

G. Paul Doxey, MD

Trusted, experienced personal ENT care

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G. PAUL DOXEY, MD

Board-Certified: American
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Residency: Otolaryngology–
Head & Neck Surgery, University
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Salt Lake City

MD: University of Utah College
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TRUSTED CARE FOR:

- Sinus/nasal problems
- Snoring & sleep apnea
- CT-guided sinus surgery
- Balloonplasty
- Deviated septum
- Nasal blockage/polyps
- Nasal fractures
- Nosebleeds
- Ear pain & infections
- Voice & swallowing disorders
- Care of the professional voice
- Perforated eardrum
- Head & neck surgery/cancer
- Thyroid & parathyroid surgery
- Allergies & testing
- Salivary gland infections & surgery
- Nose reshaping (rhinoplasty)
- Facial or nasal fracture repair
- Otoplasty (correction of overly prominent or poorly positioned ears)
- Neck masses
- Facial wound repair & reconstruction
- Surgical removal of facial moles & tumors

TRUSTED CONVENIENCE:

- Convenient location
- Friendly, courteous staff
- Most insurance accepted & filed
- Major credit cards welcome
- Convenient office hours
- Ample free parking

Instructions for Postoperative Tonsillectomy/Adenoidectomy

What to expect:

1. Adults can expect throat pain for 10 to 14 days; children seven to 10 days. Most patients also experience pain in their ears following tonsillectomy. This is referred pain from the throat and does not mean the ears are infected or abnormal.
2. Low-grade fever of 99° F to 100° F is frequently seen.
3. Spitting or vomiting of dark brown blood is often seen in the first two to three days.
4. In general, the first postoperative day after tonsillectomy is usually the worst day, and each subsequent day is better until the fourth to seventh day, when the patient's pain generally increases. This corresponds to when scabs start to dissolve from the tonsil beds. This worsening may last for several days but once past, full recovery is ensured.
5. Generally, adenoidectomy alone causes less pain, and whatever pain may occur, usually lasts for only three to four days. Occasionally, a stiff neck may occur.

Diet:

1. It is very important, particularly in children, to take large amounts of liquid in the first week after surgery to prevent dehydration. Additionally, frequent swallowing helps lessen throat pain.
2. During the first few days, mainly liquids should be given. Semisolid and solid food can be added to the diet as the patient is able to swallow them. Two or three cans of a dietary supplement (e.g., Ensure) can help with nutritional requirements while healing. Avoid acidic juices such as orange juice, since they can sting the throat.
3. Scratchy foods such as popcorn, crackers and other dry, salty items should be avoided for the first 10 days to prevent discomfort and bleeding from the exposed tonsil beds.

Activity:

1. The patient should remain inactive at home for the first five to seven days. Children should avoid running or vigorous activity for seven to 10 days after the surgery. Most adults cannot tolerate returning to work full-time until after the first postoperative week has passed. Activity can then be increased as the patient tolerates it. Sports can be started after two weeks.

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Pain control:

1. A prescription for pain medication will be given upon leaving the hospital or surgical center and should be taken as directed. Do not get behind on the administration of these medicines as you will be “chasing the pain” and will have a difficult time achieving maximal pain relief. However, it is not a good idea to wake the patient at the prescribed time if he or she is sleeping soundly.
2. Paradoxically, over time, patients will have less pain the more they swallow. Chewing gum and swallowing often is to be encouraged. This will not impede the rate of healing of the throat. If the patient does not want to swallow his or her own saliva, then the risk of dehydration or postoperative bleeding increases. It is imperative for the patient to swallow despite pain. Occasionally, an increased dose of pain medication or a change in the type of pain medicine is helpful for pain control.
3. An ice collar or compress to the neck is soothing and may be used if desired.
4. Gargling with saltwater (2 tsp. salt in one measuring cup of lukewarm water) may help loosen mucous in the back of the throat and ease the pain.
5. Occasionally, pain medication can slow the colon and cause constipation. If this occurs, call the office or a pharmacy for instructions. Stool softeners are quite helpful.

Complications:

1. As mentioned above, dark brown blood can be expected for a day or two. However, if fresh bright red blood is seen, the patient should, if able, gargle with water to try to remove any clots that may be present. If the fresh bleeding continues (more than two tablespoons), then contact Dr. Doxey through the office phone number day or night, or contact Dixie Regional Emergency Room and they will contact the doctor.
2. Contact Dr. Doxey if fever exceeds 101° F by mouth.
3. Watch the patient for dehydration. A patient may vomit several times after the surgery, either to expel old blood from the stomach or because of the occasional nauseating effects of general anesthesia. However, if the patient continues to vomit what he or she has been drinking, then dehydration can develop. If an anti-nausea medication has been prescribed, please give it to the patient. If you need this medication or if the medication doesn't work, please contact Dr. Doxey. One of the best ways to gauge if a patient is drinking enough is to observe the color and quantity of the urine. If the urine is becoming dark yellow, the patient needs to drink more. Normal urine is almost colorless.

Postoperative visits:

1. In general, Dr. Doxey sees postoperative tonsil patients approximately two weeks after surgery. Call the office to make an appointment.