

Post-Operative Tonsillectomy and/or Adenoidectomy Packet

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Tonsillectomy (Removal of the tonsils)

The tonsils are found in the back of the throat on each side of the mouth cavity behind the tongue. Their overall function is to help clear infection and develop an immune response. Other tissues take over their function when tonsils and/or adenoids are removed. They are frequently removed because for obstructive breathing or repeated bouts of tonsillitis (infected tonsils).

Adenoidectomy (Removal of the adenoids)

The adenoids are tissue similar to tonsils. They are located behind the nose and hidden from view by the palate (roof of the mouth). Frequent nasal infections, nasal airway obstruction, or obstruction of the eustachian tube (a passage that connects the middle ear to the back of the throat) are some reasons for adenoidectomy.

General Instructions

Medication

- A moderate amount of throat discomfort is to be expected after a tonsillectomy or adenoidectomy. Pain from tonsillectomy may last a week or so while pain following an adenoidectomy only usually lasts a few days.
- We recommend using the prescription narcotic based pain medication or Tylenol during the first few days after surgery. A prescription for pain medication such as Lortab or Tylenol with codeine will be provided.
- A prescription for a narcotic based pain medication such as Lortab or Tylenol with codeine will be provided. Most of the time the narcotic pain medications prescribed by our office contain acetaminophen (Tylenol) so be sure not to take a dose of Tylenol at the same time as the narcotic. You may alternate between the prescribed pain medication and Tylenol as tolerated for pain control.
- Do not give Lortab and acetaminophen (Tylenol) during the same dose. Lortab contains acetaminophen (Tylenol).
- The more comfortable your child is, the more likely he/she will eat and drink and the quicker the recovery. It is not necessary to wake your child in the middle of the night to give medication.
- Many times ear pain will be present following surgery. This is likely pain referred to the ear from the throat muscles and tonsil area.

- Taking the medicine one-half hour before eating may help your child to be more comfortable while swallowing. The more your child swallows, the sooner the throat discomfort will disappear.
- Unless advised to do so by a physician, **DO NOT USE ASPIRIN OR IBUPROFEN (MOTRIN, ADVIL)** for 2 weeks following surgery as this may increase bleeding.

Diet

- Drinking fluids and nutrition are very important to insure healing. Your child must drink to avoid dehydration.
- Avoid sour liquids such as soda, fresh tomato, orange or grapefruit juice.
- Apple or other fruit juices, popsicles, ice cream, and yogurt are suggested. Soft foods like Jello and mashed foods are helpful to maintain adequate nutrition. Milk products, pasta, soups, chicken, and macaroni and cheese are acceptable even the day of surgery.
- Milk products tend to leave a mucous film in the mouth. Rinse or drink a clear liquid after consuming milk-based products.
- Avoid hot, spicy, rough or scratchy foods such as toast, potato chips, pretzels, crisp bacon or foods of similar consistency. They may irritate the healing throat and cause bleeding. Bread, hamburgers, and hotdogs are difficult to chew and swallow.
- Continue the suggested soft diet for ten days after surgery.
- Patients who have an adenoidectomy without a tonsillectomy may resume a regular diet as tolerated the day after surgery.
- Rinse the mouth with plain water after each meal to keep the back of the throat clear of debris and food particles.

Rest/ Activity

- Snoring may worsen for a few days after surgery. This is most likely related to swelling from the surgery. A few days after surgery your child may experience throat pain after waking up. This is most likely related to a dry throat from sleeping with the mouth open.
- Allow limited physical activity the first 2-3 days at home. It is important for your child to be up and around after surgery. No organized sports such as baseball or gymnastics practice for 2 weeks after the procedure. Ask your physician for specifics about these activities.

- No gym class for 14 full days after surgery. Contact our office if your child needs a gym excuse note.
- Casual swimming in a backyard or community pool is allowed. No beach, lake, or river swimming until at least 14 full days after surgery.
- NO OUT OF TOWN TRAVEL/VACATIONS FOR AT LEAST FOURTEEN FULL DAYS AFTER SURGERY.

