

POSTOPERATIVE INSTRUCTIONS

PEDIATRIC TONSILLECTOMY

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:

1. INFECTION: Recurrent tonsil infections or strep throat despite antibiotic therapy.
2. UPPER AIRWAY OBSTRUCTION: Enlarged tonsils can block the airway and cause difficulty breathing.

PREOPERATIVE CARE: No aspirin products (including Pepto Bismol), or products containing Ginkgo Biloba and/or St. John's Wort should be given for two weeks prior to surgery. No ibuprofen products (Children's Motrin, Children's Advil, etc.) or anti-inflammatory medications (Naprosyn, Aleve, Celebrex, etc.) should be given for one week prior to surgery. All of the previous medications are restricted 2 weeks after surgery. Acetaminophen (Tylenol, Tempra, Panadol) 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.

THE SURGERY: Tonsillectomy is performed either as an outpatient or with overnight observation. Tonsillectomy is frequently performed with an adenoidectomy. The procedure takes 30-45 minutes. The child remains at the hospital 2-4 hours after outpatient surgery or overnight for observation.

POSTOPERATIVE CARE: It takes most children 7-10 days to recover from a tonsillectomy. Some children feel better in just a few days and some take as many as 14 days to recover.

BLEEDING: If **BRIGHT RED** bleeding occurs from the throat, mix 1/3 hydrogen peroxide and 2/3 water in a glass. Gargle with the solution a few minutes. Gargling with peroxide generally clots the blood and stops the bleeding. If the bleeding stops (usually within 15 to 20 minutes after gargling), please notify our office, as your post operative appointment will need to be scheduled sooner. If the bleeding does not stop, call our office immediately. If there is no quick response, proceed to the Emergency Room of the nearest hospital.

NAUSEA AND VOMITING: Some children experience nausea and vomiting from the general anesthetic. This usually occurs during the first 24-36 hours after surgery. If there is nausea or vomiting, give Phenergan suppositories as directed every 4 hours. Please call the office if you did not receive a prescription for Phenergan or if vomiting continues after giving the Phenergan.

FEVER: A low grade fever is normal for several days after surgery and should be treated with acetaminophen or acetaminophen with codeine, whichever your doctor has prescribed. Please call the office if temperature is over 102°F.

PAIN: Most children experience a fair amount of throat pain after surgery. Many children also complain of earache. The same nerve that goes to the throat goes to the ears and stimulation of this nerve may feel like an earache. Some children also complain of jaw pain and neck pain. This is from positioning in the operating room. Many children have trouble eating, drinking and sleeping because of pain. Severity of pain may fluctuate during recovery from mild to very severe and pain may last up to 14 days.

PAIN CONTROL:

Please medicate your child every 4 hours for pain with acetaminophen or acetaminophen with codeine, whichever your doctor has prescribed but do not exceed 5 doses in a 24 hour period. An ice collar to the neck, chewing gum, and a humidifier in the child's room also helps relieve pain.

BREATHING:

Snoring and mouth breathing are normal after surgery because of swelling. Normal breathing should resume in 10-14 days after surgery.

SCABS:

A membrane or scab will form where the tonsils were removed. This looks like two separate scabs or the whole back of the throat is involved. The scabs are thick and white and cause bad breath. This is normal. The scabs usually fall off 5-10 days after surgery and are swallowed a little at a time.

SPEECH:

If tonsils are very large, the sound of the voice may be different after surgery.

DRINKING:

The most important part of recovery is to drink plenty of fluids. Some children do not want to drink because of pain. Offer and encourage fluids frequently such as juice, soft drinks, popsicles and jello. After 24 hours, milk products such as pudding, yogurt and ice cream may be offered. Please call the office if you are worried that your child is not drinking enough or if there are signs of dehydration (urination less than 2-3 times per day, crying but no tears). If your child absolutely will not drink, bring your child to the Emergency Room for IV fluids. Some children may have a small amount of liquid come out of the nose when they drink. This should stop within a few weeks after surgery.

EATING:

There are no food restrictions after surgery. The sooner eating and chewing are resumed, the quicker the recovery. Many children are reluctant to eat because of pain. As long as drinking is good, 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.

ACTIVITY:

Most children rest at home for several days after surgery. Activities may be resumed with no restrictions if the child feels up to it. Generally, children may return to school when they are eating and drinking normally, off of all pain medication, and sleeping through the night. This is 7-10 days on average and can be less or more for some. Even though children may be feeling well, they are at risk of bleeding up to 14 days after surgery. Keep this in mind as you child is resuming normal activities. Please do not travel out of the area for 2 weeks from the date of surgery.

FOLLOW-UP:

The child will need to be seen **10 days** after surgery. Call the office for an appointment. If there are any questions before that time, call the office at 301-774-0074.