

Tonsillectomy and Adenoidectomy

Patient and Family Education

This teaching sheet contains general information only. Talk with your child's doctor or a member of your child's healthcare team about specific care of your child.

What is tonsillectomy and adenoidectomy?

- A tonsillectomy removes the tonsils. The tonsils sit on both sides of the throat.
- An adenoidectomy removes the adenoids. The adenoids are inside the air passageway in the nose.

Why does my child need surgery?

Sometimes the tonsils and adenoids become infected with germs. When this happens, they can swell and grow bigger. Surgery may be needed when the swelling blocks breathing during sleep or when germs cause one infection after another.

What should I expect after surgery?

After surgery, your child may have:

Upset stomach – your child may have an upset stomach after anesthesia (the medicine used to put him to sleep for surgery). To help your child's upset stomach, give him small sips of fluids like water, apple juice or sports drinks, such as Gatorade, Powerade or Pedialyte. Repeat the sips every 5 to 10 minutes until his stomach starts to feel better.

Fever and sore throat – A low grade fever (up to 101.5°F or 38.6°C) is common for the first 5 days after surgery. Most children have a sore throat and trouble swallowing after tonsil surgery. To help your child feel better:

- Give him medicine as advised by his doctor.
- Have him drink plenty of fluids.

Your child may also have white, yellow or gray patches in the back of the throat for up to 2 weeks after surgery. This is a normal sign of healing.

Ear or neck pain – Your child may have pain in his ears or neck after surgery. This pain is actually coming from his sore throat.

Bad breath – Very bad breath is normal. It will get better as the wounds heal. You may brush your child's teeth to help him feel better, but it will not lessen the bad breath.

Higher pitched voice – Voice change is normal after surgery. If it occurs, it usually goes away in 2 or 3 weeks.

In case of an urgent concern or emergency, call 911 or go to the nearest emergency department right away.

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Bleeding – Bleeding is quite rare but can occur at any time during the first 2 weeks after surgery. The most common time for it to occur is 5 to 8 days after surgery. Bleeding can be **very serious** if not checked by a doctor.

Call your child's surgeon if any bleeding occurs and the doctor will let you know what to do. Any amount of bright red blood, large clots or vomiting of blood is **NOT normal**.

How should I care for my child after surgery?

Always follow your doctor's advice when caring for your child. Some general guidelines are listed here:

Activity - After surgery, your child may return to school in 7 to 10 days.

Your child should **NOT**:

- Take part in any physical education (PE), swimming, organized sports or activities for 2 weeks.
- Travel out of state for 2 weeks or out of the country for 3 weeks.

Food and fluids - Drinking is more important than eating after surgery.

Give your child these items that are easy on the stomach:

- Any cold, non-fizzy drinks, such as water or sports drinks like Gatorade or Powerade. You may also use oral replacement fluids, such as Pedialyte or Enfalyte, for babies and toddlers.
- Juices, such as white grape, apple or pear
- Cold foods, such as Popsicles and Jell-O
- Salty liquids, such as broths and soups
- Soft foods, such as pudding, eggs, mashed potatoes, rice and macaroni and cheese

Avoid these items:

- Citrus fruits and juices
- Hot or spicy items, such as salsa or chili
- Salty foods, such as French fries and bacon
- Any foods with crispy edges, such as potato chips, pretzels and fried foods

If your child does not drink enough, he can become dehydrated (dried out). Some signs might be that he:

- Does not urinate 3 or more times a day
- Does not have 3 or more wet diapers a day (for babies)
- Has dry lips and mouth
- Does not make tears when crying

If you are concerned or have questions, please call your child's doctor.

In case of an urgent concern or emergency, call 911 or go to the nearest emergency department right away.

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Please use the chart below for the least amount of fluid your child should drink in 24 hours. This is based on his weight.

Weight (kg = kilograms)	Weight (lbs = pounds)	Breakfast (by 10 a.m.) (oz = ounces)	Lunch (by 2 p.m.) (oz = ounces)	Dinner (by 6 p.m.) (oz = ounces)	Total MINIMUM ounces in 24 hours
9 kg	20 lbs	5 oz	10 oz	15 oz	15 oz
10 kg	22 lbs	6 oz	11 oz	16 oz	16 oz
11 kg	24 lbs	6 oz	12 oz	17 oz	17 oz
12 kg	26 lbs	6 oz	12 oz	18 oz	18 oz
14 kg	31 lbs	7 oz	13 oz	19 oz	19 oz
15 kg	33 lbs	7 oz	14 oz	20 oz	20 oz
17 kg	37 lbs	8 oz	15 oz	22 oz	22 oz
20 kg	44 lbs	8 oz	16 oz	24 oz	24 oz
25 kg	55 lbs	9 oz	18 oz	26 oz	26 oz
30 kg	66 lbs	10 oz	19 oz	28 oz	28 oz
35 kg	77 lbs	10 oz	20 oz	30 oz	30 oz
40 kg	88 lbs	11 oz	22 oz	32 oz	32 oz

***Note:**

1 ounce equals 30 milliliters (mL)

1 measuring cup equals 8 ounces or 240 mL

Medicines – Always give your child’s medicines as advised by his doctor. If you have questions once you get home, talk with your child’s doctor or your pharmacist.

Pain medicines – You may give your child acetaminophen (Tylenol or less costly store brand) or ibuprofen (Motrin, Advil or less costly store brand) for pain after surgery. Follow your doctor’s advice or follow the directions on the label for how much and how often to give it to your child.

Some doctors may also prescribe a narcotic (stronger pain medicine) for children who do not get relief from these pain medicines. Your child’s doctor may also prescribe a steroid medicine, such as dexamethasone to help with swelling and pain.

Do **NOT** give your child narcotic pain medicine that contains acetaminophen, such as Hycet or Lortab, within 4 hours of using acetaminophen. Your child can become ill from getting too much acetaminophen.

For teens - **DO NOT** drive or operate heavy machinery while taking any narcotic pain medicines.

Antibiotic medicines - Your child’s doctor may prescribe an antibiotic for your child after surgery. If so, give it as ordered until all of the medicine is gone. Do not stop giving your child the antibiotic, even if he feels better.

In case of an urgent concern or emergency, call 911 or go to the nearest emergency department right away.

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When should I call the doctor?

Call the doctor if your child:

- Has any bright red bleeding from the mouth or throat. Bright red bleeding may need treatment **right away – call your child’s doctor**. If the doctor directs or if you cannot reach the doctor, go to the nearest emergency room to have your child checked.
- Has a fever greater than 101.5°F (38.6°C) or as advised by your doctor
- Stops drinking fluids
- Does not urinate at least 3 or more times in 24 hours
- Does not have at least 3 or more wet diapers in 24 hours (for babies)
- Vomits (spits up) more than 3 or 4 times after going home
- Vomits for more than 24 hours after surgery
- Has any signs of breathing problems, such as:
 - Fast, shallow breathing
 - Works hard to breathe
 - Chest retractions (skin pulling in around ribs and chest when breathing)
 - Grunts when taking a breath
 - A blue or dark purple color to the nail beds, lips or gums
 - Wheezing or uncontrollable coughing

Call your child’s doctor if you have any questions or concerns about how your child looks or feels.

In case of an urgent concern or emergency, call 911 or go to the nearest emergency department right away.