



Low Country ENT

EAR, NOSE & THROAT • HEAD & NECK SURGERY
HEARING AIDS • BALANCE TESTING

Russell Kitch, MD • Jenn Grady, MD • Jeffery Neal, MD • Julie Malka, AuD
North Charleston • West Ashley

Low Country ENT is happy you have chosen us to assist you and your family in obtaining your healthcare needs. The following packet is to help you further understand your future surgical procedure as well as the pre-operative and post-operative course. Please do not hesitate to contact us with any further questions or concerns.

You or your child has been scheduled for Tonsillectomy.

I will be contacting you with the day, time and location of the scheduled procedure.

Please do not hesitate to contact me at (843) 863-1188 if you have any additional questions or concerns. We look forward to continue working with you to meet your healthcare goals.

Sincerely,

*DeAnna Pittman
Surgery Coordinator*



Low Country ENT

EAR, NOSE & THROAT • HEAD & NECK SURGERY
HEARING AIDS • BALANCE TESTING

*Russell Kitch, MD • Jenn Grady, MD • Jeffery Neal, MD • Julie Malka, AuD
North Charleston • West Ashley*

Before you leave today, please verify **IF** you are required to undergo a Physical Exam from your Primary Care Physician and/or Cardiologist.

If you do need to get a physical, we will need a copy of the exam and pre-operative clearance faxed to our office. Fax no.: (843) 863-8286.

You are required to get pre-physical clearance and EKG from your primary care doctor if you are over 50 years old or have any of the conditions listed below:

- High blood pressure (above 140/90), which is not controlled on your current medications
- Asthma (wheezing or shortness of breath)
- A history of cardiac illness (heart attack, heart disease, chest pain)
- Sleep apnea
- Diabetes
- Pregnancy
- Taking blood thinners (Coumadin, Plavix)
- Any other serious medical condition that requires ongoing medical care

If a physical has been performed in the last year, this is acceptable unless there have been any health issues related to your heart. We also ask that you have some basic blood work performed.

If you have any other health issues, please ask us and we will address them with you on an individual basis.

You should plan on taking your medications the day of the surgery with a small sip of water. If you use lung inhalers, use them at the same time of day you do normally and bring them with you to the surgery center.



Low Country ENT

EAR, NOSE & THROAT • HEAD & NECK SURGERY
HEARING AIDS • BALANCE TESTING

Russell Kitch, MD • Jenn Grady, MD • Jeffery Neal, MD • Julie Malka, AuD
North Charleston • West Ashley

Description of Procedure and Pre-operative Instructions: Tonsillectomy

Description of the Procedure:

The tonsils are removed thru the mouth using a cautery instrument or coblator. No incisions are made. After surgery, you may experience some numbness of the tongue or taste disturbance, this is normal and will improve.

Pre-operative Instructions:

1. Nothing to eat or drink after midnight the night prior to surgery. This includes water, breath mints or even chewing gum. Having food in your stomach can create a risk during surgery.
 - The anesthesiologist will call you the night prior to surgery to answer any further questions.
2. NO Aspirin or aspirin products, including ibuprofen, 1 week prior to surgery. If you take other medications, please consult your Primary Care Physician to determine if and when you should stop taking those medications prior to surgery.
3. No make-up or jewelry should be worn the day of surgery. Wear loose fitting clothing the day of surgery. Please leave all valuables at home.
4. Bring your health insurance card and insurance forms with you.
5. You will need someone to drive you home after the procedure.



Risks & Complications of Surgery: Tonsillectomy

1. ***Bleeding.*** Hemorrhage is the major risk in adenoidectomy and/or tonsillectomy. Although not common, should this occur, blood transfusions might be necessary and hospitalization could be prolonged. Hemorrhage may occur in the immediate postoperative period or be delayed, occurring approximately one-two weeks after surgery. Death from hemorrhage is an extremely rare complication.
2. ***Infection.*** Infection is rare after tonsillectomy.
3. ***Pain.*** Pain is common for two-four weeks after surgery. Pain medication should be taken as needed. Nothing can take the pain completely away, but the medication should help to control it.
4. ***Swelling of the Uvula.*** The uvula is the small sac of tissue hanging in the back of the throat. After a tonsillectomy, the uvula may swell and cause discomfort when swallowing. The swelling is temporary and will subside within a few weeks.
5. ***Voice Change.*** This surgery can affect the voice.
6. ***Risk of Not Undergoing Surgery.*** After careful evaluation by your physician, it has been determined that surgery is your best course of action. Please note that declining this procedure may be harmful to your health.



Post-Operative Instructions: Tonsillectomy

1. Medication.

- Absolutely NO aspirin or aspirin compounds, for TWO weeks prior and TWO weeks after surgery. These compounds can promote bleeding.
- Alternate liquid Tylenol with liquid ibuprofen every four hours on a scheduled basis.
 - Younger children (age 3 years and younger) may only require Tylenol (acetaminophen), given every four hours as either an oral liquid or rectal suppository. Ibuprofen provides excellent pain control and has not been shown to increase the risk of postoperative bleeding
 - It is normal to have pain up to TWO weeks after surgery.
 - If your child refuses pain medications, consider an alternative route for the pain medicine: Tylenol is available in rectal suppository form and a prescription is not needed. It is available in four doses: 80mg, 120mg, 325 mg, and 650mg. The appropriate dose can be determined by your child's weight.
 - Constipation can occur with pain medications, stay hydrated and use stool softeners as needed.

2. Activity.

- No smoking.
- Week 1- Avoid lifting (>10lbs), bending, and strenuous activity.
- Week 2- You are still recuperating, continue to take it easy and rest, you are still at risk for bleeding.

3. Diet.

- Week 1- Soft diet (eggs, mashed potatoes, soft fruits, noodles and soups). Jello, ice cream and popsicles may be soothing. Avoid spicy foods and citrus juices.
- Week 2- Advance to more solid foods (soft chicken, chopped hamburger). AVOID any food with sharp or ragged edges (pizza crust, chips, etc.) You may advance to a normal diet gradually.



Low Country ENT

EAR, NOSE & THROAT • HEAD & NECK SURGERY
HEARING AIDS • BALANCE TESTING

Russell Kitch, MD • Jenn Grady, MD • Jeffery Neal, MD • Julie Malka, AuD
North Charleston • West Ashley

4. Common Side Effects.

- Ear pain- this is normal and does not indicate an ear infection.
- Throat pain- this may last several days to several weeks.
- Low grade post-operative fever- may be due dehydration.
 - Drink plenty of water
 - If temperature persists or if temperature is greater than 101.5° call the office.
- Slight bleeding is not uncommon for the first few days after surgery.
 - If bleeding occurs, suck on ice chips for 5-10 minutes.
 - If bleeding persists call the office.
 - If bleeding is brisk and does not stop, go to the nearest Emergency Room.
- Patients may experience bad breath and generalized aches and pains, these should resolve.
- A white film will develop over the surgery site; this is a part of the healing process and is normal.

5. Special Note to Teenagers and Adults

- Tonsillectomy can be particularly painful for teenagers over 16 and adults.
- Expect the pain to last for 10-14 days. There may be little improvement with the pain during this time, but once the pain does begin to subside, it usually disappears rapidly.
- Taking the pain medication on a scheduled basis for the first few days can help; however, it will not remove the pain entirely.
- You must FORCE yourself to maintain good fluid intake.

6. Follow-up

- You will be seen 1 month after surgery.