Tonsillectomy and/or Adenoidectomy Information and Discharge Instructions

Your child is soon to undergo a common pediatric surgical procedure, removal of the tonsils and/or adenoids. This information will assist you in planning for your child’s surgery and answer some questions.

What are the tonsils and adenoids?
Tonsils are lymphoid tissue on both sides at the back of the throat. Adenoids are similar tissue found behind the nose, which can’t be seen when you open your mouth because they are above the roof of the mouth. These tissues are removed if they become chronically infected or if they interfere with breathing or swallowing. Adenoids are sometimes also removed if a child has chronic middle ear problems.

What do I do to prepare my child for surgery?
- For 2 weeks before the surgery, DO NOT USE ASPIRIN OR IBUPROFEN (Motrin® or Advil®) because these medications increase the risk of bleeding. Acetaminophen (Tylenol®) is okay. If in doubt about a medication, please call us.
- Your child should not have food or drink, except for clear liquids, after midnight before surgery. Clear liquids (such as ginger ale, Sprite or apple juice) may be given up until 3 hours prior to surgery.
- Plan to arrive about 2 hours before your surgery time. During this time, you will fill out paperwork, your child will be examined, and you will speak with your anesthesiologist.
What will happen after my child is discharged?
For your convenience, you have two options for post-op visits:
• Your child may be seen in the ENT Clinic 2 to 5 weeks after surgery.
  OR
• You may choose to have two telephone post-op visits with our ENT nurses. The steps for this option are as follows:
  1. Your first telephone post-op visit is to be made 3 to 5 days after surgery.
  2. Your second telephone post-op visit is to be made 3 to 5 weeks after surgery.
You will call the ENT nurse line at 720-777-5630.
  3. Inform the ENT nurse that you are making your post-op tonsillectomy and/or adenoidectomy telephone post-op visit.

What are some common side effects after this type of surgery?
• Pain
  o Throat pain from a tonsillectomy generally lasts for at least 2 weeks. The pain will often worsen before it gets better. Pain from an adenoidectomy presents as pain in the back of the neck and at times with decreased neck movement for 5-7 days.
  o Give regular doses of pain medicine as prescribed by your doctor. **DO NOT USE ASPIRIN OR IBUPROFEN (Motrin® or Advil®) for 2 weeks after surgery** because these medicines may increase bleeding.
  o Other comfort measures include cool compresses on the neck or sucking on ice chips.
• Ear Pain
  • Ear pain is very common and will go away when the throat pain goes away.
• Bad Breath
  • Bad breath is common for 2 weeks after the surgery. An antibiotic that will be prescribed may ease the bad breath. Continue to brush the teeth but do not use mouthwash.
  • Weight Loss
  • Some weight loss is to be anticipated initially. Once your child returns to a normal diet, the weight will return and, in fact, growth spurts are common following surgery.
• Bleeding
  • Bleeding occurs in 1-2% of patients and can occur as far as 14 days after surgery.
  • During the first night after the surgery, check on your child several times to make sure that there is not bleeding from the mouth or nose.
  • A very small amount of bleeding can occur between 6-8 days after surgery, when the scab sloughs off. This is typically a very small amount and stops in 2-3 minutes.

If bleeding is brisk or persistent, or if your child vomits up blood, you must notify us IMMEDIATELY by calling 720-777-5630. You may also choose to call 911 or go to your closest emergency room for treatment.
• Fever
  • Your child may experience a low grade fever. Contact our ENT office if your child’s temperature remains above 101.5°F.

**How long will it take my child to recover?**
• After removal of the tonsils and/or adenoids, your child may tire easily and lack energy. Additionally, your child may not sleep well. It is best for your child to rest at home for the first 48 hours after surgery. Gradually these issues will improve within 10-14 days.
• Most children return to school/daycare after 7 to 10 days. Your child should not return to school/daycare if requiring daytime narcotic pain medication.
• Physical activities, such as rough play, contact sports, and swimming may be resumed 2 weeks after the surgery.
• Travel is not advised for 2 weeks following surgery.

**What can my child eat or drink?**
• Within the first 3 days after the surgery, it is VERY IMPORTANT that your child drinks as much fluid as possible. This will promote healing and reduce throat discomfort. Soft drinks, sports drinks, fruit juices, and popsicles are good choices. Have your child drink at least 2 to 3 ounces every hour during waking hours for 2 days following the surgery.
• Offer your child frequent, small amounts of soft foods such as custard, smoothies or pasta, along with cool liquids. As your child’s appetite improves, encourage solid foods and chewing. Avoid citrus products or spicy foods that may burn, such as orange juice, lemonade or salsa.

**Will my child feel sick to his/her stomach?**
• Some children may feel nauseated and/or vomit. This usually gets better within a few hours after the surgery. If this persists beyond 24 hours after surgery, or if your child is unable to keep down any liquids without vomiting, contact our ENT office.