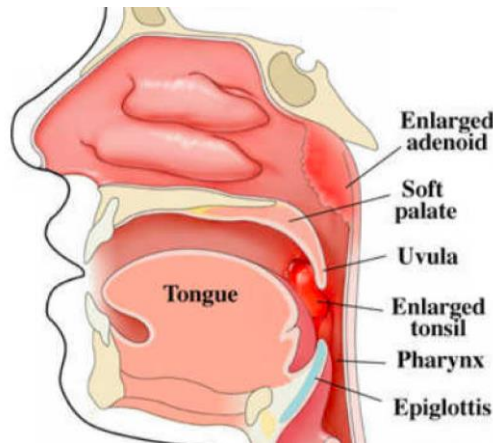


TONSILLECTOMY +/- ADENOIDECTOMY (PEDIATRIC)

Your doctor has recommended a tonsillectomy +/- adenoidectomy. Tonsillectomy and adenoidectomy are common surgical procedures performed in children with infected tonsils, adenoids, ears or obstructions to breathing.



SURGERY

Tonsillectomy and adenoidectomy is performed under general anesthesia. On the day of surgery you will arrive at your scheduled time and meet the operating room staff. Once it is time for surgery, your child will come back to the OR with the staff and will fall asleep with anesthesia. A breathing tube and IV will be placed and the tonsils and adenoids will be removed through the mouth. To prevent bleeding, cauterization will be used to remove the tissue.

POSTOPERATIVE CARE

After surgery you will meet your child in the recovery room. Don't be surprised if they are cranky, disoriented or in pain, these are normal experiences after this surgery. If scheduled as a day surgery, expect to go home once they are drinking and awake. Some children rarely spend the night for observation.

The recovery period for the next 1-2 weeks requires your special attention. **Expect for your child to be out of school or camp until at least your one week post op visit.** They should not resume any strenuous activity including swimming, physical education or organize sports for 2 weeks after surgery. We hope this information will be helpful to you during your child's recovery period. Recognizing each child's response might be different; we encourage you to discuss your concerns with us.

During the post-operative period you might observe:

1. **Pain:** **A significant amount of throat and ear discomfort is to be expected.**
Sometimes it is more painful on the second day than immediately after the operation.
Most children do quite well with Tylenol or Motrin every 4-6 hours. These medications can be used individually, or alternating every 3 hours. For older children, sometimes the doctor will prescribe a narcotic pain medication. Signs of pain in small children can include refusal to open mouth or swallow, refusal to eat or drink, crying and irritability. **You can help with the pain by:** Giving the pain medicine on schedule, before your child's pain gets bad (can space this out as their pain improves), distracting your child by playing games, watching movies, or telling stories, and giving your child lots of fluids
 - a. **Ear pain:** This is very common after tonsils and adenoids are removed. This is known to as "referred" pain from the throat that the body misinterprets as coming from the ears.
 - b. **Neck stiffness/pain:** Neck muscles near the adenoids may become inflamed after surgery and cause discomfort. Pain medication should help but if neck pain persists after 5 days, please call the office.
2. **Refusal to drink:** Strongly encourage plenty of clear, cool liquids, water, ginger ale, apple juice, Jell-O, popsicles, smoothies, broth and the like. **Fluid is very important to prevent your child from becoming dehydrated (dry) and to help with the healing process. Dehydration may lead to an emergency room visit for intravenous (IV) fluids.** You may slowly advance to regular foods after 24 hours but it is not unusual to take many days to tolerate more solid foods. Your child will likely prefer softer foods like pudding, eggs, mashed potatoes, rice, and mac & cheese. Dairy products can increase or thicken mucous production and ideally should also be avoided for the first 24 hours. Avoid hot and spicy fluids or food; avoid foods with crispy edges such as fried foods, chips, pretzels, toast and crackers. Orange juice and other acidic drinks may sting. Red colored liquids and foods can sometimes be confused with blood if your child experiences nausea and vomiting and ideally should be avoided as well.
3. **Bleeding:** Your child will have white/grey scabs from the raw surfaces in the mouth that will fall off usually 7-10 days after surgery. There may be bleeding when the scab falls off especially if your child is not adequately hydrating. The risk of bleeding persists until about 2 weeks after the procedure. **For this reason, we strongly recommend no swimming, trips to remote areas, or any airline flights for 2 weeks after the procedure. Call immediately if your child vomits or spits up any blood.** If the bleeding is dramatic go to the nearest emergency room for care. Call 911 for assistance when appropriate.

4. **Swelling of the tongue, palate (roof of the mouth), or uvula (punching bag in back of throat):** Swelling of these structures may cause some discomfort but usually resolves in a week. Sleeping sideways (as opposed to flat on the back) or with the head elevated can alleviate some of the nighttime symptoms.
5. **Voice changes:** Removing the tonsils and adenoids alter the resonating chamber of the airways and can result in a less nasal voice that is also frequently perceived as squeaky or higher pitched. This can be either temporary or permanent.
6. **Persistent snoring:** Snoring may persist for a few weeks as a result of swelling at the surgical sites.
7. **Foul-smelling breath:** Bad breath frequently occurs but should clear up within a couple of weeks.
8. **Low-grade fever:** 99-101 degree temperatures are common within the first 72 hours. This usually improves with time and oral intake, and is the body's natural response to surgery.
9. **Leakage of air or liquid from the nose with speaking or swallowing:** The palate muscles are typically very sore and may have some difficulty closing off the nose from the mouth. This is typically temporary, lasting a few days. On rare occasion, this may last for a few months.
10. The initial post-operative visit will be scheduled for 1-2 weeks after the procedure

You should call your doctor at (310) 887-1111 if:

- Your child is not getting enough fluids (dehydration). A sign of dehydration is not urinating at least 3 times in 24 hours or not making wet diapers.
- Fever over 102.5 degree F
- More than a tablespoon of fresh blood from the mouth