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After a tonsillectomy

Home instructions — keep this sheet where you can find it

Recovery from a tonsillectomy is uncomfortable and takes longer than most people expect. Pain often gets worse before it gets better, and around day five to seven is usually the hardest. This is normal. Two things determine how well the recovery goes: keeping on top of the pain, and keeping up the fluids. Everything else follows from those.

Go straight to the nearest emergency department, or phone the rooms on 021 975 0840/1, if:

Do not wait to see whether it settles, and do not wait for rooms hours.

- There is any bright red bleeding from the mouth or nose, or blood is being coughed, spat or vomited up. Even a small bleed that has stopped must be assessed the same day.
- Breathing becomes difficult or noisy, or the lips or face look dusky
- There is no urine passed for 8 to 12 hours, or fewer than 3 wet nappies in a day, no tears when crying, dry lips and tongue, sunken eyes, or unusual drowsiness
- Nothing at all can be swallowed, including saliva, or vomiting will not stop
- Temperature above 38.5 °C, or a fever with chills lasting more than 12 hours
- Increasing neck stiffness or swelling, or pain that suddenly becomes far worse

Bleeding: what you need to know

A scab forms over each tonsil bed and separates as the area heals underneath, usually between day 5 and day 10. This is when bleeding is most likely. Roughly 5 in 100 patients have some bleeding, and most of it stops by itself, but it cannot be judged from home.

If bleeding starts

- Sit upright and lean slightly forward. Do not lie flat.
- Spit the blood out into a bowl. Do not swallow it: swallowed blood causes vomiting and makes it impossible to judge how much has been lost.
- Sip ice-cold water or suck on ice, and place an ice pack on the front of the neck.
- Stay calm and keep the patient calm. Crying and panic raise the blood pressure and make bleeding worse.
- Go to the nearest emergency department straight away, even if the bleeding has already stopped, and phone us on the way.

Small streaks of old, dark blood in the saliva or in vomit during the first day or two are common and less concerning, but tell us about them.

Pain control

Pain is usually at its worst between day 5 and day 7 and settles from about day 7 to 10. Ear pain on one or both sides is very common: it is pain referred from the throat along a shared nerve, and it does not mean there is an ear infection.

Give the pain medication by the clock, not on demand. It is far easier to keep pain under control than to bring it back under control once it has broken through. Set alarms, including at least one overnight dose for the first week. Give a dose 20 to 30 minutes before meals so that eating and drinking are easier.

Your prescribed regimen

MEDICINE	DOSE AND TIMING
Paracetamol (regular)	As prescribed (for children the dose depends on weight). Every 6 hours, around the clock. Never exceed the daily maximum on the label.
Ibuprofen (regular)	As prescribed, every 8 hours, with food or a drink. Anti-inflammatories are safe after tonsillectomy and do not increase bleeding; they are part of the recommended regimen, not an optional extra.
Rescue pain relief, if prescribed	
Andolex (benzydamine) gargle or spray	As directed, for local relief. Do not swallow. It may sting at first; dilute it with a little water if so.
Antibiotics	Not prescribed routinely. Trials show they do not reduce infection, bleeding or pain after tonsillectomy. White or grey patches in the throat are healing tissue, not infection.

Medication safety rules

Never give a codeine-containing medicine to anyone under 18 after a tonsillectomy. Codeine is contraindicated after this operation because some people convert it to morphine unusually fast, which has caused fatal breathing problems in children. Many South African combination painkillers and cough syrups contain codeine, so check the label or ask your pharmacist before giving anything not prescribed for this operation.

Do not give two different anti-inflammatories at the same time. Ibuprofen, diclofenac (Voltaren), lornoxicam (Xefo), meloxicam and aspirin are all in the same family. Two of them together give no extra pain relief but add up the risk to the stomach and kidneys, particularly in someone who is not drinking well.

Do not double up on paracetamol. Many combination painkillers already contain it. Exceeding the daily maximum can cause serious liver injury.

Avoid aspirin entirely, in anyone of any age, as it increases bleeding.

Fluids come first

Drinking matters more than eating. Good fluid intake keeps the throat moist, reduces pain, and prevents the dehydration that is the commonest reason for coming back to hospital. Weight loss over the first week is expected and is not a problem provided fluids are going in.

- Small amounts often works better than large amounts occasionally. Aim for a few sips every 15 to 20 minutes while awake.
- Cold and cool drinks soothe. Ice lollies, ice chips, frozen juice and water all count towards fluid intake.
- Fizzy drinks and citrus juices often sting. Water, dilute juice, milk and rehydration solutions are usually better tolerated.
- Check urine: pale and regular is what you are aiming for. Dark, strong-smelling or infrequent urine means more fluid is needed.

Eating

There is no evidence that restricting the diet reduces bleeding, and pooled studies show no difference in bleeding rates between restricted and unrestricted diets. Chewing gently also keeps the jaw and throat moving, which helps. The guiding rule is simple: if it does not hurt, it is fine to eat.

- Return to a normal diet as soon as it is comfortable, usually within about a week
- Easy early choices: ice cream, jelly, yoghurt, custard, mashed potato, pasta, scrambled egg, porridge, bread, lukewarm soup
- Things that commonly sting: citrus and tomato, spicy food, very hot food and drinks, and fizzy drinks
- Leave sharp or hard foods such as crisps, popcorn, toast crusts and nuts until swallowing is comfortable
- Chewing sugar-free gum reduces pain and painkiller use in trials, and is worth trying in older children and adults. Not for young children, who may choke on it.

What is normal and does not need treatment

YOU MAY NOTICE	WHAT IT MEANS
White or grey patches in the throat	Healing tissue, not infection or pus. It clears as the beds heal.
Bad breath	Expected while the tonsil beds heal. Rinsing gently with water helps.
Ear pain, one or both sides	Pain referred from the throat along a shared nerve. Not an ear infection.
Temperature up to 38 °C	Common in the first few days. Report anything above 38.5 °C or a persisting fever.
Neck stiffness or a change in voice	Usually from swelling and settles within a week or two.
Snoring for a week or two	Swelling of the throat after surgery. It should then improve.
Poor appetite, some weight loss	Expected. Keep the focus on fluids rather than food.

Rest and activity

- Plan on 10 to 14 days at home. Going back too early usually means coming home again.
- Stay away from crowds and anyone with a cold. Picking up an infection while healing raises the bleeding risk.
- Quiet activity at home is fine from the start. Avoid sport, running, swimming and heavy lifting for 2 weeks, and avoid smoke and dusty environments.
- Avoid flying for 2 weeks, so that help is close by during the highest-risk period for bleeding.

- Adults: no driving, alcohol or important decisions for 24 hours after the anaesthetic, or while taking a sedating painkiller.
- Sleep with the head slightly raised for the first few nights.

Follow-up

Your follow-up date is on your discharge paperwork. Phone the rooms on 021 975 0840/1 in office hours with any question, however small. Outside office hours the same number is redirected to Dr Vermaak. For anything urgent, phone it or go straight to the nearest emergency department.

> **The two things that matter most**
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> Give the pain medication by the clock, and keep the fluids going. Almost every problem that brings a patient back to hospital comes from one of those two slipping. And if there is any bleeding at all, go to hospital, even if it has stopped.
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> General guidance for recovery after tonsillectomy with or without adenoidectomy. Where Dr Vermaak has given a different instruction, follow that.

Rooms 021 975 0840/1 — redirected to Dr Vermaak after hours.