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Post-Operative Pain Management for Adults

You will be prescribed either a liquid or a pill analgesic. Typically pain medication that is taken by mouth has a faster onset of action with a stronger dosage of medication, however sometimes after oral cavity procedures, patients have difficulty swallowing pain medication by mouth. Thus we offer the following options:

TETRACINE LOLLIPOPOP

This lollipop releases a topical anesthetic that numbs everything it comes in contact with. The advantage of this is that it can soothe the oral cavity allowing for relief that sometimes makes swallowing oral medications more manageable. Because of the numbing agent some patients find the numbing sensation unpleasant. It can also be dissolved in a small amount of liquid, swished around the oral cavity and swallowed. The lollipop CAN be used with either the liquid or gel pain relief medication because it is not a narcotic.

TOPICAL NARCOTIC PAIN GEL

This can be applied to thin parts of skin like the wrist, neck or back of knees and is absorbed directly into the blood stream through the skin. Some patients are unable to tolerate oral pain medications because of oral cavity pain or nausea. Advantages of the gel include pain relief without swallowing medication, an option for pain control if vomiting and for use to help ease pain if patient is sleeping. The disadvantage is that many patients feel it is not as strong as the liquid narcotic. It also contains no acetaminophen or ibuprofen so these medications can be given with it. **Do not give the oral narcotic pain medication and the narcotic gel together as it can cause an overdose.**
Read all compounded medication directions well.

All medications should be used as directed Please read the instructions about how much and how often medications can be administered. We cannot stress enough how much hydration helps with pain control! The transdermal nausea medication can be given with any of the above medications as well.

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Post-Operative Instructions for Tonsillectomy for Adults

Tonsillectomy requires about 2-3 weeks for recovery depending on age. The secrets to a good recovery are: adequate hydration, good pain control and communication with the office for any problems or questions.

What to Expect:

1. **Sore Throat** – This usually waxes and wanes for 10-14 days and is usually worse in the mornings because of dryness from not drinking in the night. A humidifier or facial steamer sometimes helps with this. Remember good pain control is imperative so take your pain medication every 4 hours if needed. The 2 narcotics cannot be taken at the same time. The Tetracaine Lollipop is a topical anesthetic which will numb the area and is not a narcotic and therefore can be taken with any of the other medications. In most cases, unless the patient is allergic, Hycet is prescribed for mild-moderate pain (0-7) and Demerol for severe pain (8-10). Motrin may be taken in between doses of narcotic. Avoid aspirin and Aleve throughout recovery.
2. **Fever** – Is common and usually not due to infection but related to poor hydration. It is important to encourage fluids as this helps with fever. It is acceptable to use Tylenol or Motrin to reduce the fever. (Be aware that Motrin must be alternated with the Hycet to not give too much Acetaminophen)
3. **Nasal Speech** – This can occur after surgery as the palate learns to close the space previously occupied by the tonsils and/or adenoids. It may persist for weeks to months.
4. **Ear Ache** – This occurs commonly. This occurs as referred pain or “sympathy” pain from the throat because the nerves to the tonsil also give sensation to the ear. Ear numbing drops are no longer made, nor were they very effective since the pain is not coming from the ear.
5. **Bad Breath** – This is expected and persists for about 2 weeks because of the scab where the tonsil was removed. It is okay to gently brush the teeth, but the smell will not resolve until the scabs have fallen off. If you look into the back of the throat, you will notice the scabs are a white, gray, yellow color and may even look like pus, but this is the normal appearance for a scab in the oral cavity.
6. **Constipation** – The combination of pain medication and reduced diet and activity can lead to post-operative constipation. We recommend an over the counter Miralax and/or Dulcolax suppository, or Milk of Magnesia. If this does not help, please call.
7. Runny nose/nasal discharge, post nasal drip, snoring, swelling of the uvula and reflux of fluid into the nose are common during the first few weeks after surgery. Snoring and throat clearing are common as well from uvula swelling. Sucking ice chips helps.

Diet:

Start with a clear liquid diet (Water; Juices-apple and grape; Sports Drinks – 10-K, Gatorade, PowerAde; 7-UP or Sprite; Popsicles, or Jell-O) to prevent nausea and/or vomiting. Citrus and fruit juices and carbonated beverages may burn. Avoid warm liquids as well. All drinks and foods should be lukewarm or cool, not hot. Everyone advances differently, but I recommend advancing to puddings, ice cream, milkshakes, smoothies, and then to soft foods like grits, oatmeal, yogurt, ramen noodles, mac & cheese, mashed potatoes, scrambled eggs, applesauce, well cooked rice with butter, and pastas/noodles. **No scratchy foods for 2 full weeks.** (i.e. – chips, popcorn, pretzels, crackers, cookies.) Avoid meats, breads, anything crispy or that requires much chewing. Soups or broths should be only lukewarm and have no chunks of meat.

Activity:

No heavy activity or exercising is recommended for 2 weeks following surgery. Please do not drive or drink alcohol if taking narcotics.

Bleeding:

A little blood tinged sputum is normal after surgery. If you see a teaspoon or more of blood- gargle ice water or suck on ice chips and call the office number **immediately**, at any time of day or night. Bleeding needs to be evaluated, controlled, and vomiting prevented. Blood cannot be digested and will cause vomiting.