

# tonsillectomy

## **why does my child need a tonsillectomy?**

The main reasons to have a tonsillectomy include:

- Enlarged tonsil size that causes snoring and problems sleeping
- Frequent throat infections

## **preoperative care**

No aspirin medications (including Pepto Bismol) or products containing Gingko Biloba, or St. John's Wort should be given 2 weeks before surgery. No ibuprofen medications (Advil, Motrin) or anti-inflammatory medications (Aleve, Naprosyn) should be given for 1 week before surgery. None of these medications or products should be given for 2 weeks after surgery, except ibuprofen (Advil, Motrin) which has no restrictions after surgery. Acetaminophen (Tylenol) may be given. Please notify the office nurse if there is a family history of bleeding tendencies or your child tends to bruise easily.

## **the surgery**

The tonsillectomy will be performed under general anesthesia either as an outpatient or with overnight observation. The surgery usually lasts 30 – 45 minutes and the child remains in the hospital for 4 hours or overnight for observation.

## **postoperative care**

Your child will have some discomfort and pain in his throat, jaw, ears, neck or mouth. The pain may be moderate to severe. Your child may have bad breath, snore and his voice may sound different or may be hoarse, raspy, or have a nasal sound.

- Place an ice collar around the front of your child's neck to help with pain
- A humidifier placed in your child's room will help keep the air moist. This may help with your child's pain.
- Make sure your child drinks throughout the day. It will be uncomfortable, so you will need to work with your child to get him to drink.

## **nausea and vomiting**

Some children have nausea and vomiting from the general anesthetic. This should stop within a few hours. Please call the office nurse if nausea and vomiting continue for more than 12-24 hours.



## **pain control**

Give acetaminophen (Tylenol) every 5 hours. For children who will not take liquid pain medication, acetaminophen (Tylenol) also comes in an orally disintegrating table or a rectal suppository. If *significant* pain continues after giving acetaminophen (Tylenol), you may add ibuprofen (Advil, Motrin). Give ibuprofen (Advil, Motrin) every 8 hours as needed. If ibuprofen (Advil, Motrin) is added, acetaminophen (Tylenol) every 5 hours *must* be continued. For children 6 years of age and older, prescription pain medication may be given as well. If so, give as directed.

## **oxycodone/roxicodone**

Some children continue to have pain even though they are taking acetaminophen and ibuprofen. For children six years and older, the doctor may give another medicine called Oxycodone/Roxicodone. Here are some guidelines to follow for this medicine:

- Only give this medicine if the acetaminophen and ibuprofen do not help your child's pain.
- Give first dose during daytime hours.
- If your child is sleepy or hard to wake up, **do not** use this medicine and call the office.
- Children 6 – 11 years of age may not begin this medication until the day after surgery.
- Children 12 and older may begin the medication on the evening of the surgery.

## **activities**

Your child needs rest after surgery. Quiet activities are best for 14 days. Your child should not plan to go to school for at least 7 – 10 days.

## **when to call the doctor**

Call the ENT office if your child has any of the following:

- Fever over 102°F
- Nausea/Vomiting that continues past the first day after surgery
- Unable to drink
- Urine is dark.

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