

PEDIATRIC POST-OPERATIVE INSTRUCTIONS FOR TONSILLECTOMY & ADENOIDECTOMY

General Instructions:

1. After surgery, most children will nap more frequently, have less energy and be restless at night. These symptoms will gradually improve over a period of 5-14 days. Dizziness, headache and constipation may also occur. Good fluid intake will help minimize these symptoms.
2. A temperature of 99°-101° may occur during the first several days after surgery. This is often related to dehydration; it is less likely to occur with more fluid intake. Contact our office if fever is ever higher than 101.5°.
3. Your child may snore or sound congested for several days. The voice may also have a nasal twang or sound higher in pitch. These changes are related to initial swelling, pain and splinting of the palate and will gradually improve over several days to two weeks.
4. Halitosis (mouth odor) is common and will resolve once the scabs in the throat have dissipated.

Pain:

1. All children will experience a sore throat postoperatively, for an average period of one week and for up to 14 days. The pain may be severe and can be worse at night. Pain may also be worsened around the fifth postoperative day, when the scabs in the throat begin to separate.
2. Ear pain is extremely common following a tonsillectomy. It is referred pain from the tonsil area of the throat and not indicative of an ear infection. It should be treated the same as throat pain (please see below).
3. Liquid Tylenol, or generic acetaminophen, should be given every 4 hours while awake for the first several days after surgery. Tylenol suppository may also be used if your child refuses the oral medication or has nausea.
4. Tylenol with codeine may be prescribed – use only for breakthrough pain. Codeine may cause headache, nausea, vomiting or constipation in children. Alternating doses with plain Tylenol may reduce these symptoms (do not use both together within a 4 hour period).
5. Ibuprofen can be used every 8 hours.
6. Drinking fluids and eating (especially cold foods such as popsicles which numb the throat) are extremely important in reducing the duration of postoperative pain.
7. An ice pack placed over the neck is soothing to some children.

Diet:

1. Some children will experience nausea or vomiting immediately after surgery. This should resolve by the following morning. If it occurs, do not encourage drinking right away. Your child has received enough intravenous fluids at the time of surgery to delay drinking for 24 hours. Avoid codeine and use plain Tylenol or a Tylenol suppository for throat pain. Gradually introduce clear liquids and advance to a bland, soft diet as tolerated. If nausea or vomiting prevents your child from beginning to take liquids by the afternoon of the first postoperative day, please contact our office.
2. Good fluid intake is the most important aspect of postoperative care. Offer liquids as frequently as every one to two hours while awake until your child is drinking well. Avoid citrus fruit juices as they tend to sting.
3. Introduce solid foods as soon as your child is interested, which may be as early as the first postoperative day or as late as a week afterward. Begin with cool, soft foods (Jell-O, yogurt, pudding, ice cream, etc.) and advance to solid foods as tolerated. Allow hot foods and soups to come to room temperature before your child eats / drinks them.

Activity:

1. Encourage rest and quiet play for the first 3 days post operatively.
2. Your child may return to school when he or she feels well enough (on average, 10 days, but may require 2 weeks). No travel out of town.
3. Avoid vigorous or strenuous activities, such as swimming, running, dancing, organized sports and gym class and recess activities for 14 days postoperatively to decrease the risk of bleeding.

Bleeding:

1. Your child may cough or spit out blood tinged mucus or saliva during the healing period, which is normal. The risk of postoperative bleeding is greatest between 5-10 days postoperatively, as the scabs in the throat break away, but can occur at any time during the 2 weeks after surgery. Call our office if there is any bleeding from the mouth.

Follow-Up:

1. Your child should be seen for a postoperative checkup in 2-3 weeks. Please call our office to schedule this appointment if it has not already been arranged.
2. Please contact our office at 804.765.5320 (Petersburg and Chester) or 434.632.1685 (Emporia) with any problems or questions.