

**CHILDREN'S EAR, NOSE & THROAT ASSOCIATES INSTRUCTIONS FOR CARE AFTER
TONSILLECTOMY AND ADENOIDECTOMY**

TONSILLECTOMY AND ADENOIDECTOMY (Removal of the tonsils and adenoids)

The adenoids are located behind the nose and hidden from view. The tonsils are located at the back of the mouth on each side. The primary purpose of the tonsils and adenoids is to trap and destroy viruses and bacteria. Some children are prone to chronic infection or enlargement of the tonsils and adenoids resulting in frequent ear, sinus or throat infections, snoring, and obstructed air passages. Removing the tonsils and adenoids does not result in any known problems with the immune system. In fact, removing them can sometimes result in a healthier child.

GENERAL INSTRUCTIONS:

ACTIVITY: Rest is recommended for the first 7 days. Strenuous exercise should be avoided until 14 days after surgery. Out of town travel is not recommended for 2 weeks following surgery. Children may return to school after the pain subsides, this can vary greatly, usually 7-10 days.

DIET: Drinking is very important to insure healing. Children should drink enough to avoid dehydration- usually several ounces of fluids per hour while awake. Avoid sour liquids such as tomato, orange or grapefruit juice. Milk products can cause thick mucous for some children. Apple juice, Gatorade, Pedialyte, and popsicles are suggested. Soft foods such as ice cream, puddings, jello, mashed potatoes, scrambled eggs, pancakes and pasta are helpful to maintain adequate nutrition. Avoid hot, spicy, rough or scratchy foods such as potato chips, pretzels, crisp bacon, popcorn or foods of similar consistency. Continue the soft diet for 2 weeks.

MEDICATIONS: An antibiotic is usually prescribed after surgery. Most children will require pain medicine for the first 10 days after surgery. Liquid Tylenol (Acetaminophen), or liquid Advil/Motrin (Ibuprofen) can be given as directed on the label. Alternate the Acetaminophen and Ibuprofen every 4 to 6 hours when pain is severe. Tylenol with codeine or Lortab may be used as needed, if prescribed. Rarely, the pain may be persistent for 2 weeks. Pain is usually worse between the 3rd and 7th days. Nausea may occur if medicines are given on an empty stomach.

MOUTH: White patches occur where the tonsils were removed. This is not a sign of infection. This eschar or "scab" will peel after 3 to 10 days. Some slight bleeding may occur. **BAD BREATH:** A foul odor is a temporary process and does not mean an infection is present. Teeth brushing is allowed and recommended but will not affect this odor. The odor is usually most prominent between the 3rd and 7th days.

HEADACHES / NECK STIFFNESS: Neck pain and stiffness can occur with irritation of neck ligaments in the back of the throat. Pain is usually worse between the 3rd and 7th days. Ibuprofen is usually more effective than acetaminophen for these symptoms.

EARACHES: Many children have earaches following surgery. Pain is secondary to healing around the throat muscles and usually responds well to Ibuprofen.

FEVER: Low-grade fever is common, and is usually associated with the healing process. Fevers over 102.5 can be seen in some children, and are usually a sign that the child has not been drinking enough fluids. If this occurs, dress your child in light clothing, give Ibuprofen or Acetaminophen and encourage liquid intake.

WHEN SHOULD I CALL THE OFFICE???

- A. Fever over 102.5 degrees that is persistent or does not respond to medication
- B. Signs of dehydration: dry mucous membranes, little or no urination, lack of tears, weakness, and excessive sleepiness.
- C. Severe pain, unaffected by prescribed medication.
- D. Nausea and vomiting which is persistent or contains dark blood.
- E. Bright red bleeding from the nose or mouth (blood tinged mucous is usually of no consequence).