



## Tonsillectomy and/or Adenoidectomy Post-Operative (after surgery) Instructions

### *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. They are frequently removed because of obstructive breathing or repeated bouts of tonsillitis (infected tonsils).

### *Adenoidectomy* (Removal of the adenoids)

The adenoids are located behind the nose and hidden from view by the palate (roof of the mouth). Frequent ear 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

### Who to call

- Please direct all questions and concerns related to your child's surgery to our office.
- (904) 398-5437

## Medication

- A moderate amount of throat discomfort is to be expected after a tonsillectomy or adenoidectomy. We recommend using the prescription pain medication during the first few days after surgery.
- Many times ear pain will be present following surgery. This is likely pain referred from the throat muscles and tonsil area. Pain medication such as Tylenol®, with or without hydrocodone will be provided.
- 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.
- The following is a list of medications that may be prescribed or recommended during your child's recovery following surgery. **Each may be used at the specific direction of your doctor only:**
  - Acetaminophen with hydrocodone (Lortab®, Hycet®) - Prescription
  - Predisolone (Prelone®, Orapred®) - Prescription



# Bruce R Maddern, MD, FACS, FAAP

## Andrew R Simonsen, DO, FAAP

- Acetaminophen (Tylenol®) - OTC
- Ibuprofen (Motrin®, Advil®) - OTC
- Diphenhydramine (Benadryl®) - OTC
- CAUTION: Medications containing Ibuprofen should not be taken during the 10 days PRIOR to surgery.
- CAUTION: Medications containing Codeine should not be used for children after tonsillectomy or adenoidectomy.

### Diet

- Drinking fluids and nutrition are very important to insure healing. You 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.
- 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 several days after surgery.
- Patients who have an adenoidectomy without a tonsillectomy may resume a regular diet as tolerated.
- 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 a few days after surgery. This is most likely related to swelling from the surgery. A few days after surgery the patient 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. No organized sports such as baseball or gymnastics practice until 14 full days after the procedure.
- No gym class for 14 full days after surgery. Contact our office if your child needs a gym excuse note.



# Bruce R Maddern, MD, FACS, FAAP

## Andrew R Simonsen, DO, FAAP

- 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

- When you 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, expected, normal process. This scab, or “eschar”, will come off after approximately 7-14 days. Some slight bleeding can be expected.
- Keep your throat wet. Drink fluids frequently to help the healing process.
- A foul odor is common from the mouth/nose.
- 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 post-operative phone calls made by the nurses to you after the surgery with specific questions about your child's recovery; based on these questions, the nurse will inform you if a post-operative appointment is necessary. Therefore, it is very important that our office has your current phone numbers.



### **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 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® or Ayr® pump spray or a high quality contact lens wetting solution such as Bausch & Lomb® can be purchased to irrigate - flush the nose. Contact lens solution is buffered salt water made gently for the eyes, so it is less irritating to 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 5-10 minutes 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.



# Bruce R Maddern, MD, FACS, FAAP

## Andrew R Simonsen, DO, FAAP

- 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 to 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 once a day, every day, to obtain maximum benefit. Nasal steroids 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. 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.



Bruce R Maddern, MD, FACS, FAAP  
Andrew R Simonsen, DO, FAAP

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).

Revised 7/11/14

Bruce R Maddern, M.D., P.L.  
A division of Florida Pediatric Associates, LLC  
10475 Centurion Parkway N. Ste. 302  
Jacksonville, FL 32256  
[www.entforkids.com](http://www.entforkids.com)  
(904) 398-5437