

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

**TONSILLECTOMY AND ADENOIDECTOMY** (Removal of the tonsils and adenoids): the tonsils and adenoids are part of a ring of tonsillar (lymphoid) tissue encircling the back of the nose and mouth. Their function is to trap and destroy viruses and bacteria. Sometimes the tissue becomes chronically infected or severely enlarged requiring removal. Fortunately, the remaining tonsillar (lymphoid) tissue is left in place along the back of the tongue and throat leaving the child's immune system intact.

**GENERAL INSTRUCTIONS:**

**ACTIVITY:** Bedrest is recommended for the first 7 days. Exercise is not permitted 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 several ounces of fluids per hour. Avoid sour liquids such as orange juice. Milk products are allowed, but can cause thick mucous for some children. Apple juice, Fruit juices, 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:** 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 3 to 4 hours, following the directions for each medication on the label. Tylenol with codeine (Acetaminophen with codeine) or Lortab (Acetaminophen with hydrocodone) is sometimes prescribed for severe pain only. Pain usually increases between the 3rd and 7<sup>th</sup> days and may last a full 2 weeks. 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 sometimes 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 3<sup>rd</sup> and 7<sup>th</sup> 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 7<sup>th</sup> days. Ibuprofen is usually more effective than acetaminophen for these symptoms. If neck stiffness is severe please call the office to discuss.

**EARACHES:** Many children have earaches following adenoidectomy and tonsillectomy. The ear pain is secondary to irritation of nerves healing around the throat area 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 increase 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).