

# CHILDREN'S ADENOTONSILLECTOMY

## POST OP INSTRUCTIONS

### Going home

It is common for children to feel nauseated or to vomit immediately after the operation, when they first eat or when driving home the next morning (it is probably the motion in the car) so make sure you are given a "sick" bag to take with you for the ride home. If you have one you probably won't need it!

### Antibiotics

Current guidelines suggest there is NO evidence for antibiotics after tonsillectomy. Occasionally your surgeon will prescribe them if there is significant infection.

### Pain

Pain is expected for up to 10-14 days in most children. The peak of pain is day 5 to 7. Often the pain is felt in the ear and jaw as well. It is important to maintain fluids and avoid dehydration which worsens the pain.

Panadol (Paracetamol) in almost all cases will be given at 4-6 hour intervals.

Nurofen (Ibuprofen) can be used if your child is struggling. The dose is given at the same time as paracetamol 2 - 3 times a day. There is a small chance of increasing the postop bleeding rate but research suggests that the likelihood of further surgery for bleeding is the same as not taking neurofen, so it is reasonable to use it if your child is struggling.

Oxycodone suspension may be prescribed by your anaesthetist to help with pain. Please take as directed. This is often required at night in the day 5 to 7 period. NOTE: Painstop is no longer recommended for pain management after children's tonsillectomy.

Gargles - Older children may be prescribed gargles to improve healing (Betadine or peroxide), and local anaesthetic gargles can be purchased over the counter at the pharmacy to help with throat pain.

### Diet

There are no absolute restrictions on food and drink intake after a tonsillectomy. It is not uncommon to be "off your food" for a few days, and you may see a small amount of weight loss as a result. It is very important that your child maintains their fluid intake during their recovery. All of the soft "comfort foods" such as jelly, ice cream, yoghurt are always a good option. A full normal diet with rough food is encouraged as it clears the membrane that forms in the throat and hastens healing. Acidic foods such as citrus fruits and tomatoes as well as spicy foods often irritate the throat and may be best avoided.

### Fluids

It is very important for your child to maintain a good fluid intake of at least 80ml per kg body weight per day. The best fluid for maintenance hydration and thirst is tap water. If you are considering sugared drinks (such as fruit juices); dilute these one part juice and 4 parts water to allow better water absorption.

## **Fever**

Fever often occurs after the surgery in the first 5 to 7 days as part of an immune healing response. If the temperature gets higher than 38.5 after the first 5 days then consider visiting your GP to check for sources of infection which may require antibiotics.

## **Appearance of the throat and Bad Breath**

Over a few days the area of surgery frequently develops a grey white appearance, which is in fact a “biological dressing” that the body creates in the healing period. Normal or rough food may clear this and possibly accelerate the healing process so this is to be encouraged.

Bad breath also occurs as the tonsil and adenoid site heals and should settle by day 14.

## **Change in Voice**

A child often has a squeaky voice (hypernasal) and high pitch for a few weeks. This is due to some swelling around the voice box after the surgery as well as swollen and spasming palate muscles post surgery. Furthermore, even when children have normal appearing palates, they may have become “lazy” from the inability to move the muscle due to large adenoids and tonsils. It takes some children a few weeks for this swelling, spasming and laziness to heal. Rarely, even in children with normal palates, speech therapy is required to learn to move the palate again.

## **Snoring and sleep disturbance post surgery**

Snoring and a disturbed sleep is expected for up to 14 days after the surgery, as the injured surgical area swells and sometimes causes more blockage. After 2 weeks, the swelling settles and the snoring should improve. Using children's saline nasal spray (FESS FLO) 2 - 3 times a day for 4 weeks will help with congestion.

Sometimes increased night terrors occur in the first 1-2 weeks as the body catches up with REM (deep) sleep. This should settle spontaneously as the sleep rhythms normalise.

## **Bleeding**

Depending on your child's age some bleeding is expected up to 5 - 10% of the time when the biological dressing falls of the tonsil bed. This is typically between day 5 - 10. Bleeding that does not stop and is more than 2 tablespoons requires a call to the hospital and rarely an ambulance.

## **Back to School and Sport**

Usually a week off school is required. To reduce the risk of bleeding, sport and heavy physical activity should be avoided for 2 weeks.

## **When to call**

Call the hospital, anaesthetist or surgeon if there is uncontrolled bleeding, nausea and vomiting.

Furthermore, if your child's fluid intake falls so that they are not urinating and have a dry mouth then you should alert your anaesthetist or surgeon. High fevers may accelerate the dehydration. Sometimes, < 2% of the time, a child needs to return to hospital for pain control or fluid resuscitation.