

Tonsillectomy & Adenoidectomy

Diagnosis

Tonsillectomy and Adenoidectomy is a surgery to remove the small glands on each side of the throat (tonsils) and at the top of the throat behind the nose (adenoids).

What to Expect After Surgery

- A sore throat for **7-14 days** after surgery
- Increase in pain **5 -10 days** after surgery.
- The use of pain medication for the full recovery period of 14 days.
- Ear, neck, and jaw pain up to 14 days after surgery.
- Yellow/white/pink patches on the back of the throat; these will start to fall off about 7-10 days after surgery.
- Bad breath
- Possible refusal to eat solid foods for up to 14 days after surgery.
- A low-grade temperature (99°F to 102°F) for up to 14 days after surgery that decreases when you give your child acetaminophen (Tylenol) or ibuprofen (Motrin).
- Increase of snoring and nasal congestion/stuffy nose.

Follow Up Appointment

- Please follow up in 10-12 weeks with your surgeon.

If your appointment has not already been scheduled, call 412-692-5460 (option 2) as soon as possible.

Pain Management

- Tonsillectomy pain peaks around day 5 and can be severe through day 10.
- Your child can use **acetaminophen (Tylenol)** for **pain every 4 hours** while awake. Please follow the directions on the bottle for giving this medicine. Do not give more than 5 doses in a 24-hour period.
- Your child can use **ibuprofen (Motrin)** for **breakthrough pain as needed every 6 hours**. Please follow the directions on the bottle for giving this medicine.
- If needed, Tylenol and Motrin can be given at the same time. Please use the "Tonsillectomy & Adenoidectomy Pain Sheet" to keep track of when you have given pain medication.
- Your child may be prescribed a **narcotic** for **pain**, depending on your child's surgeon. This narcotic pain medicine should only be given for pain that is not controlled or decreasing after giving acetaminophen (Tylenol) or ibuprofen (Motrin). Please follow the directions under "medications" and on the bottle for giving this medicine. Refills for this medicine **will not** be given. The narcotic medication (Oxycodone) will be given based on surgeon preference.

- Increasing fluid intake is a helpful way to manage pain after surgery. Cold fluids are soothing to the throat.
- No restrictions on using nasal saline spray or Flonase, if you were using these before surgery.

Activity

- Your child will be out of daycare/school for a **minimum of 7 days and a maximum of 14 days**. He/She may return to school when no longer taking pain medication while awake. This includes acetaminophen (Tylenol), ibuprofen (Motrin), or narcotic pain medication if prescribed.
- Your child should not participate in gym, rough activity, riding a bike, riding an ATV, rough housing, trampolines, or sports for **21 days** after surgery.
- Your child should not swim for **21 days** after surgery.
- No flying or deep diving for **21 days** after surgery.
- Your child may use a straw and/or sippy cup.
- Gentle teeth brushing. Supervised teeth brushing for younger kids.
- No gargling water or mouth wash until follow up with your surgeon
- No decongestants by mouth for **14 days** after surgery.

Avoid for **21 days** after surgery:

- Vigorous activity including but not limited to: sports, gym, recess, pools, trampolines, bikes, rough housing, ATVs.
- Vigorous coughing or clearing of the throat.
- Vigorous nose blowing or sneezing.
- Gargling or using mouth wash.
- Aspirin or aspirin products.

Diet

- Your child will have a soft diet for 14-21 days following surgery. After 14 days, your child can advance to a regular diet, as tolerated. Dairy products are okay to drink or eat if your child can tolerate these foods.
- A soft diet includes foods such as: mashed potatoes, applesauce, scrambled eggs, yogurt, smoothies, mac and cheese. Your child can also eat/drink: apple juice, water, Gatorade, Pedialyte and Jell-O.

Avoid: carbonated beverages, acidic food (tomato-based products, vinegar, orange juice), crunchy/hard food (chips, toast, pizza crust, pretzels) rough meats, hot fluids, and red drinks.

Bleeding

Bleeding from the throat may happen **up to 21 days** after surgery but there is an increased risk from day 5-10. **If there is any bleeding or complaints of tasting blood, go to the closest emergency room immediately.**

Fever

- Your child may have a low-grade temperature (99°F to 102°F) for **up to 14 days** after surgery. The doctors do not need to be notified of this temperature.
- If the fever is over 102°F and does not break after acetaminophen (Tylenol) or ibuprofen (Motrin), call the ENT office.

When to Call the ENT Office (412-692-5460, option 4)

- A fever greater than 102°F and does not break after acetaminophen (Tylenol) or ibuprofen (Motrin).
- Pain that is not being relieved by medication that has been given according to your medication schedule.
- Yellow/Green nasal drainage that persist for longer than 3 days.
- Severe nausea, vomiting, or refusing clear liquids.
- Your child is not drinking at least 32 ounces of liquids or urinating at least every 8 hours.
- Any new problems, concerns, or questions that you may have about your child.

