

Tonsillectomy & Adenoidectomy

What to Expect: Most children require 7 to 10 days to recover from the surgery. Some may recover more quickly; others can take up to 2 weeks for a full recovery.

Pain: Children will have moderate to severe throat pain after surgery. Many patients will also report pain in the ear (referred from the throat) or jaw and neck (due to positioning in the operating room). Use as-directed the prescribed acetaminophen-narcotic pain medication (Lortab, Tylenol-with-codeine, or Roxicet). Unless otherwise advised by your surgeon, you may also use ibuprofen (Motrin) in between the scheduled doses of acetaminophen-narcotic pain medication. The key is to prevent pain from getting out of hand and limiting the patient's oral intake. This will require waking the child up in the middle of the night the first 2 nights after surgery for a "midnight dose." As pain control improves, discontinue the acetaminophen-narcotic pain medication and transition to either ibuprofen (Motrin) and/or acetaminophen (Tylenol). A humidifier may help soothe the throat at night. **DO NOT USE aspirin for 2 weeks before or after surgery as it may cause bleeding.**

Drinking & Eating: The most important requirement for recovery is for the patient to drink plenty of fluids. Offer mild juices (apple), sports drinks, popsicles, and Jell-O (pudding, yogurt, and ice-cream). Some patients experience nausea and vomiting after the surgery caused by the general anesthetic; this usually resolves within the first 24 hours. Contact the office if there are signs of dehydration (urination less than 2-3 times a day or crying without tears). Generally, there are no food restrictions after surgery. The sooner the child eats and chews, the quicker the recovery. Some temporary weight loss may occur. If your child refuses to drink, offer small amounts often. For young children, use an oral syringe and give 1 teaspoon every 10 minutes for 1 hour. If you are concerned about your child's nutrition, offer Carnation Instant Breakfast or Pedia Sure.

Fever: A low-grade fever commonly occurs for several days after surgery. If temperature reaches 102°F, please contact the office; otherwise, continue to encourage oral intake and administer pain medication.

Activity: Rest in bed or on the couch is recommended for several days after surgery. Activity may be increased slowly, with a return to school after your child is eating well, no longer using narcotic pain medication, and sleeping through the night. Travel away from home is not recommended for 2 weeks.

Bleeding: With the exception of small specks of blood from the nose or in the saliva, bright red blood should not be seen. If such bleeding occurs, contact the office immediately or take your child to the emergency room. **DO NOT USE aspirin for 2 weeks before or after surgery as it may cause bleeding.**

Breathing: The parent may notice abnormal snoring and mouth breathing due to swelling in the throat. Breathing should return to normal when swelling subsides, 10-14 days after surgery.

Scabs: A scab will form where the tonsils and adenoids were removed. These scabs are thick, white, smell awful, and cause bad breath. Most scabs fall off in small pieces 5 to 10 days after surgery and are swallowed.

Voice: The voice may become clearer and of higher pitch after surgery. It may also have a "nasal" quality that should improve within several weeks after surgery.

Contact Information: The Otolaryngology nurse can be reached at (603) 650-4399 and can answer any questions you may have in the post-operative period. The Dartmouth-Hitchcock Medical Center operator can be reached at (603) 650-5000. The following web page has helpful information regarding common pediatric ear, nose, and throat concerns: <http://www.entnet.org/kidsent>.

Follow-up: A post-operative visit is not required unless you or your surgeon requested one. If you have concerns or questions and would like to schedule a follow-up appointment, please contact the Otolaryngology clinic at (603) 650-8123 and we will arrange one for you.