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PEDIATRIC TONSILLECTOMY AND ADENOIDECTOMY

I. PREPARATION

It has been determined that you or your child should have his or her tonsils, adenoids, or both removed. This will be a new experience. To allay apprehensions that may develop, you should causally and gradually prepare your child for the forthcoming operation.

II. PRIOR TO HOSPITALIZATION

1. Maintain your child's normal diet.
2. Continue any vitamins or any other medications that your child has normally been on. However, **NO ASPIRIN** is to be given for at least seven days prior to the operation.
3. Any evidence of a childhood disease (measles, chicken pox, etc.) or any evidence of a cough, cold, fever or runny nose will mean that the operation should be postponed. We prefer that the child be done when he or she is as healthy as possible. In addition, the anesthesiologist will not induce sleep with any of these symptoms. It is noteworthy that our anesthesiologists have all trained in pediatric anesthesia at childrens' hospitals. You can rest assured that they will receive the same excellent anesthesia at our institutions. Your child's operation will be performed by your attending surgeon and not by a resident doctor in training.
4. Each hospital has different requirements in reference to the timeframe your child must remain in the Recovery Room. When you call in the day before surgery, you will be advised by our surgical coordinator as to the time to report to the hospital. Depending on the scheduled time of surgery your child (under age 12) may be able to have clear liquids that you can see through (apple juice or water) up to four hours before anesthesia. Please check with our surgical coordinator. **REMEMBER, NO SOLID FOODS OR MILK ARE ALLOWED AFTER MIDNIGHT BEFORE SURGERY. OTHERWISE, SURGERY WILL BE POSTPONED.**
5. Instructions will be given to you concerning the admitting procedures of the hospital you enter.
6. Please bring any hospitalization papers with the patient at the time you see the doctor.

HOSPITALIZATION AND SURGERY

1. Remember to follow the rules concerning no solids or milk after 12 midnight before surgery. If surgery is scheduled late in the morning, or in the afternoon, you will likely be allowed to offer your child clear liquids (apple juice or water) up to four hours before surgery. Again, please verify these instructions with our surgical coordinator for your child's particular situation.
2. Post-operatively:
 - a. Vomiting is common during the first 24 hours.
 - b. Sleepiness is to be expected.
 - c. Sore throat and bad breath should be expected for up to 10 days.
 - d. Clear liquids should be encouraged. Milk and ice cream can be encouraged after 72 hours post-op.

3. Tonsillectomy and adenoidectomy have been found to be safe when performed as an out-patient surgical setting. (You will return home from the hospital/surgery). It will be your responsibility to make sure that your child drinks liquids. Dehydration is one of the most common things that occur after surgery. Many children will fight you and refuse to take liquids. You must force them to do so. Their symptoms of pain and lethargy will significantly decrease if they are able to maintain hydration. Vomiting can be expected at home and suppositories may be ordered. Occasional oozing of some blood and coughing up bloody mucous can be expected. However, brisk, heavy bleeding can sometimes occur. If this occurs call our office immediately. If the bleeding continues for more than 10 minutes you should proceed to the Emergency Room.

AFTERCARE

1. Diet:

- a. Avoid all citrus juices. If your child desires cookies or crackers, please dunk them in milk to make them soft.
- b. It is essential that you encourage any type of liquids.
- c. Popsicles, water ice and Gatorade are especially good the first day or two after surgery.
- d. We also recommend strained cereals, Jell-O, ginger ale, puddings and broth initially, if the child rejects a normal diet.
- e. Further foods such as cooked cereals and eggs will also help.
- f. Chewing gum (**NOT** Aspergum) is helpful to make the mouth feel better.
- g. Once your child feels like eating a normal diet he may eat whatever he feels like.
Some children will eat a normal diet in a couple of days, while others can take over a week.

2. Activity:

- a. The patient should be restrained from any overexertion.
- b. He or she need not be confined to bed.
- c. The child may go for a walk, ride to the store, or do any light activity that you do.
- d. Medicines – your child should take the medications prescribed or recommended by your surgeon.

3. You should already have been given a post-operative appointment when your surgery was scheduled. If not, then we would like to see your child approximately 14 days from the date of the surgery. Most children will be able to return to school 8-10 days after surgery. Please let us know if you require a note for school.

GENERAL INFORMATION

1. Gargles are not to be attempted unless recommended after speaking to a physician.
2. Avoid coughing and clearing the throat. Heavy mucous secretions are normal and expected in the throat. Do not be concerned. Simply drink more liquids to wash them down.
3. A white or yellow coating will form on the back of the throat—this is normal. It does not represent an infection.
4. Objectionable mouth odor, commonly observed for up to ten days, is relieved by drinking adequate fluids, adequate intake of food and chewing gum.

5. "Sour Stomach" may be helped by a little Milk of Magnesia. This may also help the transitory constipation about the third or fourth day.
6. An ice collar or cold compress to the neck is soothing and may be used occasionally, if desired.
7. It is normal for the pain to wax and wane during the first ten days following the surgery. The complaints will be mainly **pain in the throat and/or the ears**, especially at night. This occurs because the throat dries out in the evening. When the child swallows it will cause transient pain ("shooting pain") to the ear. A pain pill or Tylenol may help this.
8. Low-grade temperatures or temperatures even up to 102 degrees are common and usually occur because a child is not drinking enough fluids.
9. Congestion and heavy mucous is expected and can cause coughing. Nothing is usually done for this and it will disappear as the child heals.
10. Temporary weight loss is expected as most patients are on a liquid diet for at least 7-10 days after surgery.
11. Severe earaches may occur. This is due to referred throat pain. The ears are **not** infected. Tylenol or the pain medication given may be taken for this.
12. Myringotomies may have also been performed. Follow the instruction sheets given to you for this.
13. School is resumed when the child is well, eating and/or checked by us.

WHEN TO CALL OUR OFFICE

1. . If severe bleeding from the throat or nose should occur, please **call us immediately**. After a tonsillectomy a scab forms in the throat and if this should inadvertently come off a day or two before it is supposed to it may bleed. If this occurs, **call us first**. If you cannot reach us then go to the Emergency Room and they will contact us while they treat your child. Most times the bleeding will stop prior to treatment in the ER.
2. All of your child's normal activities may be resumed 14 days after surgery.
3. If you have any questions, or are concerned about anything, please call our office.

POTENTIAL RISKS AND COMPLICATIONS OF SURGERY

1. Dehydration is the most common complication – you **must** ensure that your child takes adequate fluids.
2. Heavy bleeding occurs in approximately 4% of the patients. Your child will need to be evaluated in the Emergency Room if this occurs. Occasionally patients may need to return to the operating room for control of bleeding. The need for a blood transfusion is exceedingly rare.

3. Infection rarely occurs after tonsillectomy. If your child has a persistent fever of 102 or greater please call.
4. Severe pain can last for 5-14 days. Older patients tend to have more pain.
5. Other very rare complications of tonsillectomy that have been reported include temporary or permanent numbness the throat, decrease sensation of taste, voice changes or difficulty swallowing after the pain resolves

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