



PRE/POST-OP INSTRUCTIONS

Preoperative Instructions for Pediatric Patients

1. Nothing to eat or drink after 12:00 midnight the night before surgery. No jewelry or pierced earrings.
2. Arrive one hour prior to the scheduled surgery and report to the first floor registration area, which is located behind the information desk.
3. If the patient is brought to the hospital for surgery by someone other than their parents; (ie a legal guardian), please bring a copy of the legal court documentation for proof of guardianship or medical power of attorney.
4. Have the child wear loose fitting clothing, PJ's are fine, and bring a complete change of clothing including diapers.
5. You may bring a favorite stuffed animal/toy or blanket, also a sippy cup or bottle to have a drink post-op.
6. At least one parent or family member will need to stay in the waiting room at all times when the child is in our care.

If you have any further questions or concerns, please feel free to contact your physician's office at (804) 378-7443.

Postoperative Instructions for Tonsillectomy

Most patients require 7 to 10 days to heal from tonsillectomy surgery. Some may heal quicker, occasionally feeling better by day 4 or 5, while others may take 2 to 3 weeks for a full recovery. Below are some important tips to make the recovery as smooth as possible. Never hesitate to call your physician's office if any questions or concerns arise.

1. **Drink plenty of fluids.** The most important requirement for the patient is to drink plenty of fluids. Milk products should generally be avoided for the first 24 hrs following anesthesia as they may upset the stomach. Water, juice, Gatorade and soft drinks are generally well tolerated. Avoid citric drinks such as orange or grapefruit juice as they may irritate the throat and increase discomfort. Signs of dehydration include decreased urination (less than 2-3 times per day), dry mouth or crying without tears. Please contact your physician if any concerns arise. Rarely, intravenous fluids may need to be administered to avoid dehydration.

Minimal fluid intake over 24 hours

Weight	Minimal fluid intake
Over 20 lbs	34 oz
Over 30 lbs	42 oz
Over 40 lbs	50 oz
Over 50 lbs	58 oz
Over 60 lbs	68 oz



2. **Eat soothing foods.** For the first 2 weeks after surgery, avoid eating crunchy, coarse, or scratchy foods such as toast, crackers, cookies, chips and pretzels because they may scratch the throat and cause bleeding. Foods that are easy on the throat include applesauce, yogurt, cooked cereals, broths or soups, mashed potatoes and soft fruits. Cold foods such as popsicles, Italian ice or frozen yogurt may also be soothing to the throat. Avoid very hot, spicy or acidic foods (ie, tomato sauce, orange juice). For older children and adults, chewing gum can be helpful to alleviate muscle tightness in the jaw and face.
3. **Fever.** A low-grade fever is common for several days following a tonsillectomy. Call your physician if a fever if greater than 102 degrees is present over several hours.
4. **Bleeding.** Small specks of blood or blood-tinged saliva may be seen for several days following the procedure. If bright red blood, large clots or bloody vomit is seen, please stay calm but call the physician or go to the emergency room. Sometimes gargling with ice cold water will slow down or stop the bleeding. Scabs that form will often fall off after 7 to 10 days and this may result in some brief bleeding.
5. **Pain.** By far, pain is the chief issue following surgery. Expect throat pain that may peak between day 3 and day 6 following the procedure. The pain may also be present in the ears, jaw, tongue and neck. Prescription pain medication will be prescribed. If the pain is mild to moderate, Tylenol may be used instead of the prescription pain medication. After 3 days, Ibuprofen (Advil, Motrin) may be used as well, however DO NOT take aspirin. Especially with children, it is often helpful to administer pain medication “around the clock” for the first few days. Expect the throat discomfort to considerably improve by postoperative day 10. Some mild discomfort or pain upon yawning may be seen for several weeks following the procedure.
6. **Activity.** Rest is recommended for the first few days, followed by slowly increased activity. If diet has resumed to near-normal and pain medication is no longer necessary, the patient may return to work or school. Talking is fine after surgery. Bathing is also not a problem.
7. **Gargle with warm salt water.** For older children and adults, gargling several times a day with warm salt water may be helpful. Mix 8 ounces of warm water with about ¼ teaspoon of table salt. Make sure to have your child spit the solution out after gently gargling.
8. **Use a humidifier.** Adding moisture to the air can be helpful. Keeping the mucous membranes moist can help ease the discomfort following tonsillectomy surgery. A cool mist humidifier strategically placed near the bedside is ideal.
9. **Stay away from irritants.** Try to avoid potential irritants such as cigarette smoke, fumes from paints or other chemicals which may not only increase the pain but also delay healing.
10. **Miscellaneous.** The tongue or uvula may be swollen, red or “bumpy” for several days. Also, the back of the throat where the tonsils were will form yellow scabs. This is completely normal and not a sign of acute infection. The scabs will often fall off or disappear after 1-3 weeks and more normal-appearing tissue will grow in its place. The voice may be different for a few weeks. Snoring may actually be worse for a week or two until the swelling goes down. Finally, it is not uncommon for liquids to reflux into the nose when drinking. This should subside after 3-4 weeks.
11. **Follow up.** A follow up appointment should be arranged for about 3 to 6 weeks following the surgery. If any problems or concerns arise before that time, please contact the office at 378-7443.



Postoperative Instructions for Tympanostomy

Your child has just undergone placement of ear tube(s). The procedure is generally brief and uncomplicated but a few points listed below may be considered.

1. Your child may be irritable for several hours following the procedure. A low-grade fever is not uncommon during the first 24-36 hours. Acetaminophen (Tylenol) or Ibuprofen (Motrin) may be used to reduce some mild pain or fever. Your child should be watched closely on the day of the procedure but normal activities may be resumed the following day. Tugging on the ears is common and will not disturb the ear tubes.
2. There may be a small amount of drainage from the ear canals which may appear clear, yellow, crusty or bloody. As long as the discharge tapers off over 2-3 days there is no need to worry. If the drainage persists after 3-4 days without signs of improvement, please contact the office.
3. Ear drops are often recommended after the procedure. Floxin, Ciloxin, or Ciprodex drops are commonly used. Ciprodex has an added steroid to reduce inflammation. Generally the child should use the prescribed ear drops as follows:
 - 3-4 drops in affected ear(s) twice daily for 3 days.
 - Continue the ear drops after 3 days if drainage or signs of infection persist and contact the office.
4. It is not uncommon for the ears to drain periodically, especially during upper respiratory infections or colds. The prescribed ear drops may be used during this time. If no improvement after 4-5 days, please notify the office.
5. Water precautions: A small amount of bath or pool water may enter the ear canals. Ear plugs are recommended with diving, deep water swimming or in a potentially contaminated water source such as a non-chlorinated pool, lake, river or ocean. Custom-fitted ear molds may be obtained. Your doctor may advise more aggressive water precautions if frequent drainage or infection becomes a problem.
6. Please feel free to contact the office with any questions or concerns at (804) 378-7443 during regular office hours. If an emergent issue should arise during off-hours, the above number will allow your physician to be paged.