The Operative Site

- If look into the throat following a tonsillectomy you will see yellow or white patches where the tonsils were. This is not a sign of infection. This is a temporary and an expected part of the normal wound healing process. This scab, or “eschar”, will come off after approximately 7-14 days. Some slight bleeding can be expected.
- Encourage your child to keep his/her throat wet. Drink fluids frequently to help the healing process.
- A foul odor is common from the mouth/nose until the eschar peels off.
- Teeth brushing is allowed and recommended.

Warning Signs

- Fever over 101.5°
- Severe pain, unrelieved by prescribed medication
- Nausea and vomiting which is persistent and/or contains dark blood.
- Bright red bleeding of a teaspoon or more or bleeding that lasts for a few minutes (blood tinged mucous is usually of no consequence).
- Signs of dehydration: dry mucous membranes, little or no urination, lack of tears, weakness, or excessive sleepiness.
- If your child displays one or more of these warning signs, call the office immediately at the following:
(904) 398-5437 Monday through Thursday, 8:00 AM - 5:00 PM/ Friday 8:00AM-4:00 PM.
(904) 398-5437 on weekends, holidays and evenings. You may need to call the emergency room.

Post-operative Appointment: There will be several post-operative phone calls made by our staff to you after the surgery with specifics questions about your child’s recovery;

based on these questions, we will inform you if a post-operative appointment is necessary. Therefore, it is very important that our office has your current phone numbers.

Post-Op Tonsillectomy/Adenoidectomy Oral Exercises

Some children may use a nasal voice following surgery in an effort to avoid pain. This is caused by limiting movement of the muscles near the surgical site and additional escape of air through the nose. These exercises are designed to help your child exercise those muscles in a fun way in order to regain maximum movement following surgery.

These exercises should begin before surgery and continue after surgery, when your child's physician has approved increased exercise of the muscles. Beginning seven days after surgery slowly introduce the exercises (1 or 2 times each exercise, once a day.) Increase the length of practice as tolerated by your child. Goal should be to practice 8-10 minutes twice a day. Continue the exercises for a total of 30 days following surgery.

- Blow bubbles. When introduced to bubble blowing, children may not initially have the breath support to blow a bubble through the wand. If you are coordinated enough to catch a blown bubble on the wand, it is easier for your child to blow it off the wand. As the bubble floats down, blow it back up again.
- Blow out candles.
- Blow cotton balls and feathers. Turn a paper cup over and place a cotton ball on top and blow it off, or blow cotton balls across the table through a straw.
- Blow a scarf off the face, horns, whistles, noisemakers, harmonicas and party favors.
- Say "ahh" and hold it as long as possible.
- Sing "eiei oooo" from Old Macdonald had a farm.
- Say "ahee" as any times as you can.
- Say "coca-cola" five times.
- Say "key, key, key" five times.
- Blow up balloons (children 5 years and older).

General Nasal Care Instructions

Here are some suggestions for general nasal care in children with nasal discharge from upper respiratory infection (URI), sinusitis and post-operative patients from tonsillectomy, adenoidectomy and sinus surgery. Instructions for epistaxis (nose bleed) not related to a surgery are also listed below.

Saline (saltwater) Irrigation

- You can either make your own nasal saline irrigation or purchase an already made solution. Ocean Mist®, Ayr® pump spray or a high quality contact lens saline wetting solution such as Bausch & Lomb® can be purchased to irrigate the nose.

Contact lens saline solution is buffered salt water made gently for the eyes, so it is less irritating and can be used safely in the nose.

