



**Connecticut
Children's**

Department of Otolaryngology

www.connecticutchildrens.org

860.545.9650

POST-OPERATIVE INSTRUCTIONS FOR TONSILLECTOMY AND ADENOIDECTOMY

Most children require 7-10 days to recover from surgery. The recovery from this surgery can be very difficult and is different for each child. Your child should do restful activities in the first seven days after surgery, then activity may be increased slowly, as tolerated.

Activity

School-age children should stay home from school for at least one week. Your child may return to school after normal drinking resumes and prescription medicine is no longer needed. When children return to school, they should not participate in gym class, chorus, sports or play woodwind or brass musical instruments for a full two weeks.

Diet and Nutrition

The most important part of recovery for your child is drinking plenty of fluids. If your child refuses to drink, there is a risk of dehydration, which is a serious complication and may require hospitalization. Contact our office if there are any signs of dehydration (urination less than once a day, dry chapped lips, dark amber colored urine).

Some patients experience nausea and vomiting after surgery, caused by the effects of general anesthesia. This usually occurs in the first 24 hours and resolves on its own. After the first 24 hours, nausea and vomiting may be associated with the prescription pain medication. If vomiting occurs, stop feeding for one hour, then give clear liquids and advance slowly to a soft foods diet.

Your child may use straws, sippy cups, bottles and pacifiers after surgery. Offer apple juice, ice pops and Jello in small, frequent servings. Before your child resumes a regular diet, offer soft foods like noodles, pudding, apple sauce and yogurt for ten days following surgery. Avoid spicy foods and dry foods with sharp edges like chips and toast.

After a tonsillectomy, children may be reluctant to eat because of pain. As a result, some children may lose weight. This weight is gained back after your child's appetite and eating improves.

Medication

All children will experience pain, ranging from a mild to severe sore throat. The first 7-10 days are usually the most difficult. Your child may also complain of an earache, caused by stimulation of the same nerve that goes to the throat (also known as referred pain).

In addition to using pain medicine, try placing a warm or cool towel over the ear to help alleviate the pain.

Give your child pain medication as directed by your surgeon. Medications may include over-the-counter medications such as acetaminophen (tylenol) and ibuprofen (Motrin) and/or prescription medications. You should give some medication every 4-6 hours for the first 2-3 days after surgery. Generally, children are able to switch to only over-the-counter pain medications 3-4 days after surgery. Some children may still require the prescription pain medication at bedtime to help them sleep comfortably through the night.

Care

A fever up to 101°F is normal for several days following surgery.

Small specks of blood from the nose or in the saliva are normal. Bright red blood is not normal. If this type of bleeding occurs, your child should be evaluated in the nearest emergency department.

Your child's voice may sound different for 3-4 weeks following surgery. This is normal and resolves over time.

You may notice snoring and mouth breathing due to swelling in the throat. Breathing should improve within 10-14 days after surgery as the swelling decreases.

White scabs will form where the tonsils and adenoids were removed causing bad breath, which is normal for 7-14 days after surgery.

Your child may blow his/her nose gently, but may not find relief because the congestion is caused by swelling after surgery. This will improve as swelling decreases.

Follow-up Appointments

Follow up as directed by your surgeon. ***

Should you have any additional concerns, please call us at **860.545.9650**. Call our office immediately if you notice any of the following:

- Any signs of dehydration (urination less than once a day, dry chapped lips, dark amber colored urine)
- Vomiting more than three times in 24 hours
- Bright red blood from the mouth or nose
- Fever of 101.5°F or greater