

Tonsillectomy *and/or* Adenoidectomy



Hôpital de Montréal
pour enfants
Centre universitaire
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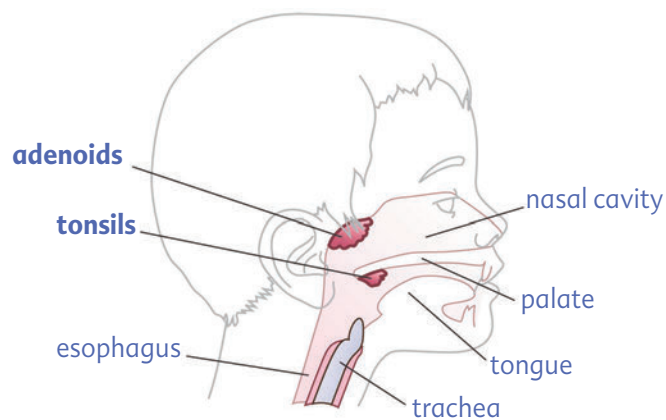
Dear parents,

This booklet was prepared to answer your questions about tonsillectomy and/or adenoidectomy. Please keep this booklet and read it carefully. You may wish to write down questions to ask the doctor and/or the nurse. These can be asked before or on the day of your child's surgery. We hope this booklet will be helpful to you and your child.

What are the tonsils and adenoids?

The tonsils and adenoids are small, round bunches of tissue. They are mostly made of lymphoid tissue. Lymphoid tissue can also be found in other parts of the body. This tissue makes cells that help fight infections. The removal of the tonsils and/or the adenoids will not decrease your child's immune system.

The tonsils are located at the back of the throat (in the pharyngeal cavity) and the adenoids are located behind the nose (within the nasopharynx).



The reasons for tonsillectomy and/or adenoidectomy

Possible reasons for removing the tonsils include:

- obstructive sleep apnea (short periods of not breathing during sleep) and snoring;
- chronic, recurrent and/or severe tonsillitis;
- very large tonsils that make swallowing difficult;
- abscess (a collection of pus in a cavity formed) of the tonsil(s).

Possible reasons for removing the adenoids include:

- chronic blockage of the nose and nasal discharge;
- obstructive sleep apnea;
- persistent, recurrent ear infection;
- persistent sinusitis.

The decision to have a tonsillectomy and/or adenoidectomy depends on your child's case. The decision will be made with you and your Ear Nose and Throat (ENT) surgeon.

Before the surgery

When your child's surgery is scheduled, information about when and where to go will be given to you. You will also be given fasting instructions and other preparations at the Preoperative Assessment Clinic or the ENT Clinic.

Unless otherwise specified by the doctor, aspirin (A.S.A.) and nonsteroidal anti-inflammatory drugs such as Ibuprofe (Motrin®, Advil®), Indomethacin (Indocid®) and Naproxen (Naprosyn®, Anaprox®) should **NOT** be used for at least seven days before the surgery.

On the day of the surgery

The surgery will take about 45 minutes. Your child will spend about three hours in the Post-Anesthesia Care Unit (PACU)/ Recovery Room. Most children go home after this time. If your child has not fully recovered he/she may need to stay longer.



Before being discharged home, your child will be checked by a doctor or nurse. This is to make sure that there are no signs of bleeding, he/she is well hydrated, and the pain is adequately managed.

After the surgery

PAIN

Sore throat

Your child will have a very sore throat after the surgery. The sore throat may last for six to 10 days.

Your child will most likely tell you he/she is in pain or he/she will cry. Other signs that will tell you your child is in pain include: not swallowing, drooling, spitting up, not talking, and refusing his/her favourite drink or food.

You can control the pain by giving your child prescribed medications (see "Medication" section). Drinking enough liquid and eating the right food will also help (see "Hydration/Diet" section).

Your child's voice may change after the tonsillectomy and/or adenoidectomy. This voice change will be temporary and may last for one to three months.

Earache

Earaches are common after tonsillectomy and/or adenoidectomy. They may be due to pain from the throat. The earaches can change from being a little bit painful to very painful. They most often start between the third and ninth day after surgery. Earaches may last from three to eight days.

MEDICATION

Several methods of pain control are used to keep your child as comfortable as possible. In the operating room and the PACU/Recovery Room your child may be given pain medication intravenously (in the veins), orally (by the mouth) or by suppository (in the anus). This medication provides pain relief when he/she first wakes up. It will last four to six hours.

