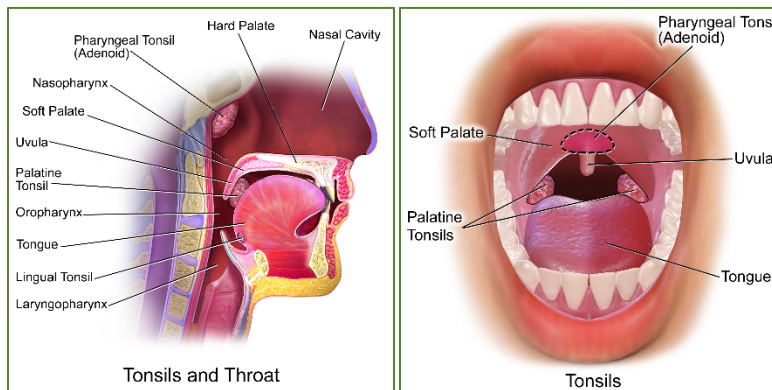




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TONSIL AND ADENOID DISEASE IN CHILDREN

The following has been adapted from the American Academy of Otolaryngology Head and Neck Surgery website. The full article may be found here: <https://journals.sagepub.com/doi/full/10.1177/0194599818817758>



What Is a Tonsillectomy?

A tonsillectomy (tahn-suh-LEK-tuh-mee) is an operation done by an ear, nose, and throat (ENT) doctor to remove your tonsils. Sometimes your adenoids (add-eh-noids) will be removed at the same time. Tonsils are the 2 fleshy lumps on each side of the back of your throat. You can see them if you open your mouth wide. Adenoids are high in the throat behind your nose and roof of your mouth. You cannot see adenoids without special medical instruments.³ Tonsils and adenoids are a part of the body's immune system. They help trap harmful bacteria and viruses that enter your body through your mouth or nose.

Tonsils and adenoids work to protect the body against germs. They can become infected and get sore. If your child gets sore throats a lot or their tonsils cause breathing problems during sleep, your clinician may suggest a tonsillectomy. (*Clinician* is a term that includes doctors, nurse practitioners, physician assistants, and other qualified health care professionals.) Breathing problems while sleeping is called obstructive sleep-disordered breathing or "oSDB." Throat infections and oSDB are the 2 most common reasons for tonsillectomies. Removal of the tonsils and adenoids does not increase the risk of infection as other tissue around the throat take their place.⁴

What Is Obstructive Sleep-Disordered Breathing (oSDB)?

oSDB is a general term for breathing difficulties during sleep.³ It is usually caused by large tonsils and adenoids. oSDB can be worse in children who are overweight, have muscle weakness, or have certain diseases that affect nerves. Children with oSDB may be sleepy during the day, act out, struggle in school, have nighttime bedwetting, and be small for their age.

Will oSDB Go Away after Tonsillectomy?

Tonsillectomy helps almost all normal-weight children with oSDB, and it improves sleep in most children in this group. Tonsillectomy also helps overweight children with oSDB, but sleep is not always improved. Your child's oSDB may not go away or it may return even after tonsillectomy.

Are There Risks Related to Tonsillectomy?

Tonsillectomy is a surgical procedure that includes some risks. After surgery, your child may have:

- Throat pain that lasts up to 2 weeks
- Vomiting or feeling like they have to vomit
- Thirst or dryness, especially if they are vomiting (dehydration)
- Bleeding in their mouth (from the tonsils)



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- Temperature greater than 101°F

The clinician will discuss these risks with you before the surgery. It is important that you contact your clinician if your child is having problems after surgery. Your child may need to go back to the hospital for further care if the clinician has concerns.

Will My Child Have Pain after the Surgery?

Pain lasts about 7 to 10 days and can last as long as 2 weeks. A clinician will talk to you about keeping an eye on your child's pain and discomfort after tonsillectomy. The clinician should have this talk with you before the surgery and again after surgery to remind you. Your child may complain of throat, ear, and neck pain. The pain may be worse in the morning, which is normal. Ask your child every 4 hours if they are having pain, because they may not tell you. It is important that you ask them.

The clinician will give you a medication plan to help you and your child get through the healing process.

Do I Need to Limit My Child's Diet after Surgery?

YES. Your child should avoid eating anything crunchy for the first two weeks they normally would as long as it does not bother them. Make sure they drink plenty of fluids like water or juice. This will help them to avoid dehydration. Fluids can help with their pain too. Fruit snacks, popsicles, pudding, yogurt, or ice cream are good foods for your child to eat when recovering.

How Can I Make My Child More Comfortable after Surgery?

Follow the medication plan from the clinician. You can help take your child's mind off of their pain by playing with them and keeping them entertained. Applying a cold or hot pack to their neck or ears can also help.

When Should I Call the Doctor's Office?

Call the doctor's office or seek medical attention right away if your child has any of the following:

- Bright red bleeding from the mouth
- Temperature greater than 101°F
- Uncontrolled pain
- Signs of dehydration (urination less than 2-3 times a day or crying without tears)⁶

References

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3. American Academy of Otolaryngology-Head and Neck Surgery . Tonsils and adenoids. <https://www.entnet.org/content/tonsils-and-adenoids>. Accessed November 29, 2018. [Google Scholar](#)
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[Google Scholar](#)

TONSILLECTOMY/ADENOIDECTOMY POST OPERATIVE INSTRUCTIONS

1. Fluid Intake

Fluid intake is very important in the first few days after tonsillectomy. Encourage your child to drink plenty of fluids! Apple juice, water, ice chips, popsicles, Jell-O and other soft non-abrasive foods should be offered during the first 2 or 3 days. Avoid orange juice and grapefruit juice as well as “crunchy food” like toast, pizza, cookies, crackers and other foods with “rough edges”. You may offer Gatorade, milkshakes or milk if it is tolerated by your child, as well as smoothies or even ice cream. If your child refuses to drink because of pain, make sure they are taking their medication as recommended by the doctor, and continue to encourage liquids.

