

as heavy lifting, exercising, and singing. Generally, children may return to school when they are eating and drinking normally, off all narcotic pain medication, and sleeping through the night. This, on average, takes 10 days, but may be longer or shorter in some cases. All products containing aspirin or ibuprofen should be avoided in order to decrease the risk of bleeding.

Risks:

All surgery has potential risks. The primary risk associated with adenotonsillectomy is the need for general anesthetic. There is the potential for bleeding during surgery and during the post-operative healing period. This bleeding risk is small, but if it would occur, the patient may need to return to the operating room for control of the bleeding. Adenoid tissue, in rare instances, may regrow and require re-excision.

Nausea and Vomiting:

Up to 50% of patients will experience nausea and/or vomiting from the general anesthetic. This usually occurs during the first 24-36 hours following surgery. Anti-nausea medications may be prescribed.

Fever:

A low grade fever is normal for several days after surgery and should be treated with acetaminophen or the acetaminophen/narcotic formulation, whichever your doctor has prescribed. The fever will usually resolve with good fluid intake. Please call the office if temperature is over 102 degrees.

Pain:

Most people experience a fair amount of throat pain after surgery, especially if the tonsils were removed. Many people also complain of ear pain. The throat and ears share a common nerve supply, and stimulation of this nerve in the throat may feel like an earache. Some people also complain of jaw and neck pain. This is often from positioning in the operating room. Many people have trouble eating, drinking, and sleeping because of pain. Severity of pain may fluctuate during recovery from mild to very severe, and pain may last up to 14 days.

Pain Control:

The patient should take acetaminophen or the acetaminophen/narcotic preparation, whichever your doctor has prescribed, to control pain. Pain may be increased by dehydration, so fluid intake is very important. An ice collar to the neck, chewing gum, and a humidifier may also help to relieve pain. Distracting the child's attention from pain by games or other activities may also be helpful.

Do not use aspirin or ibuprofen products for 2 weeks following surgery unless otherwise directed by your physician.

Breathing:

Snoring and mouth breathing are normal after surgery because of swelling. Normal breathing should resume 10-14 days after surgery.

Scabs:

A membrane or scab will form where the tonsils were removed. Two separate scabs may be seen, or the entire back wall of the throat may be involved. The scabs are thick and whitish and cause bad breath. This is normal. The scabs usually dissolve on their own 5-10 days after surgery.

Bleeding:

Bleeding may signal that the scabs have fallen off too early. If there is any bleeding noted from the nose or mouth, contact the office (402-397-0670) or the physician on call (after hours 402-354-2754). Emergency Room evaluation may be recommended. Travel away from home is not recommended for two weeks following surgery.

Speech:

If the tonsils were very large, the sound of the voice may be different after surgery.

Follow-up:

Your physician will request that you return for post-operative evaluation about 2 weeks following surgery.

What if I have a problem?

If you or your child have difficulty during the post-operative period, please contact our office (402-397-0670) or after hours call (402-354-2754).

Key Points:

- Drink plenty of fluids after surgery to avoid dehydration, which is dangerous and can worsen the pain
- Consult with doctor about all medications you are taking or plan to take
- Use pain medication as instructed.
- Generally, no aspirin or aspirin-like medications.
- No travel for 2 weeks following surgery

Call us for:

- Bleeding
- Temperature over 102 degrees Fahrenheit
- Suspected dehydration
- Changes in mental status (abnormal behavior)

For questions about surgery scheduling, please call (402) 397-0670 Option 2.



TONSILLECTOMY AND ADENOIDECTOMY

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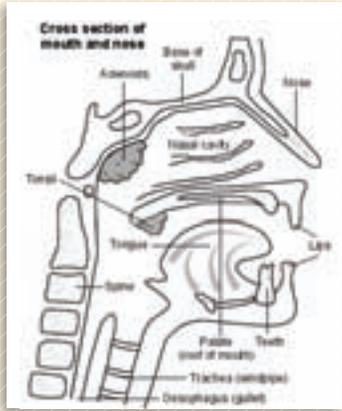
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What are tonsils and adenoids?



