

Tonsillectomy & Adenoidectomy

Tonsillectomy is the removal of the tonsils.
Adenoidectomy is the removal of the adenoids.
Both surgeries may be done together or separately

There are several things that are normal and expected

1. Fatigue and fever as high as 101 is very common, especially within the first 24 hours. If greater than this (or starts several days after surgery), please contact our office.
2. Sore throat. We know that a tonsillectomy hurts. Our Academy guidelines are to start using narcotic pain medication at age 13. Under 13, these medications have a high risk and do not work as well. We recommend alternating the max over the counter dose of Tylenol and Motrin.
3. Bad breath. This may last for 10-14 days. Continue to brush the teeth like normal and know that this will get better. We do not recommend using mouthwashes other than simple salt water gargles.
4. Ear pain. This is what is called "referred pain" due to the shared nerves in the back of the nose that also go to the ear. It is extremely unlikely there is also an ear infection at the same time. Use Tylenol and Motrin to help with this.
5. Your child's voice may sound different after surgery for 10-14 days. This is due to swelling of the muscles in the throat allowing more air to escape through the nose. This will resolve as the swelling goes down and the muscles begin to work naturally.

What are the tonsils and adenoids, and why are they important?

The tonsils and adenoids are made of lymph node-like tissue that grow in the throat and the back of the nose. They are removed surgically, commonly through the mouth, and leave no visible scar. If enlarged or chronically infected, they can cause:

-Ear problems— by affecting the function of the Eustachian tube, either by obstruction or as a source of recurrent infection.

-Recurrent sinus and throat infections—by being a source of bacteria. Approximately half of children with recurrent sinus infections can be cured with adenoidectomy alone.

-Breathing issues and snoring—by filling up the space in the very back of the nose, making it difficult to breathe. The blockage of the nasal passage can result in snoring and chronic mouth breathing. There is strong evidence that links chronic mouthbreathing to orthodontic problems in the developing child, as well as changes in facial appearance.

How to Help Care for Your Child.

Diet:

It is important to drink plenty of fluids. Try to have them drink every hour you are awake. Some kids are ready for normal foods immediately, but many don't feel like eating after several days. This is okay as long as they drink lots of fluids.

If your child has not urinated in 8 hours, we may need to send you to urgent care to get IV fluids. This does not happen often, but it does help a lot.

As the appetite improves, solid foods and chewing should be strongly encouraged. There are no limits on the sort of foods you can eat. You cannot damage the throat by giving any particular type of food.

Activity:

As much as you can, have your child rest at home for the first 48 hours. Activity may increase as strength returns. Generally, kids return to school or daycare about a week after tonsillectomy, 3 days after adenoidectomy. Have them avoid vigorous activity for 14 days after surgery (as much as you can limit them!)

Pain:

Throat and ear pain can be severe after a tonsillectomy. Give regular doses of pain medicine, either alternating every 3 hours or together every 6 hours. Keep a log. Some parents will want to wake up their children for doses overnight, and some do not. This depends on how your child takes medication and if they are able to go back to sleep easily. Chewing gum may be helpful in lessening muscle spasm and should be encouraged for those old enough.

Turning on a humidifier at bedtime may lessen throat dryness caused by mouth breathing.

Avoid over-the-counter mouthwashes (Cepacol, Scope, Listerine, etc.) - they tend to dry the throat and cause discomfort.

Things to watch out for:

Headache and stiff neck:

If the patient gets a virus after the procedure, this can cause stiffening of the muscles under the adenoid pad. This is why we recommend keeping your child home from school or daycare for 5 days after the procedure. When it comes with a fever (see #1), this can look like the symptoms of meningitis. Meningitis is not a complication of the surgery, but the normal postop course can look similar.

Bleeding:

There should be no significant bleeding from the nose or mouth. Between 5 and 10 days after surgery, the white or grayish membrane (soft scab) breaks off in the back of the throat. A small amount of bloody mucus may be spit up.

If this continues, sit upright. Swishing the mouth out with cold ice water may help stop the bleeding (rinse and spit over and over). If this continues after a few minutes, please call the doctor.

If there is a lot of bleeding (which is very uncommon) and you are unable to reach the doctor quickly (which is also uncommon), please consider going to the emergency room.

Please call us at 817-540-3121 with an emergencies or text us on Klara with any questions to be answered during regular hours.

