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## **Post-Operative Instructions for Tonsillectomy/Adenoidectomy for Children**

**Tonsillectomy/Adenoidectomy requires about 10-14 days for children & 2-3 weeks for adults to recover. The secrets to a good recovery are: adequate hydration, good pain control and communication with the office for any problems or questions.**

### **What to Expect:**

1. **Sore Throat** – This usually waxes and wanes for a full 10 days. It is usually worse in the mornings because of dryness from not drinking in the night. A humidifier or facial steamer sometimes helps with this. Remember good pain control is imperative so take your pain medication as prescribed. See post-op pain management sheet. Ice packs may help with discomfort.
2. **Fever** – Is common and usually not due to infection but related to poor hydration. It is important to encourage fluids as this helps with fever. It is acceptable to use Tylenol or Motrin to reduce the fever. (Be aware that Motrin must be alternated with the Hycet to not give too much Acetaminophen)
3. **Nasal Speech** – This can occur after surgery as the palate learns to close the space previously occupied by the tonsils and/or adenoids. It may persist for weeks to months.
4. **Ear Ache** – This occurs commonly. This occurs as referred pain or “sympathy” pain from the throat because the nerves to the tonsil also give sensation to the ear. Ear numbing drops are no longer made, nor were they very effective since the pain is not coming from the ear.
5. **Bad Breath** – This is expected and persists for about 2 weeks because of the scab where the tonsil was removed. It is okay to gently brush the teeth, but the smell will not resolve until the scabs have fallen off. If you look into the back of the throat, you will notice the scabs are a white, gray, yellow color and may even look like pus, but this is the normal appearance for a scab in the oral cavity.
6. **Constipation** – The combination of pain medication and reduced diet and activity can lead to post-operative constipation. We recommend an over the counter Miralax and/or Dulcolax suppository, or Milk of Magnesia. If this does not help, please call.
7. **Runny nose/ nasal discharge, post nasal drip, snoring, swelling of the uvula and reflux of fluid into the nose** are common during the first few weeks after surgery. Snoring and throat clearing are common as well from uvula swelling. Sucking ice chips helps

### **Diet:**

Start with a clear liquid diet (Water; Juices-apple and grape; Sports Drinks – 10-K, Gatorade, PowerAde; 7-UP or Sprite; Popsicles, or Jell-O) to prevent nausea and/or vomiting. Citrus and fruit juices and carbonated beverages may burn. Avoid warm liquids as well. All drinks and foods should be lukewarm or cool, not hot. Everyone advances differently, but I recommend advancing to puddings, ice cream, milkshakes, smoothies, and then to soft foods like grits, oatmeal, yogurt, ramen noodles, mac & cheese, mashed potatoes, scrambled eggs, applesauce, well cooked rice with butter, and pastas/noodles. **No scratchy foods for 2 full weeks.** (i.e. – chips, popcorn, pretzels, crackers, cookies.) Avoid meats, breads, anything crispy or that requires much chewing. Soups or broths should be only lukewarm and have no chunks of meat. Drinking from a sippy cup and straws is permitted. It is important that children do not walk with straws in their mouth to prevent accidental falling on it and resulted trauma to throat.

### **Activity:**

No heavy activity or exercising is recommended for 2 weeks following surgery due to an increase in heart rate and/or blood pressure may increase the chance of post-operative bleeding. Please do not drive if taking narcotics, and children should not be allowed to play with things they may fall off of because of feeling woozy from the narcotic (ex: bicycles, scooters, slides, swings, trampolines)

### **Bleeding:**

A little blood tinged sputum is normal after surgery. If you see a teaspoon or more of blood- gargle ice water or suck on ice chips and call the office number **immediately**, at any time of day or night. Bleeding needs to be evaluated, controlled, and vomiting prevented. Blood cannot be digested and will cause vomiting.

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## **Post-Operative Pain Management for Children**

For children, we like to use as little narcotic as possible. We recommend only using the liquid narcotic in eight - twelve hour intervals. Use the tetracaine lollipop for severe/break through pain. Transdermal narcotics can be used if the child is too sore to swallow the liquid narcotic and may be given along with children's Tylenol or Motrin and with the tetracaine lollipop. Do not give transdermal narcotics along with oral narcotic medication. Transdermal nausea medication can be given with any of the previously mentioned medications.

### Home medication management

- Hycet elixir when awake in AM the every 8 - 12 hours
- Children's Motrin 3 hours after Lortab elixir
- Children's Tylenol and hydrocodone gel 3 hours after the Motrin
- Children's Motrin 3 hours after Tylenol and Hydrocodone gel
- Repeat process with the Hycet elixir 3 hours after Motrin

### **DURING THE NIGHT**

It is a good idea to wake the child up to drink a few sips of cool fluid to help cool and soothe the throat. This is a good time to give a dose of Tylenol or Motrin and apply the transdermal narcotic. A cool mist humidifier is also helpful.

Typically pain medication that is taken by mouth has a faster onset of action with a stronger dosage of medication. If having trouble taking medications by mouth, we offer the following options:

### **TETRACINE LOLLIPOP**

This lollipop releases a topical anesthetic that numbs everything it comes in contact with. The advantage of this is that it can soothe the oral cavity allowing for relief that sometimes makes swallowing oral medications more manageable. Because of the numbing agent some patients find the numbing sensation unpleasant. It can also be dissolved in a small amount of liquid, swished around the oral cavity and swallowed. The lollipop CAN be used with either the liquid or gel pain relief medication because it is not a narcotic.

### **TRANSDERMAL NARCOTIC (PAIN GEL)**

This can be applied to thin parts of skin like the wrist, neck or back of knees and is absorbed directly into the blood stream through the skin. Some patients are unable to tolerate oral pain medications because of oral cavity pain or nausea. Advantages of the gel include pain relief without swallowing medication, an option for pain control if vomiting and for use to help ease pain if patient is sleeping. The disadvantage is that many patients feel it is not as strong as the liquid narcotic. It also contains no acetaminophen or ibuprofen so these medications can be given with it. **Do not give the oral narcotic pain medication and the narcotic gel together as it can cause an overdose. Read all compounded medication directions well.**

All medications should be used as directed Please read the instructions about how much and how often medications can be administered.

For any questions please refer to the instructions given by the doctor or office nurse.