

Note: This teaching sheet contains general information only. Talk with your child's medical team about specific care for your child.

WHAT IS A TONSILLECTOMY AND ADENOIDECTOMY?

Tonsils and adenoids are each a collection of lymph tissue that are part of the immune system, which helps the body fight off infections. Tonsils are located on each side of the back of the throat, while adenoids sit above the back of the mouth where the nose connects to the throat. A tonsillectomy is the surgical procedure that removes the tonsils and an adenoidectomy reduces the size of the adenoids. A tonsillectomy and adenoidectomy (also known as a "T&A") is one of the most common procedures in pediatric otolaryngology (ENT). A T&A may be needed when the tonsils and adenoids are large, blocking the ability to breathe comfortably during sleep or when there are repeated infections. Research shows that removing the tonsils and adenoids does not significantly affect the body's ability to fight infections and the surgery is generally well-tolerated with proper care.

WHAT TO EXPECT AFTER SURGERY?

Your child may experience any of the following:

- **NAUSEA** – It is not unusual for your child to have nausea following anesthesia. If vomiting persists more than 3-4 times on the day of surgery, or continues more than 24 hours after surgery, please notify the office.
- **FEVER** – A fever (up to 101.5°F) is common and acceptable for the first 5 days following surgery. This is part of the body's inflammatory response to surgery. If it is persistent or very high, please call our office.
- **SORE THROAT** – Nearly all children will experience sore throat and difficulty swallowing after the tonsils are removed. Pain can range from mild to severe. Pain control with medication and drinking plenty of fluids are the best ways to alleviate a sore throat. Your child may have white/yellow/gray patches in the back of the throat for up to 2 weeks after surgery. This is a normal sign of healing and will resolve with time.
- **EAR/NECK PAIN** – Many children experience pain in their ears and/or neck following a tonsillectomy and adenoidectomy. This is pain from the throat that the body misinterprets as coming from the ears or neck.
- **BAD BREATH** – Extremely bad breath is very common and does not signify an infection or problem. This will resolve as the wounds heal. You may brush your child's teeth normally, but do not expect it to make the breath any better.
- **HIGHER PITCHED VOICE** – This is a normal result following removal of the adenoids and large tonsils. If it occurs, it usually subsides within several weeks after surgery.
- **BLEEDING** – Bleeding is rare and only occurs about 1-2% of the time but can be serious if not evaluated by medical personnel. Bleeding can occur at any time during the three weeks after surgery, but days 5-8 after surgery are the most common time for this to occur. Call the office if bleeding occurs, and they will direct you appropriately. **Any amount of bright red blood, large blood clots, or vomiting blood is NOT NORMAL, and you should proceed to the nearest emergency department immediately if this occurs.**



ACTIVITY:

Your child may return to school 7 -10 days after surgery. Your child should rest, but can participate in leisure activities while recovering, as tolerated. No physical education, swimming, or organized sports/activities for 2 weeks after surgery. No travel out of state for 2 weeks or out of the country for 3 weeks after surgery.

DIET:

Drinking is more important than eating in the postoperative period. The more your child drinks, the sooner the pain will subside, and the faster the recovery. Items that are well tolerated include: all cold beverages (water, flavored water, sports drinks, Pedialyte, grape/apple/pear juice, etc.), popsicles, Jell-O, pudding, yogurt, apple sauce, smoothies, milkshakes, eggs, mashed potatoes, rice, macaroni & cheese, etc. Try to avoid acidic or hot/spicy foods/drinks and any foods with crispy edges (such as potato chips, pretzels, fried foods). Your child can drink from a straw, if desired. Signs of dehydration include decreased urination/fewer wet diapers, dry lips/mouth, sunken look around eyes, and/or lack of tears when crying.

Please refer to the chart below for minimum amounts of fluid for your child in a 24-hour period, based on weight:

WEIGHT (kg)	WEIGHT (lbs.)	BREAKFAST (by 10am)	LUNCH (by 2pm)	DINNER (by 6pm)	TOTAL <u>MINIMUM</u> GOAL PER DAY
9 kg	20 lbs.	5oz	10oz	15oz	15oz
10 kg	22 lbs.	6oz	11oz	16oz	16oz
11 kg	24 lbs.	6oz	12oz	17oz	17oz
12 kg	26 lbs.	6oz	12oz	18oz	18oz
14 kg	31 lbs.	7oz	13oz	19oz	19oz
15 kg	33 lbs.	7oz	14oz	20oz	20oz
17 kg	37 lbs.	8oz	15oz	22oz	22oz
20 kg	44 lbs.	8oz	16oz	24oz	24oz
25 kg	55 lbs.	9oz	18oz	26oz	26oz
30 kg	66 lbs.	10oz	19oz	28oz	28oz
35 kg	77 lbs.	10oz	20oz	30oz	30oz
40 kg	88 lbs.	11oz	22oz	32oz	32oz



PAIN CONTROL/MEDICATIONS:

Acetaminophen (Tylenol®) and ibuprofen (Motrin®/Advil®) are acceptable pain medications after undergoing a tonsillectomy and adenoidectomy. Some providers may also prescribe a narcotic (hydrocodone/acetaminophen) for breakthrough pain after surgery; some may prescribe an oral steroid to assist with swelling and pain control; and some may prescribe an antibiotic after surgery. If your child is given an antibiotic to take after surgery, continue to give it as directed until it is completed. Do not stop giving your child the antibiotic even if they feel better. Be sure **NOT** to give your child prescription pain medicine that contains acetaminophen within 4 hours of giving over-the-counter acetaminophen (Tylenol®).

****AS ALWAYS, TAKE POST-OPERATIVE MEDICATIONS AS DIRECTED BY YOUR HEALTH CARE PROVIDER.****

For teenagers → DO NOT drive or operate heavy machinery while taking any narcotic pain medications.

WHEN TO CALL THE OFFICE?

- Bright red bleeding, large clots, and/or vomiting blood may need treatment immediately. **Call your medical team first at 404-255-2033**, then – if directed – proceed to the nearest emergency room for further evaluation
- Fever greater than 101.5°F that continues despite use of fever reducers
- Your child stops drinking fluids and is showing signs of dehydration: dry mouth, sunken look around eyes, decreased amount of urine
- Your child has urinated or had wet diapers less than 3 times in 24 hours
- Vomiting more than 2-3 times after going home or vomiting for more than 24 hours after surgery
- Your child has any signs of breathing problems, such as:
 - Fast, shallow breathing
 - Labored breathing (hard to breathe)
 - Chest retractions (skin pulling in around ribs and chest when breathing)
 - Grunting when taking a breath
 - A blue or dark purple color to the nail beds, lips, or gums
 - Wheezing, uncontrollable coughing

**In the case of an urgent concern or emergency, call 911
or go to the nearest emergency department right away.**

**Please call your PENTA medical team if you have any questions or concerns about
how your child looks or feels after surgery at 404-591-1288 (M-F 8AM-5PM)
or 404-255-2033 (after hours to reach the on-call provider)**

