

Tonsillectomy (+/-) Adenoidectomy

Southwest Virginia ENT & Facial Plastics

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Before Surgery:

- Your child must come to surgery on empty stomach. *NOTHING TO EAT OR DRINK AFTER MIDNIGHT BEFORE SURGERY.* This includes all foods, all liquids, gum, candy, mints, etc.
- Surgery will be cancelled if the patient does not have a completely empty stomach.
- Please call the hospital the day before surgery between 2 pm and 4:30 pm to get your arrival time.

The Procedure:

- If you are interested, Dr. Bowman produced a YouTube video about the Coblator surgical technique that we all use. Search YouTube for “*Coblation Tonsillectomy*,” under username MBowmanMD. If you are sensitive, realize this video does show a real surgical procedure.

What to Expect after Surgery:

- Your child’s throat will be very sore for 7-10 days. The throat hurts first, then complaints of ear pain often develop later. This ear pain is referred from the healing tonsillectomy sites and it is normal. The pain medicines will help. Sore throat is often worse in the mornings.
- Consider waking your child up in the night to give a dose so they don’t sleep all night without any medicine. *It is much easier to keep the pain away, rather than to make it go away.*
- Dehydration is the biggest problem after surgery. Any liquid is helpful. Carbonated drinks and acidic drinks (like OJ) may burn, but won’t damage the throat. Your child should drink a decent portion of some liquid at least every 30 minutes while awake. Monitor their hydration by the color of their urine:
 - *If the urine color is clear to light yellow, your child is well hydrated.*
 - *If the urine is dark yellow or orange, your child is getting dehydrated and must drink more liquids.*
- Your child will probably run a fever the first day or two. The pain medications will help control this. The fever will be worse if your child does not drink enough and becomes dehydrated.
- Snoring, nasal congestion, and voice changes are common for five to seven days after surgery until the swelling goes away.
- Your child will have bad breath as the throat and adenoid sites heal. The odor comes from a white tissue that forms over the tonsil surgery site-this is not an infection. He/she may brush their teeth after surgery, but this will not eliminate bad breath. This will clear on its own usually within a week or two.
- Nausea and/or vomiting can happen after surgery. Use the prescribed medications, if given, for nausea. If nausea occurs, give your child only clear liquids for 12-24 hours, then try and advance their diet as tolerated.
- Swollen uvula: The thing that hangs down in the back of throat may get very swollen, but it is OK and will return to normal with time.
- A small amount of bleeding may occur from the mouth, usually ~7-10 days after surgery. Be sure to keep your child well hydrated and on a soft diet without strenuous activity during this time. As the surgery site goes through the final phase of healing, your child may spit up a small amount of bloody mucous.
- If the bleeding is greater than one teaspoon, or any bloody spit lasts more than 5 minutes, try gargling with some ice water and IMMEDIATELY call the ENT office. If the bleeding is severe, go to the nearest emergency room or call 911.

Post operative instructions & What to expect

Medications

- See the detailed pain schedule information on the following pages.
- Prescription pain medicine may be prescribed, follow the directions on the bottle. It is normal for your child to need this medicine for anywhere from 5-10 days.
 - Prescription pain medication may cause nausea if given on an empty stomach, so consider giving it with food or milk. The medication takes about 30 minutes to work, so schedule a dose before mealtime to help improve food and liquid consumption.
 - The pain medicines can also cause constipation. Watch out for this and use an over the counter remedy as needed.
 - DO NOT use Children's Tylenol (Acetaminophen) in addition to the prescription pain medicine.
- Ibuprofen (Advil/Motrin) can be used for additional pain relief. Use according to the bottle, or as directed by your doctor.
- For younger children, usually less than 6 years of age, prescription pain medication may not be prescribed. Please alternate Children's Tylenol and Children's Motrin/Advil for pain relief.

Diet

- Avoid crunchy foods for 2 WEEKS: We recommend the "crunch test." If it does not crunch when you bite it, it is OK to eat. Avoid chips, crackers, popcorn, crusty breads, crispy fried foods, etc.
- Foods like ice cream, popsicles, eggs, pasta, soups, apple sauce, mac and cheese, pudding, pancakes, and smoothies are popular. Even solid foods like hamburgers, hot dogs, and pizza are OK.
- Pain from surgery can make it hard to swallow. If the patient does not drink enough, he will get dehydrated. This slows down healing and increases discomfort. Remember to use the pain medicines as prescribed, and watch the color of the patient's urine in the toilet or diaper:
- Weight loss is common the first week, but is OK as long as the child does not become dehydrated.

Activity

- Your child can return to school/day care when they no longer require the prescription pain medicines during the day. This is usually around one week.
- Avoid any strenuous activity/P.E. for two weeks. Your child may lack energy and tire easily. It is important for them to be in a home environment so they can rest and sleep as needed. Mild activity is fine as tolerated. Children usually are able to return to school in 5-10 days after surgery, but should avoid rough play and contact sports for two full weeks after surgery.
- It is important for your child to stay close to home for about two weeks after surgery so any problems can be taken care of quickly.

Follow Up Appointment:

- Your doctor will arrange a specified follow up after surgery via an office visit or phone call.

When to Call Your Doctor:

- Report any evidence of bright red bleeding – if greater than one teaspoon (see above), call the office or go to the nearest emergency room for evaluation.
- Temperature above 101 degrees for 24 hours.
- Uncontrolled pain, severe nausea, vomiting or dehydration (i.e. peeing less than twice/day).

Post operative instructions & What to expect

Pain is the primary source of problems after tonsillectomy. The sore throat makes it hard to swallow, leading to dehydration and weight loss. These symptoms can lead to ER visits and/or hospital readmission. The best way to control your child's pain is to give the pain medications **regularly**. This will not make the pain go away entirely, but should keep your child comfortable enough to drink plenty of fluids. You should use a combination of medications for the best pain control and easiest recovery:

- Ibuprofen (trade name Motrin® or Advil®)
AND
- Acetaminophen (trade name Tylenol®).

If this combination of medicines is not adequate for pain control, AND you were given a prescription for pain medication, you can use:

- Ibuprofen (trade name Motrin® or Advil®)
AND
- Prescription pain medication (which contains Acetaminophen/Tylenol®)

Acetaminophen and ibuprofen are available over the counter at any pharmacy or drug store. Follow the instructions on the bottle to determine the proper dosage to give. The simplest way to give these medications is to **rotate the two at 3 hour intervals**.

Here is a sample diagram. The time you give your child their medications may vary from this example. Do not give any medication more often than every 4 hours. Please remember: *Most prescription pain medications contain acetaminophen. You should use EITHER acetaminophen OR the prescription. Do NOT give acetaminophen along with a prescription medication.*



