

The general anaesthetic, surgery and medications may cause you to feel fatigued.

Pain

Over the first few post-operative days, your sore throat will worsen and can become very painful. Some patients also experience earache, due to referred pain. Sometimes, patients feel they are improving after a week, then start to have more pain again. It is very important to take the painkillers you've been prescribed and contact your doctor if there are questions about pain and medication management, or you think you are experiencing significant side effects.

Throat

Tonsillectomy leaves two raw surfaces in the throat that will become coated and white. This is normal and will disappear by the fourth week.

Bleeding

A serious complication of tonsillectomy is bleeding from the tonsil wounds. This may occur up to two weeks after surgery. Patients with bleeding usually cough up or spit out bright red blood or clots.

If you have any significant bleeding (brisk bleeding, lasting more than 1 minute) at any time, promptly attend your nearest public hospital Emergency Department.

WHAT TO DO

General Care

You should rest at home for the first week and begin gentle walks in the second week, if you feel well. You will need two weeks off work and exercise, and you should not fly for 4 weeks.

Fluids and oral intake

It is very important that you drink plenty of fluids and stay well hydrated in the post-operative period. This will help reduce pain and discomfort. Most patients find cold and soft foods easier to swallow, but you may eat whatever you feel like. Avoid very hot, spicy or acidic foods to prevent discomfort.

Patients who do not eat and drink well, can become dehydrated, then further intake is limited by increased discomfort so a negative cycle develops which culminates in unfavourable conditions in the region of the healing tonsillar fossae which can lead to infection or bleeding.

Activity

As much as possible try to avoid exercise, lifting anything heavy or overexertion. Contact with people with colds or flu should be avoided.

Pain relief

Your doctor will advise you about analgesia (pain-killers), which you will need to take regularly for the first week at least. Taking your medication half an hour before meals can make eating more comfortable.

Paracetamol (Panadol, Panamax) should be taken regularly every 6 hours, up to the maximal daily dosage. Do not exceed the recommended daily dosage.

In addition, Ibuprofen (Nurofen, Brufen) can be taken, as needed, every 6 hours, up to the maximal dosage. Do not exceed the recommended daily dosage.

You may have received a prescription for Oxycodone, (Endone), which can be taken every 4-6 hourly, as required. It is especially useful before going to bed, but should be used throughout the day if Paracetamol and Ibuprofen have been taken and you are still finding it difficult to eat/drink.

Other medications you may have received include Prednisone and Tapentadol (Palexia). It is important that you take these as directed, and do not exceed the recommended doses prescribed by your surgeon or anaesthetist. If you have questions about the dosage, please call your surgeon or GP.

Codeine-containing medication (such as Panamax Co) should not be taken on the same day as Oxycodone. Codeine and Oxycodone may cause nausea, constipation or drowsiness.

Ibuprofen may cause stomach upset.

If a medication side effect is troubling you, seek advice from your surgeon or see your GP.

If your pain relief is insufficient, contact your surgeon or see your GP.

Post-operative appointment

You will need to see your surgeon in the office about 4 weeks after surgery, unless otherwise arranged

IMPORTANT INFORMATION

Attend your nearest Emergency Department for serious complications e.g bleeding or prolonged vomiting or drowsiness.