



# Pediatric Tonsillectomy or Adenoidectomy

Removal of the tonsils or adenoids is one of the most frequently performed operations in the United States. It has proven to be a safe, effective surgical method to resolve breathing obstruction and throat infections and help manage recurrent ear infections.

Pain following surgery is an unpleasant side effect. All attempts are made to reasonably control the pain with medications. Most of the time, patients use ibuprofen and acetaminophen. Occasionally, we also give a dose of a steroid or a narcotic medication to help with pain control.

The risks of surgery on the tonsils and adenoids include the general risks of anesthesia, infections such as pneumonia and bleeding. Post-operative bleeding occurs in about 2% of cases and can occur at any time during the first two weeks after surgery. It is impossible to predict who will have a bleeding complication. If it happens, it is imperative to call the office or the on-call provider for advice. Alternatively, you can go straight to the emergency room for evaluation.

Treatment of a bleeding complication is usually done in the office, but sometimes it requires returning to the operating room and going back under general anesthesia. In extremely rare cases, we may recommend a blood transfusion.

Because swallowing is painful after surgery, there may be a poor oral intake of fluids. If this cannot be corrected at home, the patient may need to go to urgent care or the emergency room to have an intravenous line inserted and fluids administered for rehydration. Very rarely, disturbances in the sense of taste or loss of taste on one side of the tongue may take place. This is almost always temporary.

1. Keep your child hydrated! Put much more emphasis on drinking than eating. Avoid citrus drinks (e.g., orange, lemon and grapefruit) during this time, as the acidic nature will be very uncomfortable. Getting dehydrated significantly intensifies the pain and makes it harder to keep on top of pain control. A good sign of dehydration is a decrease in urination frequency.
2. It is worthwhile using the pain medicine on a regular schedule every four to six hours for the first few days. 'Getting behind' on pain medications makes it much more difficult to 'catch up' on pain control.

3. Avoid hard or sharp foods such as chips, crackers, and firm bread. Good alternatives include applesauce, yogurt and pasta. Make sure the food isn't too hot, as your child's throat may not detect high temperatures as well.
4. Low-grade fevers are common following throat surgery. If your child has a fever greater than 101.5 degrees, you should contact your doctor's office or proceed to an emergency room. If your child appears unusually confused or overly lethargic, it may be a sign of other problems, and you should contact our office or go to the emergency room. The medicine given during surgery can make your child sleepy, lightheaded or experience temporary memory loss. These symptoms should slowly wear off during the first 24 hours.
5. Pay attention to your child's breathing while they sleep. Check in on your child a few times to make sure they are breathing easily, especially on the first night.
6. Surgery in the throat can be quite painful. Additionally, it is not uncommon to have associated pain in the ears, jaw or even neck area.
7. Another typical side effect is bad breath. This is because a scab is forming in your child's throat, just as it would on an elbow or knee. However, this scab is constantly wet and warm, which tends to make it smell bad. Fortunately, it is not a sign of infection but just normal healing.
8. It is not uncommon to spit up small amounts of blood on the day of surgery or even the day after surgery. This can also occur on days 10–14. However, if your child develops significant amounts of bleeding, you need to contact our office or go to the emergency room immediately. Significant bleeding includes constantly spitting bright red blood, vomiting dark brown or red liquids or any other bleeding that concerns you.
9. Recovery can take up to three weeks, although by day 10–12, most patients have started to turn the corner and are feeling better. There are no absolute restrictions on when to return to daycare or school.
10. In addition to the prescribed pain medication, other measures that will help control discomfort include:
  - Drinking cool liquids
  - Ice packs to the outside of the neck (can substitute frozen bags of vegetables, berries, etc.)
  - Especially in children, distractive techniques can be effective, such as using games, movies and computer play.