

## PEDIATRIC TONSILLECTOMY AND ADENOIDECTOMY

### I. PREPARATION

Your physician has determined that your child should have their tonsils, adenoids or both removed. This will be a new experience. To allay apprehensions that may develop, you should causally and gradually prepare your child for the forthcoming operation.

### II. PRIOR TO HOSPITALIZATION

1. Maintain your child's normal diet.
2. Continue any vitamins or any other medications that your child has normally been on. However, you should NOT GIVE YOUR CHILD ANY ASPIRIN for at least seven days prior to the operation.
3. Any evidence of a childhood disease (measles, chickenpox, etc.) or any evidence of a cough, cold, fever or runny nose will mean that the operation should be postponed. We prefer to do the operation when your child is as healthy as possible. In addition, the anesthesiologist will not induce sleep with any of these symptoms. It is noteworthy that our anesthesiologists have all trained in pediatric anesthesia at children's hospitals. You can rest assured that your child will receive the same excellent anesthesia at our institutions. Your attending surgeon, not a resident doctor in training, will perform your child's operation.
4. Each hospital has different requirements in reference to the time frame your child must remain in the recovery room. When you call in the day before surgery, our surgical coordinator will advise you as to the time to report to the hospital. Depending on the scheduled time of surgery, your child (under age 12) may be able to have clear liquids that you can see through (apple juice or water) up to four hours before anesthesia. Please check with our surgical coordinator. **REMEMBER, NO SOLID FOODS OR MILK ARE ALLOWED AFTER MIDNIGHT BEFORE SURGERY. OTHERWISE, SURGERY WILL BE POSTPONED.**
5. Instructions will be given to you concerning the admitting procedures of the hospital you enter.
6. Please bring any hospitalization papers with the patient at the time you see the doctor.

### HOSPITALIZATION AND SURGERY

1. Remember to follow the rules concerning no solids or milk after midnight before surgery. If surgery is scheduled late in the morning or in the afternoon, you will likely be allowed to offer your child clear liquids (apple juice or water) up to four hours before surgery. Again, please verify these instructions with our surgical coordinator for your child's particular situation.
2. Postoperatively:
  - Vomiting is common during the first 24 hours.
  - You should expect your child to be sleepy.
  - You should expect your child to have a sore throat and bad breath for up to 10 days.
  - You should encourage your child to ingest clear liquids. You can encourage them to ingest milk and ice cream after 72 hours post-op.
3. Tonsillectomy and adenoidectomy have been found to be safe when performed in an outpatient surgical setting. (You will return home from the hospital/surgery on the day of the surgery.) It will be your responsibility to make sure that your child drinks liquids. Dehydration is one of the most common things that occur after surgery. Many children will fight you and refuse to take liquids. You must force them to do so. Their symptoms of pain and lethargy will significantly decrease if they can maintain hydration. You can expect vomiting at home, and suppositories may be ordered. You can expect occasional oozing of some blood and coughing up of bloody mucous. However, brisk, heavy bleeding can sometimes occur. If this occurs, call our office immediately. If the bleeding continues for more than 10 minutes, you should proceed to the emergency room.

## **AFTERCARE**

### 1. Diet:

- Avoid all citrus juices. If your child desires cookies or crackers, please dunk them in milk to make them soft.
- It is essential that you encourage the ingestion of any type of liquids.
- Popsicles, water ice and Gatorade are especially good the first day or two after surgery.
- We also recommend strained cereals, Jell-O, ginger ale, puddings and broth initially if the child rejects a normal diet.
- Further, foods such as cooked cereals and eggs will also help.
- Chewing gum (NOT Aspergum) is helpful to make the mouth feel better.
- Once your child feels like eating a normal diet, they may eat whatever they feel like. Some children will eat a normal diet in a couple of days, while others can take over a week.

### 2. Activity:

- The patient should be restrained from any overexertion.
- They do not need to be confined to bed.
- The child may go for a walk, ride to the store or do any light activity that you do.
- Medicines—your child should take the medications your surgeon prescribed or recommended.

3. You should already have been given a postoperative appointment when your surgery was scheduled. If not, then we would like to see your child approximately 14 days from the date of the surgery. Most children will be able to return to school eight to ten days after surgery. Please let us know if you require a note for school.

## **GENERAL INFORMATION**

1. Do not attempt gargles unless recommended after speaking to a physician.
2. Avoid coughing and clearing the throat. Heavy mucous secretions are normal and expected in the throat. Do not be concerned. Simply drink more liquids to wash them down.
3. A white or yellow coating will form on the back of the throat—this is normal. It does not represent an infection.
4. Relieve objectionable mouth odor, commonly observed for up to 10 days, by drinking adequate fluids, getting an adequate intake of food and chewing gum.
5. A little Milk of Magnesia may help “sour stomach”. It may also help the transitory constipation on about the third or fourth day.
6. An ice collar or cold compress to the neck is soothing, and you may use it occasionally, if desired.
7. It is normal for the pain to wax and wane during the first 10 days following the surgery. The complaints will be mainly pain in the throat or the ears, especially at night. This pain occurs because the throat dries out in the evening. When the child swallows, it will cause transient pain (“shooting pain”) to the ear. A pain pill or Tylenol may help.
8. Low-grade temperatures or temperatures up to 102 degrees are common and usually occur because a child is not drinking enough fluids.
9. You can expect congestion and heavy mucous that can cause coughing. Nothing is usually done for this, and it will disappear as the child heals.
10. Temporary weight loss is expected as most patients are on a liquid diet for at least seven to ten days after surgery.
11. Severe earaches may occur. This pain is due to referred throat pain. The ears are not infected. The child may take Tylenol or the prescribed pain medication for this pain.
12. Your physician may also have performed a myringotomy. Follow the instruction sheets given to you for this procedure.
13. The child can resume school when they are well, eating or checked by us.

### **WHEN TO CALL OUR OFFICE**

1. If severe bleeding from the throat or nose should occur, **please call us immediately**. After a tonsillectomy, a scab forms in the throat, and if this should inadvertently come off a day or two before it is supposed to, it may bleed. If this occurs, **call us first**. If you cannot reach us, then go to the emergency room, and they will contact us while they treat your child. Most times, the bleeding will stop prior to treatment in the ER.
2. Your child can resume all of their normal activities 14 days after surgery.
3. If you have any questions or are concerned about anything, please call our office.

### **POTENTIAL RISKS AND COMPLICATIONS OF SURGERY**

1. Dehydration is the most common complication—you **must** ensure that your child takes adequate fluids.
2. Heavy bleeding occurs in approximately 4% of the patients. Your child will need to be evaluated in the emergency room if this occurs. Occasionally, patients may need to return to the operating room for control of bleeding. The need for a blood transfusion is exceedingly rare.
3. Infection rarely occurs after tonsillectomy. If your child has a persistent fever of 102 degrees or greater, please call our office.
4. Severe pain can last for five to 14 days. Older patients tend to have more pain.
5. Other very rare complications of tonsillectomy that have been reported include temporary or permanent numbness of the throat, decreased sensation of taste, voice changes or difficulty swallowing after the pain resolves.