few days. You can alternate between Tylenol or Advil if needed but avoid Tylenol if taking narcotics as both medications contain Acetaminophen. You may find an ice pack to your neck soothing for the first one to two days. Chewing gum and sucking on hard candy will also help decrease discomfort. Your discomfort may seem worse four or five days after surgery. This is a normal part of the healing process and will improve within a few days. You will also be given an antibiotic to use for the first few days following surgery. It is important to complete the antibiotic prescribed.
Wound Care	Continue to brush your teeth as you did prior to surgery, preferably two to three times a day. Avoid gargling and clearing your throat, as the uvula (punching bag) will be swollen. Bad breath and white spots where your tonsils used to be is normal and will go away with healing. Bleeding occurs in approximately 4-5% of patients. It may appear as a nosebleeds, spitting blood out of the mouth or vomiting blood. If this occurs sit erect, remain calm and call our office for assistance. Another option is to go to the Emergency Department if bleeding is significant.
Please Call for	<ul style="list-style-type: none">• Persistent bleeding• Inability to eat or drink• Fever above 101°F• Nausea and/or vomiting• Pain not relieved by previous instructions• To make a two week postoperative appointment
Questions?	If you have any questions, please do not hesitate to call on us at (585) 256-3550 and ask for our nurse. We are all here to assist you in any way we can.
Emergencies	If you have an emergency after hours or on the weekend please call our professional answering service at (585) 258-4840.