

# Tonsillectomy

## Preoperative Care Instructions

The tonsils are two pads of lymphoid tissue located on either side of the throat. Tonsils can become enlarged in response to recurrent tonsil infections or strep throat, at times becoming a reservoir for bacteria.

### **Reasons for a Tonsillectomy:**

- **Infection** – Recurrent tonsil infections or strep throat despite antibiotic therapy
- **Upper Airway Obstruction/ Obstructive Sleep Apnea**– Enlarged tonsils can block the airway and cause difficulty breathing

### **The Procedure:**

Tonsillectomy is the surgical removal of the tonsils, frequently performed with an adenoidectomy. The surgery takes approximately 45 minutes. Please plan for your child to remain in hospital several hours after the outpatient surgery or overnight if admitted.

### **Pre-operative Instructions & Restrictions:**

In the days preceding surgery, your child may take Acetaminophen (Tylenol, Tempra, and Panadol), prescribed antibiotics, or an over the counter cold medicine as long as it does not contain Aspirin or Ibuprofen. Please notify your doctor if there is a family history of bleeding tendencies or if your child tends to bruise easily.

The following should not be ingested within 14 days of your child's surgical date:

- Aspirin (including Pepto-Bismol)
- Ginkgo Biloba
- St. John's Wort

The following should not be taken within 7 days of your child's surgical date:

- Anti-inflammatory medications (Naprosyn, Aleve, Celebrex, etc.)
- Ibuprofen products (Children's Motrin, Children's Advil, etc.)

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### Postoperative Care Instructions

- 1) **Recovery** – On average, most children are fully recovered after 7 – 10 days, however, some children feel better in just few days while others take as long as 14 days to recover. It is common for the most discomfort to be felt during days 5-8.
- 2) **Pain** – It is common for a child to experience throat pain after the procedure. Ear pain is very common after tonsillectomy. Your child may have jaw and neck discomfort as a result of positioning in the operating room. Many children have difficulty eating, drinking, and sleeping as a result of pain; severity of pain may fluctuate during the recovery from mild to severe and pain may last up to 14 days.
- 3) **Pain Control** – For pain management, please medicate your child every 4 hours with acetaminophen or acetaminophen with codeine, or as directed by the physician. Do not exceed 5 doses in a 24 hour period. An ice collar on the neck, chewing gum, or a humidifier in the child’s room will also help to alleviate pain. Ice collars can be made at home by placing ice cubes and water in a zip lock bag, wrapping the bag in a towel, and placing the collar on the front of the neck.
- 4) **Nausea and Vomiting** – Your child may experience some nausea and vomiting from the general anesthetic; this usually occurs during the first 24-36 hours following surgery. Please contact the office nurse if your child is having ongoing difficulties with nausea and vomiting.
- 5) **Fever** – It is not uncommon for a child to have a low grade fever for several days after surgery; a fever should be treated with acetaminophen or acetaminophen with codeine. Please call the office nurse if your child has a fever above 102°F.
- 6) **Breathing** – Due to swelling, snoring and mouth breathing are common after a tonsillectomy; normal and often improved breathing should resume 10-14 days after surgery
- 7) **Scabs** – A membrane or scab will form where the tonsils have been removed, it is often thick and white in appearance and may result in bad breath. The scab will gradually fall off as the throat heals, usually 5-10 days after the procedure.
- 8) **Bleeding** – If your child has any bleeding from the mouth or nose he/she needs to immediately seek attention from the on-call ENT physician in the Emergency

Room. Even a small amount of bleeding can indicate a serious problem and should be evaluated right away.

- 9) **Speech** – If your child’s tonsils were very large, the sound of the voice may be different postoperatively.
- 10) **Drinking** – It is important that your child stays hydrated postoperatively. Many children are reluctant to drink because of pain. Offer and encourage fluids frequently; fluids can include juice, soft drinks, popsicles, and Jell-O. After 24 hours, milk products such as pudding, yogurt, and ice cream may be introduced. Please call the office nurse if you are concerned that your child is not drinking enough or if there are signs of dehydration (urination less than 2-3 times a day or crying without tears). Some children find that a small amount of liquid goes up into their nose when they drink, this should stop within a few weeks of the surgery.
- 11) **Eating** – Although there is no food restriction, it is recommended that softer foods are first introduced postoperatively. Hot, acidic, or spicy foods may be painful to swallow. Very hard or crunchy foods may scrape the throat and cause bleeding. The sooner eating and chewing are resumed, the quicker your child will recover. Many children are uninterested in eating for up to a week; as long as liquids are regularly consumed, there is no need to be too concerned with eating. Any weight that is lost is usually regained when a normal diet resumes.
- 12) **Activity** – Most children rest at home for several days after the procedure. It is recommended that a child avoid vigorous activity for 7-10 days, as there is a risk of bleeding up to 14 days following surgery. Your child may return to school when he/she is eating and drinking normally, off of all pain medications, and sleeping through the night. On average, the time frame for returning to school is 7-10 days; however, each child heals at his/her own pace. Please do not travel away from the Boston area during the 2 weeks following surgery.
- 13) **Follow up** – Your child will need to be seen 2-4 weeks after surgery. If an appointment has not been established, please call the office to schedule one.