

## **Dr. Isaac Namdar's instructions for:**

### **Tonsillectomy, adenoidectomy, and/or UPPP (uvulopalatopharyngoplasty)**

#### **Before Your Surgery:**

Dr. Namdar's assistant will review the preoperative instructions with you in detail. Make sure you follow instructions regarding medications, and if instructed so, obtain a medical clearance and necessary lab work from your primary care doctor.

Dr. Namdar's office will contact you a day or two before the surgery to discuss with you the exact time that you need to arrive for your surgery. You may also get a separate phone call from the hospital confirming the time and the location.

#### **Day of Surgery:**

Kindly show up at the designated time for your surgery. Most adult patients can come in by themselves, but it is mandatory for an escort for to pick you up on the way home. Pediatric patients need to come in with their parents or their legal guardian. All patients need to be on a completely empty stomach, meaning no food or liquids after midnight the day before.

Upon arrival to the hospital, please proceed to the security desk and tell them that you are having surgery. They will guide you through to the pre-operative preparation area where you will meet the nurses and the anesthesia doctors. Dr. Namdar will also meet you there to prepare you for your surgery.

#### **Surgery:**

The surgery is performed under general anesthesia. For most patients, this will take approximately 1 hour.

#### **Recovery:**

At the completion of the surgery, you will be taken to the recovery room. For pediatric patients, the parents will be brought in immediately provide comfort for the child. For adult patients, visitors can meet you as soon as you are stable. Most patients will be observed in the recovery room for four to six hours, and you can go home once the recovery room nurses think that you are safe for discharge. All patients need to be escorted home upon discharge.

#### **Medications (pediatrics):**

- Use the liquid pain medicine as directed.
- Complete the course of the preventive antibiotics.

#### **Medications (adults):**

- Use the liquid pain medicine as directed for the first few days until swallowing is more comfortable.

- Once you are able to swallow some solids, use the pill pain medicine since it is usually stronger in effectiveness. The liquid and pill pain medicine should be used interchangeably, *not* in combination.
- You will be also be given a prescription for a mouthwash with numbing medicine in it. Please use this in between your regular doses of the pain medicine if you are experiencing additional pain, but you are not yet due for your next dose due to timing concerns.
- You will be also be given a prescription for cortisone to reduce the inflammation in your throat.
- Complete the course of the preventive antibiotics.

#### Diet:

- For the first few days you may find it more comfortable to stick to mostly liquids, including water, juice, jello, and broth from the soup.
- After a couple of days you may be able to have very soft solids. This includes foods with textures such as applesauce, scrambled eggs, mashed potatoes, and a very soft vegetables and meats from the soup.
- Avoid any crunchy or chewy foods such as nuts, toast, crackers, or chips of any type.
- Despite all the precautions above, most people will find it very hard to swallow various types of food. It is not uncommon for people to lose some weight in the immediate recovery period. Even if not able to take any foods, we cannot stress enough the importance of hydrating adequately with any types of liquid. The patient's who are too hesitant to even drink water, will experience a much worse recovery period. Make sure you take at least 8-10 glasses of water per day even if that is all you are able to have.

#### Pain Management:

Unfortunately, surgery for the tonsils and the palate is one of the more uncomfortable ones performed in the field of ENT. This is due to a multitude of nerve endings that supply the back of the throat. Most patients would experience a lag in the onset of the severity of the pain. You might expect the pain to get worse three days after surgery, and to last another three or four days before it subsides. This delayed onset is due to the body's natural immune system response, and is not due to any discrepancy in your healing.

#### Post-Op Visit:

Dr. Namdar would like to see his patients undergoing these procedures usually at two weeks after their initial surgery. Make sure you call the office and make an appointment for your postoperative visit.