We cannot stress enough the importance of pushing liquids after surgery!

2. Pain Management after Tonsillectomy/Adenotonsillectomy

Children:

Your child may experience some pain and discomfort after their surgery. It is important to maintain effective pain control in order to help your child feel better more quickly.

In order to manage your child’s post-operative pain, we recommend alternating between acetaminophen (Tylenol) and ibuprofen. The dosing may be different for each child, so it is very important that you follow the instructions on your medication bottle to determine how much your child should receive. The best way to effectively manage your child’s post-operative pain is to **STAY AHEAD** of the pain. You should alternate the acetaminophen and ibuprofen but they should **NOT** be taken together. Alternate the medicines per the handout given at the time of surgery. If your child is 6 years old/older, you will have a narcotic called oxycodone prescribed as well. Use this only for breakthrough pain if the Tylenol and ibuprofen do not work. You should not have to wake your child up to give them a dose of medicine if you find they are resting soundly. In some rare instances, pain is not controlled by acetaminophen, ibuprofen, and oxycodone. In this case, we encourage you to contact our office. Acetaminophen can be taken on an empty stomach; ibuprofen should be taken with food.

Please contact the office if you have any questions whatsoever about your child’s surgery.

Adults:

The best way to effectively manage your pain is to **STAY AHEAD** of the pain. You should alternate the acetaminophen and oxycodone but they should **NOT** be taken together. Take the Oxycodone around the clock for the first 72 hours, even if this means setting an alarm clock for the middle of the night. You will also be given Celebrex, a potent anti-inflammatory medication. Take two pills the day of surgery, and the day following surgery, take one pill twice a day for a week. Additionally, you will be prescribed Lidocaine spray for use at times of peak pain. It is best to use this right before eating to allow better food intake.

3. If your child has nausea or vomiting after surgery, it should go away within a day. Once the nausea and vomiting subsides, give only sips of clear liquid
4. As long as you avoid crunchy foods, diet may be advanced as tolerated, to include any non-spicy, no-irritation foods after 2 or 3 days. Usually, after the first two weeks, the diet may be advanced to include all foods.
5. Avoid gargling and blowing the nose. These activities may result in fresh bleeding.
6. Take pain Medications as prescribed. Please see the attached medication dosing schedule.



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7. Expect some blood-tinged nasal drainage, and/or blood tinged sputum for 2 or 3 days following the operation. If any significant bright red bleeding occurs from either the nose or mouth, and this occurs for longer than 15 minutes, go the emergency room. Bad breath is common during the healing process, and will subside between 7-10 days after surgery.
8. Ear pain is a frequent occurrence following surgery. This is most likely referred pain from the tonsil area, and rarely indicates ear infection.
9. The white or gray patches on the tonsillar areas are not usually a sign of infection. These are the healing membranes, which will slough in 7 to 10 days after the operation. When the white membrane separates from the tonsillar bed, these may be a bit of fresh bleeding. This usually resolves within a few minutes. If the blood flow continues beyond 15 minutes, call your physician, or go to the emergency room.
10. A humidifier in the bedroom will reduce pain by preventing dry air from contacting the tonsillar areas. This is particularly true during the winter months, when dry forced air or electric heat is in use.
11. Fever up to 101.5 degrees often occurs during the first 48 hours after tonsillectomy. Adequate liquid intake will usually take care of this.
12. Plan for you/your child to be absent from work/school or daycare for up to a week after a tonsillectomy, and at least 2-3 days after an adenoidectomy. Please have your child refrain from vigorous activity for the first two weeks after surgery. Travel is not recommended for the first two weeks after surgery.



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RISKS OF TONSILLECTOMY/ADENOTONSILLECTOMY (T&A)

The risks, benefits, indications, complications and alternatives to tonsillectomy with/without adenoidectomy were discussed with the patient/family. The alternatives discussed include observation and continued conservative/medical therapy.

The following risks were discussed:

- **Reactions to anesthetics.** Medication to make you sleep during surgery often causes minor, short-term problems, such as headache, nausea, vomiting or muscle soreness. Serious, long-term problems are rare, though general anesthesia is not without the risk of death.
- **Swelling.** Swelling of the tongue and soft roof of the mouth (soft palate) can cause breathing problems, particularly during the first few hours after the procedure.
- **Bleeding during surgery.** In rare cases, severe bleeding occurs during surgery and requires additional treatment and a longer hospital stay.
- **Bleeding during healing.** Bleeding can occur during the healing process, particularly if the scab from the wound is dislodged too soon. This happens about 3% of the time, and can occur between day 1 and day 21, but most commonly occurs between postoperative days 5-10.
- **Infection.** Rarely, surgery can lead to an infection that requires further treatment

Additionally, the following information was given to the patient/family:

Instructions for preparing will include the following:

- Don't take aspirin or other medications containing aspirin for at least two weeks prior to surgery.
- Don't eat anything after midnight before the scheduled surgery. Your surgeon should provide you with instructions about eating food and drinking liquids prior to reporting to the hospital.
- Make arrangements for a ride home.
- Plan for 10 days to two weeks or more of recovery time. Adults may need more time than children do.

Responsible Party Signature: _____ **Date:** _____