

tonsillectomy/adenoidectomy

why does my child need a tonsillectomy?

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

why does my child need an adenoidectomy?

- Nasal obstruction — Enlarged adenoids can block the nasal airway and lead to mouth breathing through the nose and sinusitis
- Chronic otitis media — Enlarged adenoids can block the Eustachian tube or allow bacteria to enter the Eustachian tube and lead to ear infections. Research has shown that an adenoidectomy along with PE tube insertion may help treat chronic otitis media.

before surgery

No aspirin medications (including Pepto Bismol), ibuprofen medication (Advil, Motrin), anti-inflammatory medications (Aleve, Naprosyn) or products containing Gingko Biloba, or St. John's Wort should be given for 2 weeks before surgery. None of these medications or products should be given for 2 weeks after surgery, except ibuprofen (Advil, Motrin) and acetaminophen (Tylenol). Ibuprofen and acetaminophen have no restrictions after surgery.

Please let the office nurse know if there is a family history of bleeding tendencies or your child tends to bruise easily.

the surgery

The tonsillectomy/adenoidectomy will be performed under general anesthesia either as an outpatient or with overnight observation. The surgery usually lasts 10-20 minutes and the child remains in the hospital for up to four hours or overnight for observation.

after surgery

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 their 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. They should drink at least 3-4 ounces per hour (or a half cap) of any fluid (except red liquids) to stay hydrated. It will be uncomfortable, so you will need to work with your child to get them to drink.



- Your child should not use straws for 10-14 days after surgery. Sippy cups may be used if the valve inside the lid is removed so your child can drink without sucking.
- Keep your child from blowing their nose and do not use a bulb syringe for 10-14 days after surgery.
- Nasal drainage may be wiped, but do not suction your child's nose or have them blow their nose for the 10-14 days after surgery.
- All of the above symptoms are usually gone within 10-14 days.

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

You can use acetaminophen (Tylenol®) and ibuprofen (Advil, Motrin) to control pain after surgery. For children who will not take liquid pain medication, acetaminophen (Tylenol) also comes in an orally disintegrating table or a rectal suppository. You should alternate acetaminophen (Tylenol) and ibuprofen (Advil, Motrin) every three hours to control pain. For children 12 years of age and older, prescription pain medication may be given as well. If so, give as directed. If you have any questions about pain medication instructions, let the office nurse know.

oxycodone/roxicodone

Some children continue to have pain even though they are taking acetaminophen and ibuprofen. For children 12 years and older having both tonsils and adenoids removed, the doctor may give another medicine called oxycodone/roxicodone. Here are some guidelines to follow for this medicine:

- Children given this medication may not begin using it until the day after surgery.
- Give the first dose during daytime hours. Watch for four hours for any changes in breathing (slowing of breathing rate)
- If your child is sleepy or hard to wake up, **do not** use this medicine and call the office.
- Only give this medicine if the acetaminophen and ibuprofen do not help your child's pain (severe breakthrough pain)

diet

Begin with a clear liquid diet, progress to a light diet and then to a normal diet as your child feels like eating.

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. Scabs will still be present until about day 14, so if they go back to school before 14 days, there should be no recess, gym or organized sports until 14 days after surgery.

follow-up

If your doctor recommends a postoperative appointment 4-6 weeks after surgery, please call the office soon after surgery to schedule the appointment. The doctor may choose to have a nurse call for a postoperative check instead of coming into the office for an appointment. This call will be placed 4-6 weeks after surgery. If an appointment is needed after speaking with the nurse, the nurse will let you know this and will schedule the appointment.

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

This handout is for general information only and should not be considered complete. For more specific information, please ask your child's health care provider. You can also call the Pediatric ENT team at 937-641-4647.

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