

Home Care Of Children After Tonsillectomy +/- Adenoidectomy

Tonsillectomy and adenoidectomy are common surgical procedures in children with infected tonsils, adenoids, ears or obstructions to breathing. The recovery period for the next 1-2 weeks requires your special attention. *Expect for your child to be out of school or camp until at least your one week post op visit.* We hope this information will be helpful to you during your child's recovery period. Recognizing each child's response might be different; we encourage you to discuss your concerns with us.

During the post-operative period you might observe:

1. Pain: **A significant amount of throat and ear discomfort is to be expected.** Sometimes it is more painful on the second day than immediately after the operation. If the doctor has prescribed a pain medication, give the medication half an hour before eating to decrease the swallowing discomfort. (except narcotics must be taken after eating). *Most children do quite well with Tylenol. Do not give Motrin, Advil, ibuprofen or other over the counter pain relievers as these medications increase the risk of bleeding.* Signs of pain in small children can include refusal to open mouth or swallow, refusal to eat or drink, crying and irritability.
2. Refusal to drink: Strongly encourage plenty of clear, cool liquids, water, ginger ale, apple juice, Jell-O, popsicles and the like. **Fluid is very important to prevent your child from becoming dehydrated (dry) and to help with the healing process. Dehydration may lead to an emergency room visit for intravenous (IV) fluids.** You may advance to regular foods after 24 hours but it is not unusual to take many days to tolerate more solid foods. Dairy products can increase or thicken mucous production and ideally should also be avoided for the first 24 hours. Avoid hot and spicy fluids or food; avoid scratchy food such as chips, toast and crackers. Orange juice and other acidic drinks may sting. Red colored liquids and foods can sometimes be confused with blood if your child experiences nausea and vomiting and ideally should be avoided as well.
3. White patches at the back of the throat: These are scabs from the raw surfaces in the mouth that will fall off usually 7-10 days after surgery. There may be bleeding when the scab falls off. The risk of bleeding persists until about 2 weeks after the procedure. **For this reason, we strongly recommend no swimming, trips to remote areas, or any airline flights for 2 weeks after the procedure. Call immediately if your child vomits or spits up any blood.** If the bleeding is dramatic go to the nearest emergency room for care. Call 911 for assistance when appropriate.
4. Swelling of the tongue, palate (roof of the mouth), or uvula (punching bag in back of throat): Swelling of these structures may cause some discomfort but usually resolves in a week. Sleeping sideways (as opposed to flat on the back) or with the head elevated can alleviate some of the nighttime symptoms.
5. Voice changes: Removing the tonsils and adenoids alter the resonating chamber of the airways and can result in a less nasal voice that is also frequently perceived as squeaky or higher pitched.
6. Persistent snoring: Snoring may persist for a few weeks as a result of swelling at the surgical sites.
7. Foul smelling breath: Bad breath frequently occurs but should clear up within a couple of weeks.
8. Low-grade fever: 99-101 degree temperatures are common within the first 24 hours. This usually improves with time and oral intake.
9. Leakage of air or liquid from the nose with speaking or swallowing: The palate muscles are typically very sore and may have some difficulty closing off the nose from the mouth. This is typically temporary, lasting a few days. On rare occasion, this may last for a few months.
10. The initial post-operative visit will be scheduled for 1-2 weeks after the procedure with the Physician Assistant.