- The following recipe will assist you with making your own nasal saline irrigation solution:
 - **Makes 1 pint:**
 - Ingredients: 1 pint clean warm (not hot) water, 1 teaspoon baking soda, 1 teaspoon non-iodized table salt.
 - Mix the ingredients together and store in an airtight container. You may save the mixture for up to one week.
- DO NOT use contact lens CLEANING solution in the nose.
- Saline solution can be vigorously flushed into each nostril. This can be applied from a squirt bottle, baby bulb aspirator or product bottle. There are a variety of over the counter squeeze bottles, kits, and “Netty pots” that are available for home use. Your child may sneeze or cough (this is expected). Remember, the more vigorously you can flush, the more you will be rewarded by improved cleaning and nasal breathing. This can be repeated several times a day when there is a lot of mucous discharge and can be especially valuable in early AM and before bedtime applications. Nasal saline irrigation can be performed before and/or several minutes after nasal decongestant spray usage.
- Saline should not be used after nasal steroid spray (Flonase®, Rhinocort®, Nasacort®, etc.) application. You can use the saline irrigation prior to nasal steroid spray.

Nasal Decongestant Spray

- Afrin 12 hour or generic oxymetazoline 0.05% can be an effective decongestant in some situations. For smaller children you can dilute the Afrin 50/50 with nasal saline.
- Afrin will open the nasal passages within a few minutes providing immediate relief of nasal congestion. This can be especially helpful at bedtime to allow nasal breathing, and better quality, more comfortable rest.
- Afrin is applied as 1-2 squirts to each nostril. Repeat application in 5-10 minutes will further decongest the nose if the first dose is ineffective.
- Saline nasal irrigation after Afrin® application can be very helpful to remove plugged debris and mucous.
- Afrin® and related products should be used infrequently, no more than twice a day for 2-3 days. Afrin® and other decongestant sprays can cause rebound

congestion, i.e. addiction to the ingredients making it worse. For young children, Afrin can be diluted 50/50 with nasal saline.

- Neosynephrine® is NOT recommended due to potential cardiac/heart rate effects.
- There are newer decongestant nasal sprays similar to Afrin (Patanase, Astelin, Astepro) that may be prescribed for your child.
- Infant Afrin® is a different medication than “regular strength” Afrin® and is NOT recommended.

Nasal Steroid Sprays (Flonase®, Veramyst®, Rhinocort®, Nasonex®, etc.)

- Nasal Steroids such as these can be a very effective means to reduce nasal congestion and post surgical swelling. They are anti-inflammatory and not addictive agents.
- If your child has been instructed to use nasal steroids, you must take them every day to obtain maximum benefit. Nasal steroids usually take 1-2 weeks to be fully effective, please be patient. The physician will outline an appropriate trial for usage.
- Nasal steroid sprays do not provide immediate relief from congestion like decongestants such as Afrin.
- They are safe at doses recommended because they are topical/local medications and are not absorbed into the body to a significant extent.
- There is less absorption of these preparations of steroids than commonly used asthma steroid inhalers.
- Nasal steroid sprays are usually once-a-day applications of one or two squirts in each nostril as the patient sniffs in. If the first squirt is effective, the second may not be necessary. The spray should be directed into the nose, with the applicator tip inside the nostril directed at an angle parallel to the floor of the nose, slightly upward, not toward the eye or the ear. The patient should feel the gentle effect of the cool spray deep into the nose. Avoid bumping the walls of the nose with the applicator – minor trauma (bleeding) sometimes will occur.

Nose Blowing

- Even young children can blow their nose with some simple coaxing and rewards. Blowing the nose can be very effective in cleaning secretions/mucous from the nose and minimize the need for other medications.
- A couple of simple instructions may help even a reluctant child learn the fine art of nose blowing. First, try having the child blow a tissue held in front of the face with the mouth – simple in and out – so they can see the tissue flop in the breeze. Then switch to blow air in the mouth and out the nose. You can occlude one

nostril and blow through the open nostril, then switch nostrils and repeat. The more the tissue moves the greater the reward.

Miscellaneous

- The above-mentioned products are available from your pharmacy as a prescription (nasal steroids) or over the counter (saline spray, Afrin®). If you need further instructions, please consult your pharmacist. Pharmacies offer information about medications and usage.

These are general recommendations and representations, and may not be appropriate for every individual, patient, or situation. For any questions please consult with your physician. If you have any questions, concerns, or problems, please don't hesitate to call our office at (904) 398 –KIDS (5437).

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