

# **Sharon M. Tomaski, M.D.**

7720 South Broadway, Suite 480  
Littleton, CO 80122  
tel. 303.347.0800 fax. 303.347.1140

## **Tonsil and Adenoid Surgery Discharge Instructions**

### **What are the tonsils and adenoids?**

The tonsils are grape-sized pieces of tissue in the back of the throat on each side. The adenoids are small pads of tissue at the back of the nose above the throat. The adenoids can't be seen when you open your mouth because they are behind the soft palate. Both tonsils and adenoids produce antibodies to fight infections. They are usually removed if they become so large that they interfere with breathing or swallowing.

### **How is the surgery done?**

The surgery is performed at either a surgical center or hospital using general anesthesia. This means the patient is completely asleep during the procedure. Medications are given through an IV and a breathing tube is placed in the mouth after the patient is asleep. The surgery will take between 1 to 1 ½ hours. The patient will spend 1 to 3 hours in the recovery room, depending on how quickly he or she awakens, pain control, and control of any nausea. Many patients will be able to go home that day, but some will need to spend the night for observation before going home.

### **What are the diet restrictions after surgery?**

The single most important thing after this surgery is drinking enough liquids. This will help lessen problems with fever, pain, constipation, and promote healing. Young children between ages 4 – 7 should have at least 45 ounces in a 24-hour period. Children ages 8 – 12 should have at least 55 ounces in a 24-hour period, and those above 12 should have at least 64 ounces (2 liters) in a 24-hour period. Encourage your child to drink an ounce every 15 minutes during waking hours. The day of surgery your child will be given clear liquids; water, sports drinks, popsicles, jell-o, and broth. Most kids feel that cool or cold liquids feel the best, but if your child wants warm liquids they may. When your child is doing well with clear liquids, they may have thicker liquids or soft food such as milk shakes, ice cream, pudding, yogurt, applesauce, pasta, potatoes, scrambled eggs, and pancakes. If you are concerned about weight loss, you may use carnation instant breakfast, Pediasure, Boost, or other supplemental beverages.

Your child must avoid food with sharp edges such as potato chips and popcorn and rough/chunky food such as hamburger and steak. Any food that your child can chew well is OK. Your child can not drink through a straw, use a sippy cup after surgery, or have a popsicle stick in their mouth as this may increase the risk of bleeding.

Some children experience nausea after surgery. This is usually related to the anesthesia medications and usually lasts around 24-hours. Sometimes it is due to the pain medication. The best treatment is to give small frequent feedings of clear liquids, including Gatorade or other sports drinks. When this is tolerated, the pain medication can be given with a small snack. Pain medications can be constipating, so it is important to monitor your child's bowel activity.

## What type of pain medication will we give?

Most children go home with 3 different medications for pain:

- Over the counter Tylenol should be given every 4 hours for 5 days continuously. This will help keep the pain at a manageable level.
- The second medication is a low dose steroid pill, such as Decadron (dexamethasone). This pill is taken in the morning and evening for 5 days. It helps to reduce the irritation of the nerve that runs in the back of the throat. This medication is to be taken with a little food; otherwise it can be hard on the stomach. For children who don't swallow pills, the pill can be crushed between two spoons, and then mixed into a small amount of food or liquid.
- The third medication is usually Oxycodone liquid, a narcotic that is helpful for more intense pain. This medication is based on your child's weight and can be given every 4 hours as needed. Do not worry about your child becoming addicted or dependent on the Oxycodone, as this is not a common event for children on short term pain medication. The length of time your child will need the pain medication is variable, but is usually 7 to 10 days.

A sore throat, ear pain, or jaw pain is common after this surgery. If your child has ear pain, it is referred pain from the tonsil area, **not an ear infection**. This is due to irritation of the nerve that runs from the tonsil area and up to the ear. The pain can become more intense after the steroid is gone because of the nerve's inflammation. Your child may need a little more pain medication at this point. If the pain medication does not help control the pain, it is possible that your child may need a few more doses of the steroid medication.

**Your child may not have aspirin, ibuprofen, Advil, or Motrin for one month after the surgery as these medications increase the chance of bleeding.**

## What can I expect after surgery?

**Fever.** It is normal for children to run a fever between 99°F (37°C) and 101°F (38°C) for the first few days after surgery. The fever should be gone by the third or fourth day after surgery. Drinking plenty of cool liquids and taking the scheduled doses of Tylenol will help lessen the fever. If the fever persists beyond four days, you should contact our office.