When to go to the Emergency Room

- **Bleeding from the mouth or the taste of blood**
- Severe neck stiffness, cannot turn their head or neck, or your child has neck pain that is not relieved by pain medication.
- Showing any signs of dehydration:
 - Dry mouth
 - Not urinating every 8 to 10 hours a day
 - Increase in sleepiness, difficulty waking up, or staying awake
 - Not producing tears

Post op Tonsillectomy Instructions

Post operative pain management

*All patients will be sent home with a prescription of acetaminophen (Tylenol). This should be taken every 4 hours except while sleeping overnight for the first 3 days. ** You should not exceed 5 doses per day ** After 3 days, the acetaminophen should be given on an as needed basis (not to be taken more than every 4 hours and 5 doses per day).

*Your physician may choose to send the patient home with a prescription for ibuprofen (Motrin). This should be taken as needed every 6 hours for moderate to severe breakthrough pain. This may be taken in addition to acetaminophen.

*If you have any questions or concerns please contact the nurses at (412) 692-5460 OPTION 4.

Normal post op symptoms

***Normal post op healing** period is up to 14 days after the procedure. Pain peaks at day 5 and may increase again on days 7-10.

***Low grade fever** for up to 2 weeks (99 F- 100 F)

***Sore throat**

***Ear, neck, and jaw pain**- this is referred pain from the throat.

***DIET**- Your child may refuse solid foods for the first few days- push fluids, minimum of 32 ounces a day. Soft diet for 2 weeks and then can start regular diet when ready. Avoid carbonated beverages. Dairy may increase mucous production but is ok to eat if child tolerates it. Avoid foods such as peanut butter, cheese, chips pretzels, pizza crust, and toast. These foods can stick to the back of the throat. Avoid red foods during recovery.

***The back of the throat** will have a whitish, pink or yellowish coating. This is normal. Around days 7-10 this coating (scabs) will start to fall off. Pain may now increase for a couple of days. Continue the use of pain medication.

****ANY BLEEDING FROM THE CHILDS NOSE OR MOUTH, MORE THAN JUST BLOOD STREAKED MUCOUS, SHOULD BE SEEN AT THE NEAREST EMERGENCY ROOM RIGHT AWAY****

Activity Guidelines

***School/Work**- will be excused 7 to 14 days. May return after 7 days if physician approves and not requiring pain medication throughout the day.

***Gym/Sports/Contact Sports**- not permitted for 21 days.

***Swimming**- no swimming for 21 days.

***Flying**- no flying for 21 days.

Things to call about

***Severe pain** not reduced by pain medication that has been given around the clock.

***Not drinking** enough fluids and concerns that your child is dehydrated.

***Severe neck pain**. If your child is unable to turn their neck side to side.

***Fever** greater than 102 F not breaking with Tylenol or Motrin.

***Bad breath** greater than 14 days.

*If your child needs to have pre op lab work done prior to surgery you will receive a script at your pre-op visit. If this is not completed or if results are not normal 3 days prior to surgery, the surgery will be cancelled.

Please refer to www.chp.edu/ent, PATIENT PROCEDURES, if you would like more information regarding this procedure.

If you have any questions please contact the nurses at (412) 692-5460 OPTION 4.

To assist with answering your surgery questions, please see our Frequently Asked Questions web site at <http://www.chp.edu/CHP/frequently+asked+questions+otolaryngology>

Adenoidectomy post op instructions

Post operative pain management

*All patients will be sent home with a prescription of acetaminophen (Tylenol). This should be taken every 4 hours except while sleeping overnight

overnight for the first 3 days. ** You should not exceed 5 doses per day ** After 3 days, the acetaminophen should be given on an as needed basis (not to be taken more than every 4 hours and 5 doses per day).

*Your physician may choose to send the patient home with a prescription for ibuprofen (Motrin). This should be taken as needed every 6 hours for moderate to severe breakthrough pain. This may be taken in addition to acetaminophen.

*If you have any questions or concerns please contact the nurses at (412) 692-5460 OPTION 4.

Normal post op symptoms

***Stuffy** nose up to 2 weeks after surgery.

***Mild neck, jaw, and ear pain**- use warm compresses and encourage neck movement.

***Bad breath**- can last very strongly up to 2 weeks after procedure.

Activity Guidelines

***School/Work**- will be excused 1 to 7 days and may return when they feel well enough.

***Gym/Sports**- may be excused 1 to 7 days and may advance activity as energy permits.

***Swimming**- no swimming for 7 days.

***Flying**- no flying for 7 days.

Things to call about

*Difficulty breathing

***Fever** greater than 102 F not breaking with Tylenol or Motrin.

***PAIN**-Severe neck pain or very stiff neck.

***DIET**- Refusing solids or liquids and concerns about dehydration.

*If **bad breath** is not improving after 2 weeks.

***Any bleeding or tasting blood**- call the office/on call physician for instructions or go to the local emergency room right away to be treated.

****IF YOUR CHILD ALSO HAD A TONSILLECTOMY: ANY BLEEDING FROM THE CHILD'S NOSE OR MOUTH, MORE THAN JUST BLOOD STREAKED MUCOUS, SHOULD BE SEEN AT THE NEAREST EMERGENCY ROOM RIGHT AWAY****

Please refer to www.chp.edu/ent PATIENT PROCEDURES, if you would like more information regarding this procedure

If you have any questions please contact the nurses at (412) 692-5460 OPTION 4

To assist with your surgery questions, please see our frequently asked questions website at to assist with answering your surgery questions please see our Frequently Asked Questions website at

<http://www.chp.edu/CHP/frequently+asked+questions+otolaryngology>