



DR. YALAMANCHILI POSTOPERATIVE CARE TONSILLECTOMY AND ADENOIDECKTOMY

The procedure to remove the tonsils is called a tonsillectomy; excision of the adenoids is an adenoidectomy. Both are usually performed concurrently; hence the procedure is known as a tonsillectomy and adenoidectomy or T&A.

T&A is generally an outpatient surgical procedure lasting between 20 and 40 minutes and performed under general anesthesia. Normally, young patients will remain at the hospital or clinic for about 1 to 2 hours after surgery for observation.

When the tonsillectomy patient comes home

Most children require 10 days to recover from the surgery. Some may recover more quickly; others can take up to two weeks for a full recovery. Younger children often tolerate the procedure very well. Older children may require a longer recovery time and complain of more discomfort. The following information is designed to help you and your child through the postoperative period.

Drinking: The most important requirement for recovery is for the patient to drink plenty of fluids. Juice, "flat" soft drinks, popsicles, Jell-O, and Gatorade are excellent sources of liquid. Any of the child's favorites may be offered, however certain citrus fruits may cause pain. Some patients experience nausea and vomiting after the surgery caused by the general anesthetic. This usually occurs within the first 24 hours and resolves on its own. Contact your physician if there are signs of dehydration (urination less than 2-3 times a day or crying without tears).

MINIMUM Fluid Intake per 24 Hour Period during recovery is:

Weight of Patient	Minimal Fluid Intake
Over 20 Pounds	34 Ounces
Over 30 Pounds	42 Ounces
Over 40 Pounds	50 Ounces
Over 50 Pounds	58 Ounces
Over 60 Pounds	68 Ounces

Eating: We recommend a soft diet for 14 days after surgery, no hard, fried, crunchy, sharp or spicy foods. Tonsillectomy patients may be reluctant to eat because of sore throat pain; consequently, some weight loss may occur, which is gained back after a normal diet is resumed.

Fever: Fevers are common after surgery. Your child may run a fever for several days after surgery. If the fever remains over 102 and is not improving 30-45 minutes after ibuprofen (Motrin) or acetaminophen (Tylenol) is given, please call the office. It is important that children drink plenty of fluids after surgery. This will not only make them feel better but will reduce the chance of fevers.

Activity: Children tend to regulate their own activity levels depending on how they feel. Most children should plan to be absent from school for approximately 6 school days. No sustained physical activity

(sports, running, heavy lifting, swimming, P.E. class, bounce houses, etc...) for 14 days after surgery. Traveling away from home is not recommended for 14 days following surgery.

Snoring, Runny, or Stuffy Nose can occur after surgery and last for about 2 weeks: This is normal and will resolve with the healing process. Normal saline nasal spray can be used. Occasionally, the child may have some changes in voice due to the removal of adenoid tissue, they are sometimes more nasal sounding. This usually will return to normal within four weeks.

Scabs: A scab will form where the tonsils and adenoids were removed. These scabs are thick, white, and cause bad breath. This is not unexpected. Most scabs fall off in small pieces five to ten days after surgery and are swallowed. It is common for the pain to increase for a few days when the scab on the tonsillar area falls off. You may notice a small amount of blood when this occurs.

Bleeding: With the exception of small specks of blood from the nose or in the saliva, bright red blood should not be seen. If such bleeding occurs, contact your physician immediately or take your child to the emergency room. Bleeding is an indication that the scabs have fallen off too early, and medical attention may be required. **DO NOT USE ANY IBUPROFEN FOR 2 DAYS AFTER ANY BLEEDING IS SEEN.**

- **Gargle Ice Water:** If your child is old enough to gargle and the bleeding is light, we recommend having your child gargle 1-2 glasses of ice water and spit until the water is clear. They should not swallow the water after gargling. If the bleeding continues after gargling, please contact your physician immediately or take your child to the emergency room.
- If time permits, you should call your physician prior to going to the closest emergency room or calling an ambulance.

Pain: Nearly all children undergoing a tonsillectomy/adenoidectomy will have mild to severe pain in the throat after surgery. Some may complain of a headache, earache (because stimulation of the same nerve that goes to throat also travels to the ear), and a few may report pain in the jaw and neck (due to positioning of the patient in the operating room). Children complain of differing degrees of throat and/or ear pain for up to 14 days. Pain is often worse at night and may prompt the need for additional pain medication. Pain is more easily controlled if it is treated when it first begins. Please follow the pain medication instructions provided by our office for the first 5 days, not the instructions on the bottles. After the first 5 days you can follow the instructions on the bottle. **DO NOT USE ASPIRIN IN ANY FORM** as this may increase the chance of bleeding. Pain control is a trial-and-error treatment. Ibuprofen may also slightly increase the risk of bleeding. We ask parents to use ibuprofen consistently for the first 5 days after surgery. After the 5th day ibuprofen can be used as needed; however, it should be discontinued immediately if any bleeding is seen.

- **Never wake your child up to give narcotic pain medication.** If their pain is controlled sufficiently that they are sleeping, the next dose of pain medication can be given after they wake up.

Steroids: Your child may be prescribed a steroid (prednisolone) after surgery to help with pain control and nausea. This medicine should be taken on the 1st day after surgery and again on the 3rd and 5th day after surgery (**REMEMBER** – when you are counting days – count the day of surgery as Day Zero).

Nausea: Narcotic pain medications (such as oxycodone) may cause nausea and/or vomiting. Taking this medication after drinking or eating may decrease the chance of nausea and/or vomiting. Your physician will give you a prescription for Zofran, a medication that helps to control nausea.

Constipation: Your child may develop constipation because of narcotic or Zofran use and dehydration. Encouraging fluid intake is the best thing you can do to limit the potential for constipation. If possible, adding fiber to your child's diet (prunes, apricots, plums, raisins, peas, beans, broccoli, and whole grains) may help to prevent constipation. In more severe cases your primary care physician may recommend or prescribe a mild laxative or enema. Never give your child a laxative or other types of stool-softening medications without first consulting with your primary care physician. If your child has a history of constipation and has previously been recommended a stool softener by their primary care physician, we recommend restarting this prior to surgery.

Bad Breath: It is very common for children to have bad breath for several weeks. The back of the throat will change with healing. Do not be concerned if the throat appears white and foamy. Your child may brush their teeth but gargling and mouthwash are not recommended. Coughing and throat cleaning may be done gently.

How can I reach the doctor after hours? There is a doctor on call 24 hours. If you need to reach us, please call the office.

Follow-up Appointment: Please call and make a follow-up appointment for 4-6 weeks after surgery.

972-745-8400 or 817-337-3339