

Aspirin and aspirin-related products should not be taken 2 WEEKS BEFORE OR AFTER SURGERY because they increase the chances of bleeding.

For this reason, it is very important that you know the contents of any "over the counter preparations" prior to their use. Many headache preparations, cold remedies, and "hangover cures" contain aspirin. The chemical name of aspirin is acetylsalicylic acid.

Examples of drugs containing salicylates are as follows:

Acetidine	Bufferin	Inhiston
Alka-Seltzer	Coricidin	Liquiprin
Anacin	Darvon Compound	Midol
Anahist	Doan's Pills	Pepto-Bismol
APC	Distrin	Persistin
Aspergum	Ecotrin	Sal-Sayne
Aspirin	Empirin Compound	Stanback
B C	Excedrin	Theracin
Bromo-Quinine	4-Way Cold Tablets	Trigesic
Bromo-Seltzer	Goody Powder	

Examples of aspirin-related products are the following: (These products also should not be taken 2 weeks before or after surgery).

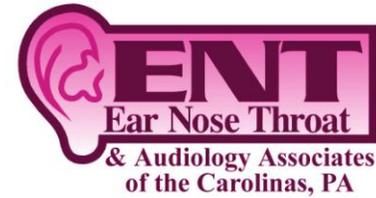
Advil	Naprosyn	Indocin
Alleve	Motrin	Tolectin
Nuprin	Ibuprofen	Feldene

You can substitute TYLENOL for these products for pain or fever leading up to surgery. Your physician will give you a prescribed pain medicine and antibiotic to take at home, upon discharge from the hospital.

Check with your PHARMACIST if you are not sure if the medication you are taking contains aspirin.

NOTHING TO EAT OR DRINK AFTER 12:00AM MIDNIGHT THE NIGHT BEFORE SURGERY

Arrive at the designated hospital, by time quoted to you by that hospital's pre-operative dept, at the patient interview or call.



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POST-OPERATIVE INSTRUCTIONS

**UVULOPLATOPHARYNGOPLASTY/
TONSILLECTOMY**

Patient's Name: _____

Location: [] CMC Pineville [] Piedmont Medical Ctr
[] Presbyterian/Matthews [] Presbyterian/Main
[] Presbyterian Surg Center [] Carolina Surgery Ctr
(Ballantyne)

Surgery Date: _____

Post-op Date: _____

POST-OPERATIVE INSTRUCTIONS

Tonsillectomy /Uvulopalatopharyngoplasty

DIET

A common side effect from the anesthesia is mild nausea and vomiting. Until this resolves, the patient should have clear liquids in small amounts. After they are feeling better, they may advance to a regular diet. Not wanting to eat for the first several days is not unusual but IT IS VERY IMPORTANT TO DRINK PLENTY OF FLUIDS. These fluids may be in any of the following forms: popsicles, tea, apple and grape juice, soups, jello, pudding, ice cream, milk shakes, custard, and so on. I suggest that you avoid highly seasoned, salted, or sharp foods such as potato chips or breadsticks. Also, avoid acidic foods such as oranges or tomatoes as they burn. However, beginning the first day, a patient may eat a diet as tolerated. After 2-3 days, it is important to keep the pharyngeal muscles in motion. To do this, I would suggest that the patient start chewing gum on the 2nd day through the 10th day after surgery. This usually decreases the muscle spasms of the pharyngeal muscles and will decrease the pain.

ACTIVITY

Avoid strenuous activity during the recovery period. Children do not need to stay in the bed, but to remain relatively quiet for the first couple of days. Their activity should be gradually increased over the next several days. Children should not return until they have been without a temperature for 24 hours and have adequate fluid intake. They may go back to school as soon as 72 hours after the surgery, but it is usually 5-7 days before they are ready to return to school. **NO PHYSICAL EDUCATION OR SPORTS FOR 2 FULL WEEKS!** Adults should avoid strenuous activity, exercise or heavy lifting for 2 Weeks and may return to work when they feel able. An ice pack should be placed around the neck for the first 24 hours as this will help decrease the swelling. Avoid strenuous activity for the first 24 hours; after that, the patient may resume their normal activity.

FEVER/PAIN

Occasionally, a temperature may be present for the first few days after surgery. If this happens I recommend taking Tylenol. If the temperature continues for more than 48 hours, and is greater than 101.5, please call the office for instructions. DO NOT TAKE ASPIRIN OR

ASPIRIN PRODUCTS AS THEY MAY CAUSE BLEEDING.

A sore throat may persist for up to 2 weeks. In children, the pain is usually easily controlled with Tylenol. A prescription for stronger medicine may be given in older children or adults. Usually in 5-7 days the pain is residing. However, on occasion, especially if the patient has not taken enough fluids, the pain may be increased or associated with earaches. These earaches are not usually related to an ear infection, but are related to the healing process of the tonsil. If pain is not controlled by the pain medicine you are given, please call the office.

BLEEDING

An uncommon complication of this type of surgery is bleeding. Blood streaks in the saliva may occur for the first 2 days. Bright blood, measuring more than 2 tablespoons SHOULD BE REPORTED TO THE OFFICE. It is usually easily controlled by having the patient rest quietly and by applying an ice collar to the neck. If the patient is old enough to gargle, ice water may be used to gargle and this may be helpful. Bleeding may occur at 7-10 days when the scabs are coming off the tonsils. This usually has happened when the patient has been involved in strenuous activity. This type of bleeding is rarely a problem and will stop with the above measures. Coughing or clearing the throat should be avoided as much as possible during the recovery period. Bleeding is an uncommon complication of this surgery. Any bright red blood measuring greater than 2 tablespoons should be reported to the office.

OTHER SYMPTOMS

Bad breath and an unpleasant taste are not unusual. The tongue is often coated and the throat may have a white appearance. This is part of the healing process and does not mean that they are infected. To decrease the bad breath and unpleasant taste, we recommend brushing your teeth several times a day, and you may use a warm salt water gargle, teaspoon of salt and a large glass of water.

FOLLOW UP

Your post-operative appointment should be made for approximately 3-5 days after your surgery for splint removal. Please call the office if you have any questions or problems.