

## CHILDREN'S ADENOTONSILLECTOMY POST OP INSTRUCTIONS

### What to expect in the operating recovery area

When your child is awake enough in recovery you will be asked to come up to be with them. It is very common for your child to be agitated and disoriented in recovery. This is due to a combination of factors such as the anaesthetic wearing off, being in a strange place with strange people, dizziness when the ears are operated upon and sometimes pain. It usually lasts about 30-45mins at the most and then they generally settle well. During your stay in the recovery room there will be nursing staff closely assessing and attending your child.

Once your child is sufficiently awake and the recovery staff are happy with their progress you will be taken back to the general ward area. In most cases your child will be able to eat and drink within a few hours. An intravenous drip of saline water will remain in place overnight. It is very common to be quite sleepy for a few hours after the operation.

While you are on the ward the nursing staff will make sure that your child is assessed regularly. If you have any concerns at this stage you should alert the nursing staff so that they can help you.

### What to expect during the hospital stay

For most children their stay in hospital is comfortable, due to the pain-killing medications given by the anaesthetist during the operation and local anaesthetic used by the surgeon. Most children

will feel up to eating and drinking later that day and will either sleep or feel like watching TV or reading. In a small number of cases there may be some degree of discomfort or nausea. If your child has either of these you should alert your nurse as they can give medication to counteract it. The common times to feel nauseated or to vomit are 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!

### Going Home

Children will usually spend a night in hospital and be discharged after breakfast. Older children that have their operation early in the morning may be discharged that day if they are doing well.

Medications to take home

#### 1. Antibiotics

Current guidelines recommend NO antibiotics after tonsillectomy. Occasionally your surgeon will recommend them.

#### 2. Pain medication

In almost all cases paracetamol will be given. Along with this oxycodone suspension may be prescribed by your anaesthetist to help with pain. Please take as directed. NOTE: **Painstop is no longer recommended** for pain management after children's tonsillectomy.

It is common for your child to need pain relief quite regularly for up to a week or more. You may give the paracetamol or Neurofen (Ibuprofen) dose suggested for the child's weight every 4-6 hours (with a maximum of 4 doses per 24hrs). If this is not sufficient then call the anaesthetist for further advice.

Do NOT use aspirin this may increase the risk of post operative bleeding.

Use a syringe to measure the dose of oxycodone exactly as prescribed, and do not change the dosage or timing from what is on the label. Under no circumstances should children be allowed to dose themselves.

It is not unusual for young children to refuse to take

medications as they do not like the taste, but you must take the upper hand in this situation rather than letting your child take control. If pain relief is not maintained at an adequate level you will run into trouble a few days down the track. Use a small syringe to gently squirt the medicine into the back of the throat past the molar teeth rather than giving it to them to sip from a medicine cup. Employ whatever discipline, bribery or distraction techniques are required. They will learn quickly that although the medicine does not taste very nice it will help them feel better. Following it with a spoonful of something sweet, as per Mary Poppins, will help.

Children may complain of either throat or ear pain. Often the ear pain will be worse after tonsillectomy.

When your child is still feeling pain despite regular paracetamol dosing, add the dose of oxycodone. Oxycodone is given, as needed, to cover any pain not treated by paracetamol and/ or Neurofen (Ibuprofen); NOT as a regular dosage.

### 3. Gargles

Older children may benefit from gargles to improve healing, and local anaesthetic gargles can be purchased over the counter at the pharmacy to help with throat pain. The recommended brands are Betadine and Colgate Peroxyl.

### **Eating and drinking at home**

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 not uncommonly 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.

### **Suggested Foods**

- All of the soft “comfort foods” such as jelly, ice cream, yoghurt are always a good option.
- Paddle pops or iceblocks are a good option as they are cold, sloppy, taste good and have calories and fluid in them.
- Acidic foods such as citrus fruits and tomatoes often irritate the throat and may be best avoided. However if they are a favourite food and are not causing discomfort then they may be consumed.
- However if it is comfortable to eat your child may eat anything.

### **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.
- If it gets to the stage that they are just not eating and drinking enough they may need to be readmitted to hospital

for intravenous fluids. This happens in about 1% of cases and you should contact either your anaesthetist or surgeon if this is occurring.