

Paediatric Tonsil and Adenoid Surgery

What to expect in the operating recovery area:

When your child is awake enough in recovery you will be asked to come up to be with them. It is very common for your child to be agitated and disoriented in recovery. This is due to a combination of factors such as the anaesthetic wearing off, being in a strange place with strange people and sometimes pain. It usually lasts about 30 -45mins at the most and then they generally settle well. During your stay in the recovery room there will be nursing staff closely assessing and attending to your child. Once your child is sufficiently awake, you will be taken back to the general ward area. In most cases your child will be able to eat and drink within a few hours. An intravenous drip of saline water will remain in place until 2am. It is very common to be quite sleepy for a few hours after the operation. While you are on the ward the nursing staff will make sure that your child is assessed regularly. If you have any concerns at this stage you should alert the nursing staff so that they can help you.

What to expect during the hospital stay:

For most children their stay in hospital is comfortable, due to the pain-killing medications given by the anaesthetist during the operation. Most children will feel up to eating and drinking later that day and will either sleep or feel like watching TV or reading. In a small number of cases there may be some degree of discomfort or nausea. If your child has either of these you should alert your nurse as they can give medication to counteract it. The common times to feel nauseated or to vomit are immediately after the operation when they first eat or when driving home the next morning (it is probably the motion in the car) so make sure you are given a "sick" bag to take with you for the ride home. If you have one you probably won't need it !

Going Home:

Most children will spend one night in hospital and be discharged after breakfast. If they don't eat breakfast you will need to stay until lunchtime and if your child still doesn't eat lunch then you will need to stay an additional night.

Medications to take home:

1. **Pain:** The best medicine to start with is "Panadol" or a chemist version of paracetamol. It is bought over the counter at the chemist. In almost all cases paracetamol alone is sufficient. It is very common for your child to need pain relief quite regularly for up to a week. You may give the dose suggested for the child's weight from the side of the bottle every 4-6 hours (with a maximum of 4 doses in a 24hour period 0600 1200 1800 2200). Stronger pain relief will also be given to you if needed.
2. **Endone** – should be used if Panadol is not strong enough. Give at (0800 1400 2000 2400). The two medicines can be given together or separately. Beware these medicines can cause constipation.

3. **DO NOT** give PainStop this has been associated with breathing issues in tonsil children. We recommend not using Codeine.
4. **DO NOT** use Nurofen®(ibuprofen) or aspirin, as this increases the risk of post operative bleeding.

Dosing your child:

Use a small syringe to squirt the medicine into the back of the throat past the molar teeth rather than giving it to them to sip at their own discretion from a medicine cup. Employ whatever discipline, bribery or distraction techniques are required. They will learn quickly that although the medicine does not taste very nice it will help them feel better. Following it with a spoonful of something sweet will help. Children may complain of either throat or ear pain. If your child refuses oral medication we can sometimes use suppository or rectal medication to help with the recovery.

Eating and drinking at home:

A normal diet is encouraged as much as possible in the post operative period.

There are no absolute restrictions on food and drink intake after a tonsillectomy. It is not uncommon to be “off your food” for a few days and you may see a small amount of weight loss as a result. It is very important that your child maintains their fluid intake during their recovery.

Suggested Foods:

- Acidic foods such as citrus fruits and tomatoes often irritate the throat and may be best avoided. However if they are a favourite food and are not causing discomfort then they may be consumed.
- Soft foods such as jelly, ice cream and yoghurt are good options but I encourage these **in addition** to more solid foods.

Fluids

- It is very important for your child to maintain fluid intake of 80ml per kg body weight per day.
- The best fluid for maintenance hydration and thirst is tap water
- If they are just not eating and drinking enough they may need to be readmitted to hospital
- This happens in about 1% of cases and you should contact either your anaesthetist or surgeon if this is occurring.

Please note:

1. **THROAT PAIN** is normal for up to 21 days after the surgery. The pain is usually tolerable in the first 3 days and then worsens to a crescendo around day 6 to 9 after the operation. Once this peak is reached then the pain gradually decreases
2. **EAR PAIN** is normal after the surgery. The pain is usually a deep ache and is due to referred pain. The same nerve that supplies the throat supplies the ear
3. **BLEEDING** from either the nose or throat may occur in 3% of patients. This is usually if oral intake has been poor and infection is developing. If minor bleeding (less than a teaspoon) occurs try encouraging eating more frequently to clear the infected slough over the tonsil beds. If heavy bleeding occurs ie. more than half a cup full, please contact your doctor and present to your closest emergency department
4. **DO NOT** perform any heavy lifting (more than 5 kilograms) or vigorous physical activity for three weeks after surgery.