POSTOP INSTRUCTIONS

ADENOIDECTOMY AND PE TUBE INSERTION

NORMAL POSTOP COMPLAINTS

- Throat discomfort is minimal. Tylenol or Motrin usually provides sufficient pain relief.
- Neck pain and earaches are common, occurring in 5 to 7 days. Treat these with Children’s Motrin or Advil.
- Low-grade fever between 99-100 degrees. (May be worsened by a poor fluid intake).
- Bad breath for up to 3 weeks.
- Significant nasal congestion, due to soft tissue swelling from the surgery. As the swelling goes down, a runny nose and cough are common. (Resolves after two weeks).
- Slight bleeding from the nose, if patient becomes overactive too soon.
- Drainage of middle ear fluid for 2 to 3 days. May be clear, reddish, or bloody.
- Frightened by normal sounds, which may sound louder due to the immediate improvement in hearing.

CALL OUR OFFICE IF YOU NOTICE ANY OF THE FOLLOWING

OFFICE TELEPHONE # 727-329-5400
SURGICAL EMERGENCIES # 727-562-6858

- Fever greater than 102 degrees that does not respond to Acetaminophen (Tylenol) or Ibuprofen (Advil/Motrin).
- Severe nose bleed.
- Severe neck pain or neck pain that does not respond to Motrin/Advil in 48-72 hours.
- Persistent nausea or vomiting.
- Drainage of middle ear fluid beyond 4 days.

HOME CARE INSTRUCTIONS

- Begin with a clear liquid diet and progress to normal as your child feels like eating.
- Use Acetaminophen (Tylenol) or Ibuprofen (Advil/Motrin) for pain and discomfort.
- Child should rest at home for the first day postop.
- Gradually increase activity level to normal after 3-4 days, avoiding vigorous activity for 3-4 days.
- If prescribed ear drops, be aware that the drops may cause a burning sensation for some children; if so call the doctor’s office.
- If your child has ear drainage after the initial 4 postop days and while the ear tubes are still in place please call our office.
- Schedule a post-operative appointment in 3 weeks for a repeat hearing test.
- To provide continuity of care, a post-operative appointment will be required every 4-6 months while the PE tubes remain in the ear.

Notes/Questions:

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