



CommunityENT

EAR • NOSE • THROAT • ALLERGY

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Pediatric Tonsillectomy and Adenoidectomy Post Operative Instructions

What are the Tonsils and Adenoids?

The tonsils are grape sized tissue on each side of the back of the throat. The adenoids are small pads of tissue in the back of the nose. The adenoids and tonsils produce antibodies to help fight infection. They are removed if they get too large and start to interfere with breathing or swallowing, or for recurrent or chronic infections. The adenoids are occasionally removed due to recurrent ear infections requiring ear tubes.

What happens during surgery?

During surgery, your child is asleep under general anesthesia. This surgery usually takes less than 1 hour. The tonsil and adenoids are removed and the residual tonsil/adenoid bed is cauterized. Cauterization is when you apply heat to the residual tonsil and adenoid bed. This method causes less bleeding and is a more precise and complete way of removing the tissues. For most children, this is an out-patient procedure, however some patients will need to stay overnight in the hospital for monitoring.

What are the possible complications?

Sore throat, headache, fever (common for 48 hours post-op) and bad breath are common. Pain in the ears should be expected after a tonsillectomy. Typically the throat pain peaks 4 to 8 days after the surgery. Infection is rare and can be treated with antibiotics.

Electrocautery is used in tonsil and adenoidectomies and in rare cases can cause burns to the tongue or lips. These typically heal on their own, but there is always a risk of a more significant burn.

Removal of the tonsil/adenoid tissue can rarely cause changes in the resonance of the voice.

We often describe this as a high pitched “mickey mouse” type of voice. It can make a child have a “hypernasal” voice that usually resolves with time. However, some children can have substantial nasality to their voice. This can require speech therapy or a surgical procedure called a velopharyngeal flap, to improve the voice.

Dehydration is a serious complication. Due to the sore throat after surgery, some children refuse to eat or drink. Fever, nausea, dry mouth, failure to make urine or tears are all signs of dehydration. If the patient will not eat or drink after surgery, they may need to go to the hospital for IV fluids. Some patients may require hospital admission.

Airway compromise. While rare, the tonsils are in the airway and swelling, bleeding or secretions can cause difficulty breathing. This can cause snoring, loud breathing, airway obstruction or death. We keep the child in the recovery room until we are confident the airway is stable, but even with caution rare problems can occur.

Bleeding. Post-operative bleeding can occur and can be life-threatening. Most bleeds are easily controlled with ice water gargles and drinking cold water. In rare cases these bleeds require a patient to return to the operating room to control the bleeding. If your child has bleeding, we recommend ice water gargles and an ice pack to the neck. If the bleeding does not stop within 15 minutes, call our office first, ask to speak to the physician on call and go to the Emergency Room immediately. It is common between 5-10 days after surgery to experience mild bleeding or spitting up bloody mucus as the scabs break off from the back of the throat.

What can I expect after surgery?

You can expect that your child might not experience significant pain for the first few days after surgery. The throat pain typically peaks out around 4-8 days after surgery. Depending on your surgeon, you may be given a liquid pain medicine. Give this to your child as directed for pain. This pain medicine can cause nausea, vomiting or constipation. You can use Tylenol once you stop giving the prescription pain medicine. If you run out of prescription pain medicine and feel you need more, please call 1-2 days before you will run out. A provider will call you to discuss if a refill is appropriate. Do not use Aspirin after surgery. Ibuprofen may be allowed after surgery depending on your surgeon’s recommendations. These medications can increase your child’s risk of bleeding.

What do I need to do for my child at home

Your child needs to rest at home for the first 48 hours after surgery.

You should give your child cool, clear liquids as soon as he/she feels like drinking.

Make an effort to give your child 2-3 oz of liquid every hour while he/she is awake for the first 2 days after surgery

Avoid any food or drink with red dye. It can be confusing if a child throws up, whether it is blood or not. We encourage a soft diet (jell-o, popsicles, pasta, apple sauce etc) until your child is completely healed. Chips, crackers, foods with sharp edges and straws should be avoided.

Activity can be increased slowly as your child's strength increases.

We typically recommend children stay home from school for 10-14 days after a tonsillectomy.

If your child only had their adenoids removed, they typically need 1-2 days off school.

Sports, P.E. and rough play should be avoided for 2 weeks.

When do you follow-up?

Follow-up is typically 14-21 days after surgery

When should I call my doctor?

You should call your doctor if your child experiences any bleeding from the mouth or nose.

Your child's fever goes over 102F (39C) or your child's fever lasts more than 3 days

There are signs of dehydration (fever, lethargy, not making urine, dry mouth or nausea)

Your child has been vomiting for more than 12 hours

