

Connecticut Pediatric Otolaryngology

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Instructions After Tonsillectomy and Adenoidectomy

PROCEDURE and RECOVERY

The operation will take about 45 minutes in most cases, and we will bring you into the recovery room to be with your child as soon as he or she is settled. Different people wake up differently from anesthesia, and your child may be disoriented or seem frightened. It can be upsetting to see them this way, but they will not remember it afterwards. In the recovery room, we focus on making sure the patient is comfortable, breathing easily and starting to drink a little bit. Only when the nursing staff is comfortable that your child is doing well with these things will they be able to go home.

MEDICATION

You will want to make sure that you have lots of ibuprofen (generic Advil or Motrin) and acetaminophen (generic Tylenol) at home, since you will be switching back and forth between ibuprofen and acetaminophen, approximately three hours between doses (see example below). For most kids, you do not need to wake your child up if it's been three hours since the last dose of pain medication, and you can restart the clock when they do wake up and get the next dose. Some children do better if you "stay ahead" of the pain by waking them up when it's time for the next dose and staying strictly on schedule, but you will have to decide what works best with your child. Whichever you decide, we recommend writing down the times and the names of the medications on a piece of paper or making a note on your phone so you can be sure you are doing it correctly.

Example: 8 am: plain acetaminophen (Tylenol)
11 am: ibuprofen
2 pm: plain acetaminophen (Tylenol)
5 pm: ibuprofen
8 pm: plain acetaminophen (Tylenol)

Depending on your child's age, there may also be a prescription for a narcotic medication (such as oxycodone). This medication is to be used *only* in cases of severe pain, when the acetaminophen or the ibuprofen are not doing the trick. It's most helpful as breakthrough pain, between the other scheduled medications, although it *can* be used at the same time as the ibuprofen or acetaminophen if your child is quite uncomfortable. Remember – the narcotic itself can cause its own problems, such as nausea, vomiting, or constipation, so it's best to limit its use as much as possible. Follow dosing instructions from the bottle. Dispose of any extra narcotic medication after recovery.

You may also be prescribed an antibiotic. If there is, you can start it the night of the surgery or the next day. It can be given at the same time as a pain medication dose or at a separate time. Remember that antibiotics may be helpful after this operation, but they are not as important. So if you're really fighting with your child about taking medicine, or if you think they're having a reaction to the antibiotic, it is okay to stop giving it at any time. If it's going okay, give it for the number of days the bottle says to give it and then stop. Throw the rest out.

PAIN and EATING

Prepare for a lousy week (could be more, could be less) of sore throat, really bad breath, fevers that come and go, cough and mucus and nasal congestion that are not contagious, some neck pain and ear pain and

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discomfort with swallowing. If you look in the throat (and we recommend that you do not), it will look white and pasty, with lots of pink, grey and black areas. This is all normal and expected after this surgery, and it will all eventually go away. The most important thing about pain control is making the child comfortable enough so that he or she is drinking enough. If your child is peeing a few times a day and it's not looking very dark yellow and concentrated, then you're doing well. If you're not sure about that, or if you think they could be getting dehydrated, call us. **Keeping children "tanked up" after this surgery is the most important thing.**

Children can do whatever they want, eat whatever they want and drink whatever they want, **as long as they are drinking.** We don't care if children don't eat any solid food for an entire week, but give them whatever they want to eat—the more they chew and swallow, the better. As for the drinks, let them decide: water, milk, juice, soda, ices, ice cream, shakes, Jell-O, yogurt, fruit, soup, applesauce—whatever. They can drink from a regular cup, a sippy cup, a bottle and they may use drinking straws.

We expect the pain to be worst on around the third to fifth days—it seems to actually get worse after the first couple of days, so don't be alarmed by that. After that "hump," you may find that you don't need to be so aggressive with the pain medication. If that's the case, consider stretching the time interval between doses. If any of this is confusing or you're not sure about it or if you think you could be managing it better, just give us a call.

WHAT TO LOOK FOR

There are a few things to watch out for that are not normal. As mentioned above, avoiding dehydration is the most important thing. If your child is not drinking enough or not peeing a few times a day, we need to fix that. Secondly, **bleeding is not normal.** You don't have to look for it—if your child bleeds after this operation, he or she will spit it out or will have it come out of the nose. The most common time for this is about a week after the surgery. If it's a little bit of bleeding or some blood-tinged spit, it's okay to watch it for a while. In that case, sometimes sipping something cold will really help. You can always call us in such a situation. But if the bleeding keeps happening, or if it seems like a lot, or if it just won't stop, you should go to the nearest emergency room and have the doctors there give us a call. Only a small percentage of children have to be seen in the ER for bleeding after this operation, and most of them are watched for a while and go back home, sometimes the next morning. But sometimes patients do need to go back to the operating room to control the bleeding.

As mentioned above, fevers will come and go after this operation, sometimes for up to two weeks. As long as they come down to normal with any of the pain medicines (which are all anti-fever medicines, too), just ride it out. If the fever seems really high (more than 102 degrees) and it won't come down, give us a call.

ACTIVITY

Your child should resume part or all of their regular activity whenever they feel up for it. You should not feel that you have to hold them back, since they are not going to get anyone else sick and they are not more likely to get sick or experience a complication if they are active. If you feel that the recovery just isn't moving forward, please call—we often have good ideas and tips to move things along. You should also make sure that you have a postoperative appointment with one of the nurse practitioners, who see all of our patients about four to eight weeks after this surgery. But do not wait that long to contact us if you have concerns.

24-hour office number: **203-245-0496** (try this first)

24-hour Yale-New Haven hospital number: **203-688-4242** (ask for the ENT doctor on call)