

Surviving Your Child's Tonsillectomy

RM Rosenfeld

After Surgery

When you greet your child in the recovery room, their mood will be unpredictable. Some children sleep peacefully (lucky you!), but others are very unhappy. Crying or agitation relate more to a sense of disorientation, than to active pain or discomfort. Fortunately, most children do not recall the hour or so they spend in the recovery room. Your child will be observed for 4 to 6 hours before going home, during which time vital signs are carefully monitored and intravenous fluids are given. Selected children with sleep apnea, young age, or other medical problems may require an overnight hospital stay.

Diet & Activity

Encourage your child to drink at least 4 to 6 eight ounce glasses of liquid daily (Gatorade, fruit punch, and non-citrus juices) to prevent dehydration. Within 1-2 days, add cold and soothing foods (ices, ice-cream, frozen yogurt, Jell-O). As your child feels better, add soft, bland items that are easy to chew and swallow (pasta, puddings, mashed potatoes, tuna or chicken salad, macaroni and cheese). Avoid foods that are hard, sharp, hot, or spicy; a good rule is to imagine what you would want to eat if you had a whopping sore throat. Lollipops and hard candies may be sucked, but should not be chewed. When sucking a lollipop or using a straw, be sure your child sits down to avoid throat injury from a fall. There are no strict rules for activity after surgery, other than to avoid contact sports or heavy exertion for about 2 weeks. School can be resumed after 1 week. Your child should get out of bed frequently, and to return to normal activity as soon as possible.

Dealing with Pain

There's no doubt about it: tonsillectomy does not top the list of ways children like to have fun. You can, however, minimize your child's discomfort by 1) encouraging adequate food and liquid intake, 2) making sure they take all of the prescribed antibiotic, 3) letting them chew their favorite gum (it exercises the jaw muscles and lubricates the throat with saliva), 4) distracting them with games and activities (new toys are particularly effective!), and by 5) reassuring them that within 7 days they should be getting back to normal. Acetaminophen (Tylenol) can be used liberally, and ibuprofen products (Motrin, Advil) can also be used as necessary. If necessary, you can alternate the acetaminophen and ibuprofen every 3 hours for extra pain relief. Narcotic and other pain relievers are generally unnecessary.

Some Things Not to Worry About

A hoarse or abnormal voice may occur for several days from the anesthesia tube and from a temporary stiffness of the palate. *Vomiting* may occur for up to 24 hours after anesthesia. *Snoring* may persist for 1-2 weeks because of temporary swelling of the tissues around the tonsils. *Ear pain* may occur in a few days (the ears and tonsil share common nerves), but the pain is temporary and requires no treatment. *Fever* up to 101 degrees is common for several days after surgery and *bad breath* is common for 1-2 weeks. A *scab or crust* will form in the throat, and will absorb gradually within about 2 weeks.

When to Call Us

Call our office if 1) there is persistent or excessive bleeding (go right to the nearest emergency room if severe), 2) your child has inadequate food or beverage intake, 3) fever is 102 degrees or higher *despite* acetaminophen (Tylenol), 4) your child develops a severe stiff neck, 5) foul breath is persisting (without signs of improvement) after 2 weeks, or 6) your child seems to be getting worse—not better—as the days go by. Unless requested by your doctor, a *routine* post-operative office appointment is not necessary after tonsillectomy.

I have received a copy of this information sheet.

Parent or Guardian _____ Relation to child _____

Child's name _____ Date _____