

Tonsillectomy *and/or* Adenoidectomy



Hôpital de Montréal
pour enfants
Centre universitaire
de santé McGill



Montreal Children's
Hospital
McGill University
Health Centre

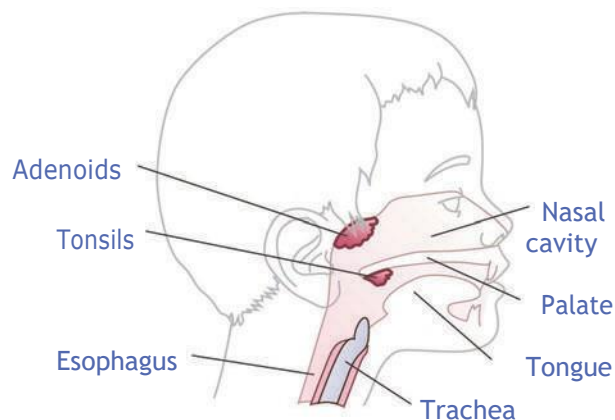
Dear parents,

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).



Possible reasons for removing the tonsils include:

- obstructive sleep apnea and snoring (short periods of not breathing during sleep);
- 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 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 Evaluation Clinic (PEC) or the ENT Clinic.

Unless otherwise specified by the doctor, aspirin (A.S.A.) should **NOT** be used for at least seven days before the surgery and non steroidal anti-inflammatory drugs such as Ibuprofen (Motrin[®], Advil[®]), Indomethacin (Indocid[®]) and Naproxen (Naprosyn[®], Anaprox[®]) should **NOT** be used for at least 24 hours 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. Depending on the severity of the obstructive sleep apnea and the age, some children are admitted overnight to the hospital.



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

PA I N

Sore throat

Your child will have a very sore throat after the surgery. The sore throat may last for six to ten days; sometimes longer.

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 favorite 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 (ear pain) 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

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.

The best way to keep pain under control is to not wait until your child shows signs of being in pain. You can use acetaminophen (Tylenol) and ibuprofen (Motrin®, Advil®). These are usually enough to control the pain. We recommend alternating the medicine (switching them back and forth).

For example, if you start with a dose of acetaminophen, use ibuprofen next, then acetaminophen, then ibuprofen, and so on (see table below). Give them regularly for the first 2 days after surgery. After that, give medicine only when your child needs it. Follow the instructions for your child's age and weight. Use the correct dose for each medicine. Do not take more pills than what is allowed per day. Ask your pharmacist or doctor if you are not sure how much medicine to give. Opioids such as morphine are rarely prescribed and often not required in most cases (note: there are exceptions).

Day 1 <i>Return from home</i>	1 st dose	12 pm	Acetaminophen
	2 nd dose	3 pm (3h later)	Ibuprofen
	3 rd dose	6 pm (3h later)	Acetaminophen
Etc. *you may need more doses depending on prescription			
Day 2	1 st dose	6 am	Ibuprofen
	2 nd dose	9 am	Acetaminophen
	3 rd dose	12 pm	Ibuprofen
Continue alternating every 3 hours			

Your surgeon may have prescribed amoxicillin, clavulin or another antibiotic. If so, give it to your child as prescribed.

FEVER

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

Note: You may call the ENT doctor on call between 7am to 23pm for questions. If there is any serious concern between 11pm and 7am (e.g., bleeding), just go directly to emergency department.

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 Jello. 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 depends on how much your child weighs. Please refer to the table below to determine the minimum amount of fluid that you child should drink after this surgery. You do not need to wake your child at night if he/she has had enough fluids during the day.

RECOMMENDED FLUID INTAKE AFTER TONSILLECTOMY AND/OR ADENOIDECTOMY				
Weight (in kg)	Weight (in lbs)	Amount Needed Every 15 minutes	Recommended Intake Hourly while Awake	Daily Recommended Fluid Intake
5-7.9	11-17.9	15 mL	50 mL	600 mL
8-12.0	18-28.9	20 mL	80 mL	960 mL
13-17.9	29-39.9	25 mL	100 mL	1200 mL
18-27.9	40-61.9	30 mL	120 mL	1440 mL
28-37.9	62-83.5	35 mL	140 mL	1680 mL
38-47.9	84-105.9	40 mL	160 mL	1920 mL
48-57.9	106-126.9	45 mL	180 mL	2160 mL
58 and more	127 and more	50 mL	200 mL	2400 mL

Legend: kg, kilograms; lbs, pounds; mL, milliliter.

Adapted from the Children's Hospital of Eastern Ontario (CHEO)

After tonsillectomy

Diet

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, tofu, 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.

What foods should be avoided in the first 10 days after the surgery?

There are not any restrictions regarding food avoidance.

However, some dry and/or acidic foods might irritate the throat, such as toast, crackers, tomatoes, orange juice, and lemonade.

It is however recommended to generally avoid any red food as it may resemble blood in situations where the child vomits.

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 bring your child to The Montreal Children's Hospital right away.

Take note that a few drops of blood from the nose may be normal. It is likely coming from the nasopharynx where the adenoids were removed. Observe and if it recurs, bring your child to The Montreal Children's Hospital right away.



Following a tonsillectomy, the back of the throat and tongue may be coated with a white membrane. This usually goes away within two weeks.

ACTIVITIES

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

After the surgery, your child should stay at home for at least seven days after the adenoidectomy and ten 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. Avoid distance traveling for two weeks because of the risk of bleeding.

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.

Your child may 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.

When to bring your child back to the hospital

Bring your child right away to the Montreal Children's Hospital when you see:

- **bleeding** – bright red blood that comes from the nose or mouth
- vomiting of coffee-ground material

When to call the doctor

Call **514-412-4400** and ask for the **ENT** doctor on call at the **Montreal Children's Hospital** when your child has:

- **persistent vomiting** more than three times in a day;
- **pain** that does not lessen even after giving your children's medication;
- a **fever** of 38.5° C or 101° F, 48 hours after surgery;
- a **sore throat** or **earaches** lasting longer than 10 days after the surgery.



Note: You may call the ENT doctor on call between 7am to 23pm for questions. If there is any serious concern between 11pm and 7am (e.g., bleeding), just go directly to emergency department.

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