**Bad Breath.** This is normal. It comes from a white to yellowish scabs that form over the tonsil surgery site and some of the tongue. You can help your child's breath by giving a mild salt-water mixture to gargle. After gargling, your child may spit up some bloody mucus. This is normal. As the scab breaks off 5 to 10 days after surgery, the breath will improve. Brushing teeth with supervision is allowed.

**Activity.** It is best for your child to rest at home for the first week after surgery. When they feel like gentle play, it is allowed. The activity level may be gradually increased as your child's strength and energy increase. Heavy lifting, sports, and humping/jarring activity is not allowed until the follow-up appointment. Swimming is not allowed for two weeks. Generally children are able to return to school between 7 to 10 days after surgery. Your child is not allowed to blow their nose for two weeks after surgery.

**Bleeding.** Fresh blood from the mouth or nose is not normal after surgery. If possible, sleep in the same room as your child for 10 – 14 days to monitor the child at night. Get up to check on your child once or twice during the first few nights after surgery. If there is any bleeding, including mild bleeding, take the child to the emergency room immediately. There is only a 1 -2% chance of serious bleeding, but if it occurs call 911 immediately. The emergency room staff and ear, nose, and throat (ENT) doctor on call will check your child. Often the bleeding can be stopped in the emergency room. Rarely, surgery is required to stop the bleeding. Between the 5<sup>th</sup> and 10<sup>th</sup> day after surgery, the tonsil scabs fall off. During

this time your child may spit up some bloody mucus. If the bleeding persists, take your child to the emergency room.

**Follow-up Appointment.** Your child needs to be seen in the office approximately two weeks after surgery. Please schedule this appointment. The need for any further appointments will be determined at the post-operative appointment.

## When should I call my child's ENT doctor?

Call IMMEDIATELY if:

- There is any bleeding from the mouth or nose.
- The fever goes over 102°F (39°C).
- There are any signs of dehydration (infrequent urination, dark urine, dark circles under the eyes, or lethargy).
- Your child has vomiting that lasts more than 12 hours.

**If these problems/concerns occur at night or on a weekend, it is best to have your child checked by a doctor in the emergency room.**

Call during office hours if:

- A fever lasts more than 3 days.
- You have other concerns or questions.

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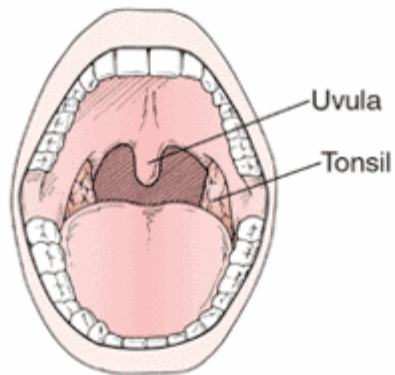
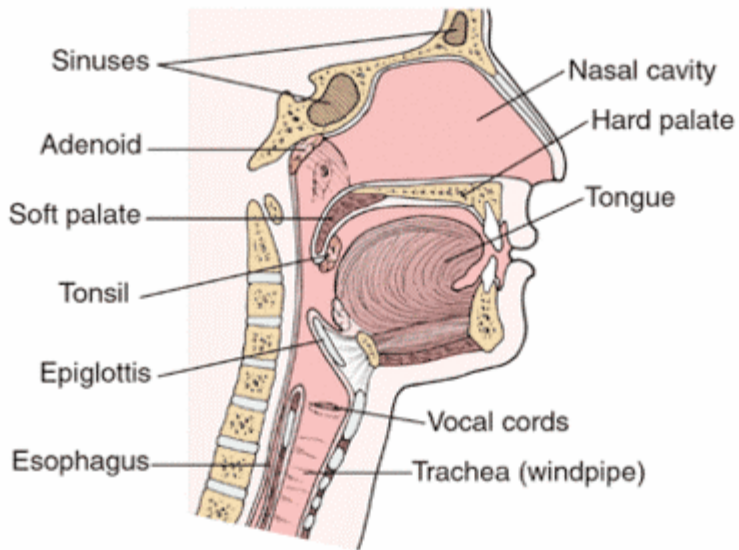
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# Head and Throat



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