For tonsillectomy with or without adenoidectomy:

Your child will be given a prescription of medications including acetaminophen (Tylenol®, Tempra®). No more than five doses of acetaminophen should be given in 24 hours. It is best to give the medications to your child 30 to 45 minutes before drinking or eating. During waking hours, give your child the medications as prescribed for at least the first three days. Or up to 10 days after surgery. If it will be possible, it is also best to give the medication(s) in liquid form, or by suppository if your child is unable to swallow or is vomiting.

For adenoidectomy only:

During waking hours, give acetaminophen (Tylenol®, Tempra®) every four hours. However, no more than five doses of acetaminophen should be given in 24 hours. It is best to give this to your child 30-45 minutes before drinking or eating. Give this medication for at least the first three days, or up to 10 days after surgery. If it will be possible, it is also best to give the acetaminophen in liquid form or by suppository if your child is unable to swallow or is vomiting. Some physicians may prescribe additional medication(s).

FEVER

A low-grade fever of up to 38.5° C or 101° F is normal after surgery. The acetaminophen given for pain, sponge baths, and an increase in fluid intake may help reduce your child's temperature. If the fever is present for more than two days, call your ENT surgeon. Fever may be a sign of an infection. If you were given a prescription for an antibiotic, continue this medication.

HYDRATION/DIET

After the surgery, start giving your child clear fluids. This can include: water, apple juice, flat ginger ale or Seven Up, Popsicles and Jell-O. Your child may prefer cool fluids.

If your child vomits, wait a half hour before starting the fluids again.

Adequate fluid intake is needed to: ensure good hydration, decrease pain, prevent stiffening of the throat muscles, stop a crust from forming, and make swallowing easier.

Adequate fluid intake means at least 125ml or 1/2 cup every two hours. You do not need to wake your child at night if he/she has had enough fluids during the day.

Your child has had enough fluids during the day if he/she urinates **at least** three times a day.

After tonsillectomy:

The day after the surgery, a **soft** diet can be started and given as tolerated.

Examples of a soft diet include: soggy cereal, oatmeal, porridge, pancakes, a sandwich, fish, eggs, cheese, pasta, rice, milkshake, well cooked vegetables, soft fruits, ice-cream, pudding, soup, etc.

Foods such as meat, fish, eggs, cheese, yogurt, and milk are rich in protein, and are important for healing.

If necessary, blending solid foods will help your child swallow.

Your child may lose a few kilograms after the surgery. Your child may also have stomach aches if he/she is not eating or drinking enough.



During the first 10 days after the surgery, **do not let your child eat** hot, spicy, acidic, and dry foods. Also stay away from anything that might irritate the throat, such as toast, crackers, tomatoes, orange juice, and lemonade.

After adenoidectomy only:

The day after the surgery, a **soft** diet or **normal** diet can be started and given as tolerated (see "After tonsillectomy" section).

BLEEDING

Bright red blood in your child's throat and/or coffee-ground vomitus are signs of bleeding.

There is a possibility of bleeding after the surgery. It is most common between the fourth and the eighth day after the surgery. Blood may come from the nose, mouth, or be seen in spit or vomit. Good hydration decreases the risk of bleeding.

If bleeding occurs, contact the ENT doctor on call and bring your child to The Montreal Children's Hospital right away.



ACTIVITIES

Your child should try not to cough, clear his/her throat, or blow his/her nose for 10 days.

After the surgery, your child should stay at home for at least seven days after the adenoidectomy and 10 days after the tonsillectomy (or as long as your surgeon tells you). This will help your child get better and will help stop infections and bleeding. Your child should not be around anyone who has a fever or a cold. If your child is school-age, homework should be arranged with the teacher before the surgery.

Your child should only do quiet activities. He/she should not run, bike, jump, or swim. Ask your surgeon when your child can go back to doing sports, competitive sports, or any other activities that may affect the throat.

Your child may experience night terrors which may last for three to four weeks.

HYGIENE

Bathing

Starting the day after the surgery, your child may have a bath or a shower.

Oral Hygiene

Your child's breath may be unpleasant after the tonsillectomy and/or adenoidectomy. This will get better as the throat heals.

Following a tonsillectomy, the back of the throat and tongue may be coated with a white membrane. This usually goes away within two weeks. Your child may also have more discharge than normal from his/her mouth and nose for a while.

The teeth and the tongue may be cleaned with a toothbrush or a face cloth. Use water with a very small amount of toothpaste. Gargles and mouthwashes should not be used.

