

Children's Ear Nose & Throat Center

Sub-specialists of Dell Children's Medical Center of Central Texas

A member of the  Seton Healthcare Family

Phone (512) 324-2720 • Fax (512) 324-2724
After Hours (512) 458-1121

TONSILLECTOMY & ADENOIDECTOMY

We appreciate the opportunity to care for your child. Please review this sheet as it will help you know what to expect for your child's surgery. Please do not hesitate to call us if you have any questions or concerns.

WHAT ARE TONSILS? The tonsils are two pads of tissue located on either side of the back of the throat. Tonsils can become enlarged in response to recurrent tonsil infections or strep throat. They can also become a reservoir for bacteria.

REASONS FOR TONSILLECTOMY: Infection - recurrent or chronic tonsil infections or strep throat despite antibiotic therapy Upper Airway Obstruction - enlarged tonsils can block the airway and cause difficulty breathing

THE SURGERY A tonsillectomy is performed under general anesthesia either as an outpatient or with overnight observation. It is frequently performed with an adenoidectomy. The surgery takes about 30-45 minutes. Children remain at the hospital 2-4 hours after outpatient surgery or overnight for observation.

PRE-OPERATIVE CARE

- Avoid aspirin products (including Pepto-Bismol) or products containing Ginkgo Biloba or St. John's Wort for two weeks prior to surgery.
- Acetaminophen (Tylenol) may be given as well as over the counter cold medications and antibiotics.
- Please notify your doctor if there is a family history of bleeding tendencies or if the child tends to bruise easily.

POST-OPERATIVE INSTRUCTIONS

1. Activity: Most children rest at home for several days after surgery. Activities may be resumed with no restrictions when your child feels up to it. Most children will be self-limiting in their activities and will only do what they feel well enough to do. Generally, children may return to school when they are eating and drinking normally, off of all the pain medication and sleeping through the night. **This is 7-10 days for most children and can be less or more for some. Even though children may be feeling well, they are at risk for bleeding for up to 14 days after surgery.** Keep this in mind as normal activities are resumed. Please do not travel away from the area for 2 weeks after surgery.

2. Diet: Cool, soft liquids are typically most comfortable and will help with hydration. It is **VERY** important that your child consume adequate fluids each day. **Your child needs to drink about half of his/her body weight in ounces per day to remain hydrated.** This will prevent dehydration as well as promote healing. Some children do not want to drink because of pain. Offer and encourage fluids frequently. Anything that melts in the mouth counts as liquids (e.g., ice cream, popsicles, pudding, Jell-O, smoothies, apple sauce, soups, etc).

There are no food restrictions after surgery. The sooner eating and chewing are resumed, the quicker the recovery. As long as your child is drinking well, don't worry about eating. Many children are not interested in eating for at least a week after surgery. Some children lose weight, which is gained back when a normal diet

is resumed. **If according to these guidelines, your child is not drinking enough, please call your surgeon's nurse or the triage nurse if there are signs of dehydration.**

Your child needs to drink at least _____ oz. of fluid in a 24 hour period while recovering.

Shopping List

- Chewy candy - gummy bears, fruit snacks, fruit roll-ups or gum (age appropriate)
- Drinks - juices, milk, Gatorade, Pedialyte
- Soft foods - pudding, soups, pastas, Jell-O
- Fiber drinks (apple juice, apricot, or pear juice)
- Frozen fruit bars

3. Monitor for Signs and Symptoms of Dehydration: Signs that your child may not be getting enough fluids include:

- Lethargy
- Low grade temperature
- Failure to urinate at least 3 times in a 24 hour period
- No tears when they are crying
- Dry lips

If we are concerned that your child is becoming dehydrated, we will direct you to go to the Dell Children's Hospital Emergency Room for evaluation and possible IV rehydration.

4. Fever: A low grade fever is normal for several days after surgery and should be treated with Tylenol (acetaminophen). A slight rise in temperature less than 101F usually means that your child is not drinking enough.

5. Pain: After a tonsillectomy, you can expect your child to experience a sore throat and ear ache. Most children will have increased throat and ear pain between the 5th and 7th day after surgery as the surgical area heals.

6. Pain Management: It is recommended that you treat your child's pain by alternating Tylenol (acetaminophen) and Motrin (ibuprofen) every 3 hours while recovering. Your physician may prescribe a narcotic pain reliever, and this may be taken every 4-6 hours as needed for discomfort when Tylenol and Motrin are not relieving pain. Narcotic pain medication can cause nausea, abdominal pain, and constipation in younger children and should be used sparingly. **ASPIRIN SHOULD NOT BE USED.**

In addition to pain medication, an ice collar or cold compress to the neck is soothing and may be used as needed. Moist heat or neck massage can relieve neck stiffness. Warmth to the ear and jaw and humidifier in your child's room may also help relieve pain. Chewing also decreases ear, jaw, and neck pain during the healing process. Encouraging chewy foods such as gum (if age appropriate), gummy bears, etc. will help with this. Please take into account your child's ability to chew foods when considering this intervention.

7. Nose Care: We recommend using saline nasal spray (e.g., Ocean or Simply Saline Baby) which makes the nose less stuffy and helps keep the throat clean and moist. We recommend 2 sprays in each nostril every 2-3 hours as needed.

8. Mouth Odor: you may observe mouth odor for 7-20 days after surgery. The antibiotic and adequate fluid consumption usually minimize this odor. Saline nose drops, available over the counter, will also help irrigate and cleanse the nasal passages and throat.

9. Your child's tongue may be swollen, sore, and have a white discoloration for the first few days after surgery. There may also be a temporary change in the quality and tone of the voice after surgery, particularly if the tonsils and/or adenoids were quite large. You may also notice a white/gray area in the back of the throat where the tonsils were removed. This does NOT indicate infection. These are normal scabs and will gradually fall off 5-10 days after surgery.

10. Snoring and Mouth Breathing: this is normal after surgery because of swelling. Normal breathing should resume 10-14 days after surgery.

11. Nausea and Vomiting: some children experience nausea and vomiting from the general anesthetic. This usually occurs during the first 24-36 hours after surgery. Please call your surgeon's nurse or the triage nurse if there is persistent nausea or vomiting.

WHY CHEWING IS IMPORTANT Chewing decreases ear, jaw, and neck pain and helps the healing process. Encouraging chewy foods such as gum (if age appropriate), gummy bears, etc. will help with this. Please take into account your child's ability to chew foods when considering this intervention.

WHAT IF MY CHILD IS WORSE AT NIGHT? If your child experiences increased discomfort during the night, it is often because the throat gets dried out while they are sleeping. A cool-mist humidifier by the bedside, close to your child's head, can be helpful.

IS IT NORMAL FOR MY CHILD TO HAVE DISCOMFORT AFTER THE FIRST WEEK? Your child may have discomfort for 10-14 days after surgery, although this is usually markedly better after the 10th day post-operatively. Taking pain medication as prescribed and chewing often will assist with pain.

WHEN TO CALL OUR OFFICE

Please call the office or after hours number if your child:

- Has a temperature of over 102 F that does not come down with Motrin or Tylenol
- Bleeding from the throat
- Has a persistent cough
- Persistent nausea, vomiting or inability to drink fluids

FOLLOW-UP

We do not need to see your child in our office for follow-up unless by parent request or there is a concern. If your child had any other procedure performed at the same time (e.g., ear tubes), you will need a follow-up.

If you have an emergency and it is after hours, you can reach a doctor on call at (512) 458-1121