

## **INSTRUCTIONS FOR PATIENTS HAVING SURGERY**

1. To schedule your operation, you must call my surgical scheduler in the office at (914) 686-3950. She will arrange a date and location for your operation, as well as obtain any necessary approvals from your insurance company. Routine pre-operative testing, if needed, is often performed one to two weeks prior to the date of surgery. The scheduler will help you to arrange this testing, as well as any needed medical clearances.
2. Do not take any medications that contain aspirin or aspirin-like substances for two weeks before your operation. This includes ibuprofen (Advil, Motrin), naproxen (Aleve), and aspirin (acetyl salicylic acid). As a rule, any pain reliever or anti-inflammatory medication that is not acetaminophen should be checked with the doctor. This includes topically applied medicines such as Ben-Gay. For everyday pain relief, acetaminophen (Tylenol) is acceptable. If there is any uncertainty about whether you can take a particular medication, please call the office and ask. Other than stopping aspirin-type of medications, you should continue taking your regular medications.
3. Do not eat or drink anything after midnight prior to the morning of surgery. That means anything! If you eat or drink anything on the morning of surgery, your operation may be cancelled by the anesthesiologist. If you take medication regularly, it is often okay to take it on the day of surgery with just a sip of water, but please discuss this with Dr. Spingarn before your operation.
4. Call the ambulatory surgical facility or hospital Admitting Office the afternoon before the day of surgery to confirm the time of your operation, just in case last-minute scheduling changes have occurred.
5. If you have any questions that have not been answered regarding your operation, call the office. If you need to cancel your operation for any reason, please notify us directly as soon as you know.
6. It is generally a good idea to schedule an office visit with me during the week prior to surgery, especially if you want to pick up your prescriptions before the day of your operation.
7. Although I may participate with your insurance plan, I cannot guarantee that all surgery facilities accept your insurance. Please contact the surgery facility yourself to verify that the facility as well as its anesthesia department both accept your insurance. If there is any doubt, and you wish to use a different facility, please discuss this with my scheduler.

The day of surgery:

1. Make sure to arrive at the ambulatory surgical facility or hospital more than an hour before the scheduled time of surgery.
2. If you are going home on the day of surgery, someone must be available to drive you. You will be discharged once the recovery room team is satisfied that you are stable. Prescriptions should be arranged with Dr. Spingarn in advance. Do not ever drive if taking any narcotic for pain or medication for dizziness in the post op period or after any treatments.
3. It is common to have nausea and vomiting as the result of general anesthesia following surgery. This may last a day or so. If it persists or gets worse, please call the office.
4. If you need to reach Dr. Spingarn for any reason after surgery, call the office at: (914) 686-3950.

## **TONSILLECTOMY INSTRUCTIONS**

1. Avoid aspirin or aspirin-like products for three weeks before and two weeks after surgery. These include ibuprofen (Advil, Motrin, Nuprin), naproxen (Aleve, Naprosyn), and Celebrex. Tylenol (acetaminophen) is acceptable if you need a pain reliever.
2. Do not eat or drink anything after midnight prior to the morning of surgery. This includes water and sucking candy. You may brush your teeth. If you take medication regularly, ask us first if you should take it the morning of surgery.
3. After discharge from the hospital, go home immediately. Children should remain in bed for the first day and out of school for one week. Adults should remain home and quiet for one week, and should anticipate needing two weeks off from any strenuous activity. Most patients do not feel fully recovered for about two weeks.
5. Diet. In general, start with liquids and progress to soft foods as tolerated. Avoid very hot or spicy foods as well as food with hard edges (potato chips, pretzels, dry toast). Avoid tomatoes, citrus juices, and vinegar as these may cause burning in the throat. A sample diet is attached.
6. Pain and discomfort. Tylenol or Tylenol with codeine or hydrocodone is encouraged for the first few days after surgery. I will provide you with a prescription for this, as well as for an oral antibiotic. Ear pain is common after surgery, and may be helped by chewing gum and drinking plenty of fluids. Nausea and vomiting due to the anesthesia are common for a day or so. If it persists or gets worse, call the office. Bad breath is common, and can be relieved by drinking lots of fluids. It is common to run a low fever after surgery. If the temperature reaches 101.5°, call the office.
7. Bleeding. If there is any bleeding, try gargling gently with ice water. If the bleeding does not stop immediately, call the office. If bleeding is severe, get to the nearest emergency room or call 911. In order to avoid bleeding, try not to sneeze, cough, blow your nose hard, or forcibly clear the throat. If you must sneeze, do so with your mouth open.
8. There may be a voice change associated with removal of tonsils or adenoids. Usually this is temporary, but occasionally it is permanent.
9. If there are any questions after the operation, call the office at (914) 686-3950.

## **TONSILLECTOMY DIET**

First day:

1. Drink several glasses of water (lukewarm is less irritating than cold).
2. Encourage other fluids by frequently offering jello, ice pops, lukewarm broth or cream soups, and non-citrus fruit juices (pear, apple, grape).
3. Milk, pudding, and ice cream are acceptable in small quantities, as long as they don't produce too much coughing and throat clearing due to phlegm.
4. Refined cereal (farina) and eggs (boiled, poached, or scrambled) are okay.

Second day:

1. Add strained vegetables (pureed or soft), mashed potatoes, cottage cheese.
2. Finely ground beef or chicken, spaghetti without tomato sauce.

Third day and later:

1. Gradually resume normal diet as tolerated.
2. Avoid citrus juices (orange, lemon, grapefruit) and tomato sauces - they make the throat burn.
3. Avoid hot or spicy food, potato chips, nuts, dry toast, pretzels and crackers.