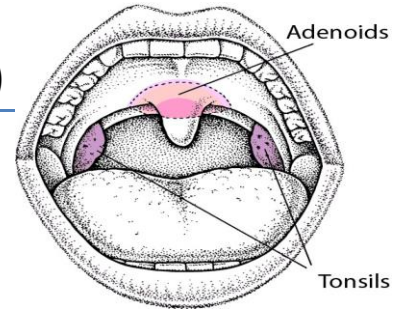


Tonsillectomy (+/- Adenoidectomy)

Post-operative instructions



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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. 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.

Surgery is performed under general anesthesia, for most kids this is an outpatient surgery (this means you have surgery and go home the same day). If your child has multiple medical problems, severe obstructive sleep apnea or is less than 2 years old they will need to stay in the hospital one night for observation.

General Instructions

Following surgery most kids will take 1-2 weeks to fully recover. Pain following the surgery often gets worse before it gets better and is typically the worst 3-5 days after surgery. Most kids will be out of school or daycare for 1 week after surgery. They may return when they are eating and drinking normally and off all pain medications. Although they may be feeling better it is important to remember that it may take 2-4 weeks for the scabs to heal. During this time, they are at risk for bleeding. Do not travel outside of the Jacksonville area for 2 weeks after surgery.

Drinking fluids and proper nutrition are very important to ensure 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 Jell-O and mashed foods are helpful to maintain adequate nutrition. Milk products, pasta, soups, chicken, and macaroni and cheese are acceptable.

If your child is not eating or drinking enough or if they have signs of dehydration (urinating less than 2-3 times per day, crying with no tears) please call our office. If your child will not drink and seems dehydrated, they may need to go to the Emergency room for evaluation and hydration (this helps prevent bleeding caused by dehydration)

Who to call?

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

Pain Control

A moderate amount of throat discomfort is to be expected after a tonsillectomy or adenoidectomy. Children under 5 should be given Acetaminophen (Tylenol®) and Ibuprofen (Advil® or Motrin®) alternating every 3 hours after surgery. Children older than 5 will also be given a narcotic prescription (Acetaminophen with hydrocodone (Lortab®, Hycet®). A steroid prescription may also be prescribed, please give as directed. Steroids help reduce pain by reducing swelling after surgery. If you are given tablets do NOT crush them or put them in liquid, give the tablet in a spoon full of food (jelly or pudding works too).

Many times, ear pain will be present following surgery. This is likely pain referred from the throat muscles and tonsils.

CAUTION: Medications containing Ibuprofen should not be taken during the 10 days PRIOR to surgery.

The Operative Site

When you investigate 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. If you see more than a teaspoon of bright red blood, immediately go to Wolfson Children’s Hospital Emergency department. Some children may need to go to the Operating room to stop bleeding.

Drink fluids frequently to help the healing process. A foul odor is common from the mouth/nose. Teeth brushing is allowed and encouraged.

Using a room humidifier at night in the bedroom will help with oral dryness.

Tonsillectomy Post-Operative Pain Medication Dosing Guide

Child’s Weight	Daily fluid	Tylenol (Acetaminophen) 160mg/5ml	Motrin/ Advil (Ibuprofen) 100mg/5ml	Hycet Dose (acetaminophen hydrocodone)
	Ounces (oz)	Every 4-6 hours as needed for pain Max: 5 doses in 24 hours	Every 6-8 hours as needed for pain Max: 4 doses in 24 hours	Hycet contains Acetaminophen so do not give both at the same time.
<17 lbs (5-8 kg)	35 oz	½ tsp (2.5 ml)	½ tsp (2.5ml)	
17-20 lbs (8-9 kg)	45 oz	¾ tsp (3.7ml)	¾ tsp (3.7ml)	
20-24 lbs (9-11 kg)	55 oz	¾ tsp (3.7ml)	1 tsp (5 ml)	
24-35 (11-16 kg)	65 oz	1 tsp (5 ml)	1½ tsp (7.5 ml)	
35-50 lbs (16-23 kg)	>65 oz	1½ tsp (7.5 ml)	2 ml (10 ml)	
50-65 lbs (23-29 kg)	>65 oz	2 ml (10 ml)	2 ½ tsp (12.5 ml)	
65-80 lbs (29-37 kg)	>65 oz	3 tsp (15 ml)	3 ½ tsp (17.5 ml)	
89-95 lbs (37-43 kg)	>65 oz	3 ½ tsp (17.5 ml)	4 tsp (20 ml)	
>95 lbs (>43 kg)	>65 oz	4 tsp (20 ml)	4 tsp (20 ml)	

IMPORTANT: Do not give Acetaminophen and Hycet simultaneously. Hycet contains added acetaminophen and combining the two may lead to toxic medication levels.

IMPORTANT: Wake them up at night to give a few doses of medication for the first 5 days. The pain is always the worst on Days 3-5. Giving medicine “around the clock” helps reduce pain.

HINT: Get a sheet of paper and keep it with the medications. Write down the time and medication you give so you can remember when to give the next dose (Especially important if more than one person is giving medications)

Tylenol (Acetaminophen) is available as a suppository (you can get this at any pharmacy without a prescription) and may be recommended if your child is having difficulty swallowing.

Benadryl with Advil/Motrin is a good choice for additional pain relief if Tylenol/Advil alone are not sufficient. Benadryl OTC May be given up to every 6 hours

Video about tonsillectomy and recovery

<https://tinyurl.com/entforkids>

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