Post-operative Instructions Pediatric Tonsillectomy and Adenotonsillectomy

What Are Tonsils and Adenoids?
The tonsils are two pads of tissue located on either side of the back of the throat. The adenoids are a similar pad of tissue located behind the back of the nose in the upper throat. Both tonsils and adenoids are part of the immune system and become enlarged in response to infections, such as strep throat. They are also commonly larger in children and become smaller in adolescents and adults.

Most Common Reasons For Tonsillectomy or Adenotonsillectomy

• Upper airway obstruction: Enlarged tonsils and/or adenoids can block the airway, especially during sleep, and can cause snoring, gasping, and difficulty breathing.
• Recurrent bacterial throat infections: Children with frequent bacterial throat infections (strep throat) that affect their quality of life and school attendance can benefit from tonsillectomy.

Pre-Operative Care

1. Please do not give your child the following medications for two weeks before surgery:
   • Aspirin
   • Ibuprofen (Advil, Motrin, Pediaaprofen)
   • Naprosyn (Aleve, Nupren)
   • Any NSAIDs (Non-Steroidal Anti-Inflammatory Drugs)
   • Ginko Biloba
   • Ginseng
   • St. John’s Wort

2. Acetaminophen (Tylenol, Tempra, Panadol, Paracetemol) may be given for fever or pain.

3. Please notify your doctor if there is any family history of bleeding tendencies or if your child tends to bruise easily.
4. Please notify your doctor if your child has any chronic medical conditions or sees any specialists for medical care.

Surgery

Surgery is performed under general anesthesia. The surgery usually takes 1–1½ hours. Some children remain at the hospital or surgical center for 3–4 hours after surgery and then may by discharged home. Other children may need to be observed overnight in the hospital.

Risks of Surgery

Overall, tonsillectomy and adenoidectomy surgery is low-risk. The anesthesiologist will talk to you about the risks of anesthesia. Bleeding is one of the more common risks, but this still only happens in about 3 out of every 100 surgeries. There is a small risk of infection of the throat, which can be treated with antibiotics. Some children have a harder time breathing right after surgery and occasionally have to be admitted to the hospital to be watched carefully. Very rare risks are of scarring at the back of the nose that can make the voice sound different or make it harder to breathe through the nose.

Post-Operative Care

General recovery

It takes most children 7–10 days to recover from surgery. Some children feel better in just a few days, and some take as many as 2 weeks to recover.

Pain

Managing your child's pain will be the most important part of their recovery from surgery. Most children experience a fair amount of throat pain after tonsillectomy or adenotonsillectomy. Throat pain is at its greatest for the first few days after surgery, but may last for up to 2 weeks. Many children also complain of earache. The same nerve that gives feeling to the throat goes to the ears, and stimulation of this nerve may feel like an earache. Some children complain of jaw or neck pain. This is from the positioning in the operating room. Many children have trouble eating, drinking and sleeping because of the pain.

Key Steps to Manage Your Child’s Pain

1. Encourage Communication: Ask your child often if he or she is experiencing pain, since sometimes children will not talk about their pain and therefore it may not be recognized quickly.

2. Discuss Strategies For Pain Control: Ask your healthcare provider (doctor or nurse) for approaches for controlling your child’s pain.

3. Give Pain Medicine: Pain medication should be given as directed by your health care provider. It should be given often, especially for the first few days after surgery.

4. Don’t Wait For Pain: The pain medication should be given on a regular schedule, especially in the first days after surgery. Waiting for your child to complain of pain may make it harder to give the
pain medicine and to drink fluids.

5. **Fluids**: Your child’s pain may be worse if he or she is dehydrated, so make sure he or she is drinking plenty of fluids.

6. **Mornings**: Expect your child to complain more about pain in the mornings. This is normal.

7. **Call**: If you are not able to adequately control your child’s pain, call your health care provider.

**Pain Medications**

Tylenol and/or ibuprofen may be given for pain control. Most children’s pain can be managed by taking either or both of these medications on a regular schedule (every 4 to 6 hours) for the first few days after surgery. It is important to not give more than 5 doses of each medication in a 24 hour period. In children whose pain cannot be controlled by these medications, Tylenol with a narcotic (Tylenol with codeine, Lortab) may be prescribed. Prescription pain medication has a very bitter taste which can usually be disguised by mixing with an equal amount of chocolate syrup. For children who will not take medication by mouth, a rectal suppository can be prescribed.

**Drinking**

The most important part of recovery is to drink plenty of fluids. Some children are reluctant to drink because of pain. Offer and encourage fluids frequently such as juice, popsicles, milkshakes, smoothies, Jell-O, pudding, yogurt, and ice cream. Occasionally, when drinking, children may have a small amount of the liquid come out the nose. This should resolve within a few weeks.

**Eating**

For 10 to 14 days, **avoid** hard/crunchy (such as chips, nuts, dry toast, popcorn, and crackers) and spicy foods. Many children are reluctant to eat because of pain. The sooner eating and chewing are resumed, the quicker the recovery. However, as long as your child is drinking, don’t worry so much about eating. Many children are uninterested in eating for up to a week. Some children lose weight, which is gained back when a normal diet is resumed.

**Nausea and Vomiting**

In some children, the general anesthetic causes nausea or vomiting, which usually stops in a few hours. If this continues for more than 12 hours, please call your health care provider.

**Fever**

A low-grade fever is normal for several days after surgery. If the temperature remains over 102°F and does not respond to acetaminophen (Tylenol), please call our office or the on-call physician.

**Activity**

Most children rest at home for several days after surgery. Activity may be increased, as the child desires. Generally, children may return to school when they are eating and drinking normally, are off pain medication, and are sleeping through the night. For most children, this takes 7 to 10 days, though,
for some it may be as much as 2 weeks. Please do not travel away from home for 2 weeks following surgery.

**Breathing**

Snoring and mouth breathing are normal after surgery because of swelling. Normal breathing should resume 2 to 4 weeks after surgery.

**Speech**

When the tonsils or adenoids are very large, the sound of the voice may be different after surgery.

**Scabs**

A membrane or scab will form where the tonsils and adenoids were removed. The scabs are thick and white and cause bad breath. The ugly appearance to the throat and foul breath are both normal. The scabs usually fall off 7 to 14 days after surgery and are swallowed. Soon after this, the bad breath improves.

**Bleeding**

With the exception of small specks of blood from the nose or in the saliva, bright red blood should **not** be seen. This most commonly occurs in the first 48 hours or 7 to 10 days after surgery. If this occurs, try to keep your child calm and quiet and have them gently spit the blood out. Avoid allowing your child to swallow the blood, as this may cause nausea or vomiting. You should contact your doctor immediately, or go directly to the emergency room.

**Follow-up**

The postoperative nursing staff or our clinic staff will call the day following surgery to assess your child’s recovery. A follow-up visit is generally scheduled for several weeks to months after the surgery. If there are any problems or questions that arise before that time, please call the office at (415) 353-2757.

**Reasons To Call Your Doctor**

1. If you are worried your child is not drinking enough, refuses to drink at all, or if there are signs of dehydration (urination less than 2 to 3 times per day; crying, but no tears; dry mouth).
2. Nausea or vomiting for longer than 12 hours after surgery.
3. Temperature over 102°F.
4. Any bleeding from the mouth or nose, except very small specks of blood in the saliva.
5. Your child’s pain cannot be controlled with the pain medication and schedule provided.
6. Please call (415) 353-2757 for any questions or concerns.