



## TONSILLECTOMY AND ADENOIDECTOMY

### What is a tonsillectomy?

This is when your child's tonsils are removed. The tonsils are located far back on each side of the throat. They are often removed because of repeated infections or repeated sore throats. They may also be removed because they are so enlarged that breathing or swallowing problems occur.

### What is an adenoidectomy?

This is when your child's adenoids are removed. The adenoids are located behind the nose. They are hidden from view by the roof of the mouth. They are often removed if they block the tube that connects the middle ear to the back of the throat or if they are enlarged and block the nasal passage.

### What does tonsil and adenoid surgery involve?

Usually this surgery is performed on an outpatient basis; meaning you and your child are in and out of the hospital the same day. Sometimes, for a variety of reasons, an overnight stay at the hospital is required. Following surgery, there may be activity and diet restrictions.

### What are the risks of tonsil surgery?

All surgeries involve risk. For tonsil and adenoid surgery, the risks include: the risk of general anesthesia (which is very safe, complication rate of less than 1%), bleeding following surgery (during the two week window following surgery, roughly 2-4%), and post-operative pain and dehydration (about 15%).

### What directions should I follow before my child's surgery?

Surgery is best done when your child is healthy. If your child develops signs of illness, call your child's doctor or nurse right away.

Your child should no longer eat or drink as of midnight the night before surgery. It is very important that the "nothing by mouth" order is strictly followed.

### Your child will need to follow these directions once at home:

#### Activity:

No strenuous activity for two weeks. No school or daycare for one week following surgery. No Gym or PE class for two weeks following surgery.

#### Pain:

Your child may have throat pain. Ear pain may occur up to 7-10 days after surgery. This is rarely due to an ear infection. Your doctor may prescribe acetaminophen (Tylenol®) or ibuprofen (Advil®). Taking this medicine ½ hour before eating may help your child swallow more comfortably. The more your child swallows, the sooner the throat pain will disappear.

To help decrease throat pain, your child may chew gum or suck on ice chips. The doctor or nurse will show you how to provide cool compresses or an ice collar for your child.

#### Diet:

Your child must drink plenty of fluids to avoid dehydration. The doctor or nurse will explain how much liquid your child should drink each day.

Vomiting may occur following surgery, due to anesthesia or due to pain medications. If vomiting does not stop after 24 hours, call the doctor or nurse.

Your child should follow this diet in the order below:

1. Start with clear liquids: flat white soda, water, broth, apple juice, Jell-O®, ice pops or Pedialyte®.
2. Next add full liquids: ice cream, milk, milkshakes, creamer soups, pudding. Soft foods can be added next: mashed potatoes, soft noodles, eggs, etc.
3. Finally, your child may follow a soft mechanical

(continued on back)



diet (nothing with sharp or hard edges).

### Healing:

When you look into your child's mouth, you may see gray, white or yellow patches where the tonsils were. This is the normal healing process and is temporary. This is not a sign of infection.

Children often have a mild fever after surgery. It is normal to have a temperature of 100°F to 102°F.

Tylenol® or Motrin® (if ok with your doctor) can be given, as needed, every 4-6 hours. Be sure to follow the directions on the bottle label of any medicine you give your child.

Bad breath is very common during the healing process. This will go away once healing is complete. Do not give your child mouthwashes or gargles.

The child's voice may sound different as if "talking through the nose" or sound different than normal. The voice usually returns to normal but, rarely, some voice change may persist.

### ALERT

**Call the ENT clinic during regular office hours, or after hours/weekends/ or holidays, if you have any question or concerns or if your child:**

Has bleeding (greater than a tablespoon).

Has a temperature greater than 102°F.

Has vomiting that lasts longer than 24 hours.

Has severe pain that seems to be increasing and is not helped by medicine.

Refuses to drink liquids for than 24 hours or is not able to urinate.

Has special health care needs that were not covered by this information.