

Tonsillectomy with or without adenoidectomy

What is tonsillectomy and adenoidectomy?

Tonsillectomy is removal of the tonsils. Adenoidectomy is removal of the adenoids. Tonsillectomy and adenoidectomy (T and A) are often done together.

What can I expect after surgery?

It is common to have an upset stomach and possibly some vomiting (throwing up) during the first 24 hours after surgery.

The amount of pain varies. It may be more painful in the morning, and less painful during the day when taking pain medicine and keeping the throat moist with fluids. Pain sometimes worsens again in the evening, especially during the first three days of healing. Soreness may be present for up to two weeks, usually when swallowing. It may get better after a few days and then become more painful again as the scabs heal. Use of pain medicine during the night will reduce morning pain.

Your child's voice may sound a little different after surgery, since there is more space in the throat where the tonsils and adenoids used to be. This change in voice could be permanent, or it may go away after a while.

Ear pain is common, often when swallowing. This is because the ear and throat have a common sensory nerve, and there is an air tube that connects the ear to the throat. Jaw spasms (uncontrollable movement of the jaw) may also occur

because these muscles were affected during positioning for surgery. Chewing gum may help relieve jaw pain.

It is common for neck muscles to be sore after an adenoidectomy. This may last up to one week.

Your child will have bad breath for a few weeks, until the throat heals.

Because your child's throat is swollen, snoring is common after surgery but should go away after about two weeks. Raising the head of the bed and using a cool humidifier may decrease swelling.

How should I care for my child?

Fluids

Encourage your child to drink **plenty** of liquids (at least 2 to 3 ounces per hour while awake). Keeping the throat moist decreases discomfort and **prevents dehydration** (a dangerous condition in which the body gets dried out). If your child vomits, stop giving fluids for an hour and encourage lying down and resting. After one hour, start fluids again in small amounts.

Cold packs

An ice collar may help relieve pain the day of surgery. Use the ice collar provided, or you can make one by putting a few ice cubes in a plastic bag and rolling it up. A frozen bag of peas works well as an ice bag. Remember to put a towel between the ice bag and your child's skin.

Pain control

Before giving pain medicine, ask your child to rate the pain using the Faces or Numbers scale given to you by the nurse. Using the pain scales will help your child better communicate with you about the pain. Keep a record of your child's pain scale ratings along with the time and amount of each medicine given. This will help you and your child know how well the pain medicine is working over time. A pain scale rating of 4 or less means the medicine is working as expected.

Give medicines on time. It is important to give pain medicine every 4 to 6 hours (day and night) as ordered, for the first 2 to 3 days. Research has shown better pain control with regular doses, instead of waiting until the pain is bad and then trying to get it back under control. Plan to give the pain medicine 30 to 45 minutes before meals so it has time to work and help make swallowing easier.

Pain medicine suppositories are available for younger children who often refuse to swallow medicines.

Distraction, movies, music, massage, or other non-medicine pain control methods help the pain medicine work better.

More ways to help your child

You can use a cool mist humidifier (especially at night) to decrease morning throat dryness and pain. Raise your child's upper body with several pillows to make it easier to breathe and swallow.

To prevent bleeding, avoid coughing, nose-blowing, clearing the throat, and spitting. Wipe the nose gently if needed. When sneezing, encourage your child to

open the mouth and make a sound, to prevent pressure buildup in the throat.

Avoid people who have colds, flu, or infections.

What can my child eat?

Encourage mild, bland clear liquids such as:

- apple juice or white grape juice
- Gatorade®
- Jell-O®
- Kool-aid®
- Popsicles®
- flat pop (stir to remove bubbles)
- water (use only if getting enough calories from other liquids or food)

If your child has an upset stomach, give small amounts often. Note: If your child vomits after drinking red liquids, the vomit will be red.

When your child wants food, add dairy and soft foods such as:

- applesauce
- cooked cereal, thinned with milk
- ice cream
- milk shakes (use a spoon, not a straw)
- mashed potatoes
- pudding
- smooth yogurt

Liquids are more important than food.

When your child wants other foods, ask yourself: "Is it easy to chew? Does it get very soft when chewed? Is it free of coarse, rough, or crispy edges?" If the answer is yes, your child can probably eat it. (See the chart on the next page for ideas.)

Here are some soft food ideas:

May eat	Should not eat
<ul style="list-style-type: none"> • soft bread • soggy waffles or french toast (no crusts), soaked in syrup • pancakes • scrambled or poached eggs 	<ul style="list-style-type: none"> • toast • crispy waffles • fried foods
<ul style="list-style-type: none"> • oatmeal, other creamy cereals • soggy cold cereal (soaked in milk) 	<ul style="list-style-type: none"> • crunchy cold cereal
<ul style="list-style-type: none"> • soup • pasta, noodles • Spaghetti-Os® • macaroni and cheese • hot dogs, hamburger • tender, moist meat, chicken, or fish 	<ul style="list-style-type: none"> • tough, dry meat, chicken, or fish
<ul style="list-style-type: none"> • milk • custard, pudding • ice cream • malts, shakes • yogurt (smooth) • cottage cheese 	<ul style="list-style-type: none"> • cookies • crackers • pretzels • chips • popcorn • nuts
sandwiches (no crusts): <ul style="list-style-type: none"> • smooth peanut butter and jelly • processed cheese • tuna 	<ul style="list-style-type: none"> • grilled cheese sandwiches
<ul style="list-style-type: none"> • cooked vegetables • mashed potatoes 	<ul style="list-style-type: none"> • raw vegetables • tomatoes
<ul style="list-style-type: none"> • applesauce • bananas • canned fruits • watermelon without seeds 	<ul style="list-style-type: none"> • citrus fruits • most fresh fruits
<ul style="list-style-type: none"> • juices (not citrus) • Kool-aid® • flat pop (no bubbles) • Jell-O® 	<ul style="list-style-type: none"> • citrus juices • pop with bubbles

Be sure to cut foods **very small** and encourage your child to chew them **well**. Continue the soft diet for 1 to 2 weeks after surgery.

Avoid citrus fruits and juices such as orange juice and lemonade, as they may sting your child’s throat. **Avoid** foods that are hot in temperature or spicy hot and those that have rough edges.

What else do I need to know?

Do not travel out of reach of your doctor for 2 weeks.

Healing takes about 2 weeks. Encourage quiet play indoors for the first 3 to 5 days. **No** active play, gym, or running for 2 or 3 weeks after surgery. Children can usually return to school or day care after 7 to 10 days.

A scab may form and come off around 7 to 14 days after surgery. This may result in increased soreness or discomfort, but rarely causes bleeding. Pain medicine may be needed again when this happens.

If slight bleeding occurs, have your child lie down or suck on ice chips. Encourage your child to rest more.

When should I call the surgeon?

Call if:

- temperature higher than 101°F (38.3°C).
- pain is not relieved with medicines used as ordered.
- upset stomach and vomiting after 24 hours.

Call your surgeon right away (day or night) if:

- slight bleeding occurs that does not stop with rest and ice chips.
- there is any bleeding more than a streak in the saliva, especially if bright red.
- vomiting bright red blood (not pinkish fluid).
- your child has a nosebleed.
- your child is spitting out blood clots or swallowing a lot.
- signs of dehydration are present:
 - sunken eyes
 - dry, sticky lips/tongue
 - no urine for more than 8 hours
 - no tears

Questions?

This sheet is not specific to your child but provides general information. If you have any questions, please call your surgeon.

For more reading material about this and other health topics, please call or visit the Family Resource Center library, or visit our Web site: www.childrensmn.org.

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