

Instructions after Surgery: Tonsillectomy and Adenoidectomy

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What should I expect after surgery?

Children will often have a **bad sore throat** for up to two weeks. This is worse between day 5 and 10, when the "scab" - a white patch where the tonsils were - breaks up. This scab is normal, and does not mean that there is an infection. The more a child drinks, the better they will feel. However, they may need to be pushed to drink, to overcome the pain. It is common for children to have **ear pain**, since the same nerves go to the ears and the throat ("referred pain"). You also may notice **bad breath** as the scab heals.

A fever may be seen in the days after the operation - this is common after any anesthetic or in mild dehydration. While I am happy to evaluate your child at any point, a fever **does not** mean that there is a wound infection - that is essentially not a complication of tonsillectomy or adenoidectomy.

Children may have a "**whiny**" voice for a month or so after surgery. This is because there is more room in the back of the throat, resulting in more airflow through the nose. Eventually, most children compensate for this as the palate (the roof of the mouth) adjusts to make a seal. If this persists, let me know.

What medication is necessary after tonsil and adenoid surgery?

Antibiotics are not necessary, but pain control is important. A good option is acetaminophen (Tylenol®). **Aspirin should not be used** for 2 weeks before and after surgery, as it can cause bleeding. Other "NSAID" drugs like ibuprofen (Motrin® or Advil®) have been avoided in the past for the same reason, but recent research has shown them to be relatively safe after this operation. However, I still avoid them for some patients who are at higher risk of bleeding - I will let you know if that is the case for your child. While Tylenol or ibuprofen can be taken alone, **the best approach** is to combine them, **alternating** them every 3 hours (**6 hours** between doses of Tylenol, and **6 hours** between doses of ibuprofen).

Steroids can also be helpful with pain, but they can cause stomach issues, especially if taken with NSAIDs. I will use these when needed, and all three types of medication can be used in the same patient. However, try to minimize combining steroids and ibuprofen. I occasionally give narcotics (like oxycodone) to older patients, but only if nothing else is helpful, and they should not be given to groggy or sleepy patients.

Finally, it is **common to become dehydrated** after this surgery, due to pain with swallowing (you may notice the urine becoming dark or reduced in quantity). Intravenous fluids can help a child get over the worst of this if needed; there are services that will provide this at home for patients over 7 years of age.

What should my child eat and drink after the surgery?

It is very important for your child to **drink fluids**, to avoid becoming dehydrated. Liquids with nutritional value (such as milk shakes) are better, since they also provide calories if a child isn't eating much. Drinks such as Gatorade or Pedialyte are better than water, since they provide needed electrolytes. Some of these are available as ice pops, which may be better for a child recovering from surgery. I do not restrict the type or temperature of liquids - find what they like and keep them drinking. "Sharp" foods like chips or pretzels **should be avoided for 2 weeks**, as they can cause bleeding, but all other foods are OK.

What do I do in case of bleeding?

Bleeding is potentially serious, and any amount of blood in the mouth within 3 weeks of surgery should be evaluated immediately. This usually stops by itself, but if active bleeding persists, **please** go to the Mt. Sinai Emergency Room on 100th and Madison in NYC (after calling my office). If you are far away, any well equipped hospital (**not** an urgent care center) should be able to handle the problem. If the bleeding has already stopped, please call my office anyway to discuss. I (or a covering physician) will be available 24/7.

Can my child travel, swim, go to school, or engage in other activities?

Once children are feeling better, there is no medical reason to restrict moderate activity. Extreme activities (such as weight lifting or strenuous competition) should be avoided for two weeks after surgery, as they may raise blood pressure and cause bleeding. They can go to school as soon as they feel well enough, just make sure that their teacher and/or school nurse knows about the surgery. During the two weeks after surgery, they should not be anywhere where they couldn't get to a hospital quickly, in case of bleeding. There should be no air travel, ship travel, camping or any other situation far from rapid medical help.

What about follow up?

The follow up is generally three weeks after the surgery. In most cases, an in-person visit is not absolutely necessary. While of course I am happy to see you in the office if you prefer, I realize that such appointments can be difficult for busy families. If there are no concerns that need to be addressed in person, you may just contact my office to schedule a telemedicine postoperative video visit.