

Division of Pediatric Otolaryngology

Tonsillectomy (T&A) - Postoperative Instructions

What are Tonsils and Adenoids? The tonsils are two pads of tissue located on either side of the back of the throat. The adenoids are a similar pad of tissue located behind the back of the nose in the throat. These pads can become enlarged in response to recurrent infections or strep throat. They can also become a reservoir for bacteria. The tonsils and adenoids are special lymph nodes located in the nose and throat to help fight upper respiratory infections, however they are not needed by the body to continue to fight colds or flu.

Most Common Reasons for Tonsillectomy (T) or Adenotonsillectomy (T&A):

1. Upper airway obstruction (heavy snoring, sleep apnea): Enlarged tonsils and/or adenoids can block the airway (nose and throat passages) causing difficulty breathing
2. Recurrent tonsil infections or strep throat

Preoperative Care: No aspirin, ibuprofen (Advil, Motrin, Pediaprofen), Naprosyn (Aleve), or Peptobismol for two weeks before or two weeks after surgery. Acetaminophen (Tylenol, Temptra, Panadol) may be given as well as over-the-counter cold medications and antibiotics. Please notify your doctor if there is any family history of bleeding tendencies or if the child tends to bruise easily.

The Surgery: The surgery takes 30-45 minutes. The child remains in recovery for up to a few hours after outpatient surgery or overnight if admitted to the hospital.

Postoperative Care: It takes most children 7 - 10 days to recover from surgery. Some children feel better in just a few days, and some take as many as 2-3 weeks to recover.

a. Drinking: The most important part of recovery is to drink plenty of fluids. Some children are reluctant to drink because of pain. Offer and encourage fluids frequently such as juice, soft drinks, popsicles, Jell-O, pudding, yogurt and ice cream. Avoid citrus fruits and juices (orange juice, etc.) because they contain citric acid and can be uncomfortable to drink. Please call the office if you are worried that your child is not drinking enough or if there are signs of dehydration (such as: urination 1-2 times per day; crying, but no tears). Some children experience nausea and vomiting from the general anesthetic. This occasionally occurs during the first 24 hours after surgery and usually resolves on its own. Codeine or other narcotic pain medication may also contribute to nausea and vomiting. Occasionally, when drinking, children may have a small amount of the liquid come out the nose. This should resolve within a few weeks.

b. Eating: It is best to avoid hard foods after surgery, no hard, crunchy or sharp-edged foods (i.e. potato chips, nachos, popcorn, etc.). The sooner eating and chewing are resumed, the quicker the recovery. Many children are reluctant to eat because of pain. As long as drinking is good, don't worry so much about eating. Many children are uninterested in eating for up to a week. Some children lose weight, which is gained back when a normal diet is resumed.

c. Fever: A low-grade fever is normal for several days after surgery. Please call the office if the temperature is over 102°F.

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d. Activity: Most children rest at home for several days after surgery. Activity may be increased, as the child desires. Generally, children may return to school when they are eating and drinking normally, off pain medication, and sleeping through the night. This is 7-10 days for most children, but may be up to 14 days for some. No gym class, sports, or heavy activity should be undertaken for two weeks. **Please do not travel away from the area for 2 weeks after surgery.**

e. Breathing: Snoring and mouth breathing are normal after surgery because of swelling. Breathing should improve within 1-2 weeks after surgery.

f. Scabs: A membrane or scab will form where the tonsils and adenoids were removed. The scabs are thick and **white** and may cause bad breath. This is normal. They usually fall off 5-10 days after surgery and are swallowed a little at a time.

g. Bleeding: With the exception of small specks of blood from the nose or in the saliva, bright red blood should **NOT** be seen. Bleeding happens infrequently and may occur 1-2 weeks after surgery. If this occurs, contact us immediately or go directly to the closest emergency room. Bleeding usually means the scabs have fallen off too early and this needs immediate attention.

h. Pain: Most children experience a fair amount of throat pain after surgery. Many children also complain of earache. The same nerve that goes to the throat goes to the ears and stimulation of this nerve may feel like an earache. Some children also complain of jaw pain and neck pain. This is from positioning in the operation room. Many children have trouble eating, drinking and sleeping because of pain. The severity of pain may fluctuate during recovery from mild to very severe; and may last up to 14 days.

i. Pain Control: Acetaminophen liquid (Children's Tylenol) should be given every 4 hours around the clock while your child is awake for the first 1 or 2 days. Thereafter, it can be used every 4 hours as needed for pain. Acetaminophen with codeine can be given up to every 4 hours as prescribed. Often times, alternating doses of plain acetaminophen and acetaminophen with codeine works well to control moderate to severe pain; e.g. acetaminophen at 8:00 am, acetaminophen with codeine at 12:00 pm, acetaminophen at 4:00 pm, acetaminophen with codeine at 8:00 pm, etc. Do not give both medications at the same time, as it would result in giving too much acetaminophen at one time.

j. Follow-up: Call to schedule a post-operative follow-up visit around 3-5 weeks after surgery to assess your child's recovery. If there are problems or questions before that time, please call the office.