

Instructions after Surgery: Tonsillectomy & Adenoidectomy

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What should I expect after surgery?

Children will often have a **bad sore throat** for up to two weeks. This is usually worse between day 5 and 10, when the "scab" in the back of the throat - a white patch where the tonsils were - breaks up. This scab is normal, and does not mean that there is an infection. The more a child drinks, the better they will feel. However, they may need to be pushed to drink initially to overcome the pain. It is very common for children who have had this surgery to have **ear pain**, since the same pain nerves go to both the ears and the throat ("referred pain"). You also may notice bad breath as the throat heals.

A fever may be seen in the days after the operation - this is common after any anesthetic or in mild dehydration. While I am happy to evaluate your child at any point, a fever **does not** generally mean that there is an infection. Operations that involve sewing the skin (like removal of the appendix) can be complicated by wound infections, but this is almost never seen with after tonsillectomy or adenoidectomy.

Children may have a "**whiny**" voice for several weeks to a month after the operation. This is because there is more room in the back of the throat, resulting in more airflow through the nose during speech. Eventually, most children compensate for this as the palate (the roof of the mouth) adjusts to make a seal during speech. If this persists for more than a month, call me for further evaluation.

What medication is necessary after tonsil and/or adenoid surgery?

Antibiotics are not necessary, but pain control is important. A good option is acetaminophen (Tylenol®). Codeine can be added to Tylenol, but research does not show that this improves pain relief significantly. More important, recent studies have shown that a small percentage of children (for genetic reasons) may metabolize codeine very quickly, with the risk of serious side effects. These can even be life-threatening in very rare cases. While it is technically possible to screen for this genetic profile, the FDA does not recommend this, as even patients with normal genes have been known to rapidly metabolize codeine.

Aspirin should not be used for 2 weeks before and after surgery as it can cause bleeding. In the past other "NSAID" drugs like ibuprofen (Motrin® or Advil®) were avoided because of concerns about bleeding. However, research has shown them to be safe and effective for pain relief after this surgery. While Tylenol or ibuprofen can be taken alone, **the best approach** is to combine them, **alternating** them every 3 hours (**6 hours** between doses of Tylenol, and **6 hours** between doses of ibuprofen). In older patients, I occasionally use pain relievers with narcotics, but these should not be given to groggy or sleepy patients.

What should my child eat and drink after the surgery?

It is very important for your child to drink fluids, to **avoid becoming dehydrated**. Liquids with nutritional value (such as milk shakes) are better, since they also provide calories if a child isn't eating much. Drinks such as Gatorade or Pedialyte are better than water, since they provide needed nutrients. Some of these (such as Pedialyte) are available as ice pops, which may be better for a child recovering from surgery.

I do not restrict the type or temperature of liquids - find something they like and keep them drinking. If your child is becoming dehydrated (for example, if the urine becomes dark or reduced in quantity), contact my office. Rarely, admission for intravenous fluids will be necessary. "Sharp" foods like chips, pretzels or pizza crust **must be avoided for two weeks**, as they can cause bleeding, but all other foods are OK.

What do I do in case of bleeding?

Bleeding is potentially serious, and any amount of blood in the mouth within 3 weeks of surgery should be evaluated immediately. This usually stops by itself, but if active bleeding persists, please go to the Mt. Sinai Emergency Room (after calling my office). If you are far away, any well equipped hospital (**not** an urgent care center) should be able to handle the problem. If the bleeding has already stopped, please call my office anyway to discuss. I (or a covering physician) will be available 24/7.

Can my child travel, swim, go to school, or engage in other activities?

Once children are feeling better, there is no medical reason to restrict moderate activity. Extreme activities (such as weight lifting or strenuous competition) should be avoided as they may raise the blood pressure and cause bleeding during the two weeks after the operation. They can go back to school as soon as they feel well enough, just make sure that the teacher and/or school nurse knows that they had surgery. Your child should not be anywhere where they couldn't get to a hospital quickly (within 30 minutes) for two weeks after surgery, in case of bleeding. This means that during this time, there should be no air travel, ship travel, or any other travel where it would be hard to get rapid medical help (such as camping, etc...).

What about follow up?

The follow up visit is three weeks after the surgery, although this is not always necessary. If your child is eating, sleeping and speaking normally, just contact my office to see if you need to come in for a follow up appointment.