The tonsils are two pads of lymphatic tissue located on either side of the back of the throat. The adenoids are a pad of lymphatic tissue behind the nose in the throat. The adenoids cannot be seen by looking into the mouth.

Lymphatic tissue is found throughout the body and is important in the body's defense

against infection. There is a large amount of lymphatic tissue in the upper respiratory tract, and the body will tolerate the removal of a small amount of this tissue, such as the tonsils and adenoids, with no adverse effect.

Symptoms of tonsillitis:

Symptoms of an infection of your tonsils include the following:

- Redder than normal tonsils
- White or yellow coating on tonsils
- Voice change due to swelling
- Sore throat (sometimes ear pain)
- Uncomfortable or painful swallowing
- Swollen lymph nodes (glands) in the neck
- Fever
- Bad breath

Symptoms of infected adenoids:

There are several symptoms associated with enlarged adenoids:

- Difficulty breathing through the nose
- Nose sounds blocked when the person speaks
- Snoring and sleep apnea (a condition where you stop breathing for a short amount of time)
- Recurrent ear infections

Reasons for adenoidectomy/tonsillectomy:

Tonsils and adenoids need not be removed simply because they are enlarged. Your physician may wish to treat infected adenoids or tonsils with antibiotics as a first line of defense. Adenoids and tonsils only need to be removed if they are causing problems, such as the following:

1. Infection: Recurrent infections or strep throat despite antibiotic therapy (more than 3-4 infections per year) or chronic infections not responsive to antibiotics.

2. Upper airway obstruction: Enlarged tonsils and adenoids may block the airway and cause difficulty breathing (sleep apnea).
3. Speech impairment
4. Halitosis (bad breath)
5. Asymmetric enlargement of the tonsils in select cases

Preparing for surgery:

The following elements are important when preparing for surgery:

- Tell your surgeon if there is a family history of bleeding tendencies or if you or your child bruise easily.
- Tell your surgeon if the patient or patient's family has had any problems with anesthesia.
- If the patient is taking any medications, has sickle cell anemia, has a bleeding disorder, is pregnant, or has concerns about the transfusion of blood, the surgeon should be informed.
- A blood test may be required before surgery.
- A visit to the primary care doctor may be needed before surgery for a pre-operative physical.
- Follow all directions given by your doctor.

Be as honest with your child as possible in answering questions about the surgery. Simple, factual conversations are best.

Reassure the child that you will be with them. Your presence is the most important thing to helping your child cope.

Preoperative care:

If you or your child (the patient) is taking any medication, continue to take it up to the night before surgery (unless otherwise directed). Bring medications to the pre-op visit and on the day of surgery.

No aspirin products (including Pepto Bismol and Aspergum) or products containing Ginkgo Biloba and/or St. John's Wort should be given for two weeks prior to surgery. No ibuprofen products (Children's Motrin, Children's Advil, etc.) or anti-inflammatory medications (Naprosyn, Aleve, Celebrex, etc.) should be given for 5 days prior to surgery. Use of all of these medications is restricted for two weeks following surgery unless otherwise directed by your physician. Acetaminophen (Tylenol, Tempra, Panadol) may be given as well as over-the-counter cold medications and antibiotics. **Please consult with your doctor about all medications.**

Generally, after midnight prior to the operation, nothing may be taken by mouth (including chewing gum, mouthwashes, throat lozenges, toothpaste). Anything in the stomach may be vomited when anesthesia is induced, and this is dangerous.

Surgery:

The surgery is performed either as an outpatient or with overnight observation.

Surgery usually takes 30-60 minutes, and you or your child will be continuously monitored throughout the entire procedure.

The tonsils and adenoids are both removed through the mouth. There is no need to cut the skin. The patient will wake up in the recovery area, and if there are any problems with breathing or signs of bleeding, he/she may return to the operating room. Generally, total time spent in the hospital is 5-10 hours, but occasionally an overnight stay is required.

Post-operative care:

Most people take between 10-14 days to recover following adenotonsillectomy (adenoids and tonsils both removed). Often the worst days of recovery are days 4 and 5.

If an adenoidectomy (removal of adenoids only) is performed, recovery time is much shorter and children can often return to school in 3 days. Tonsillectomy (removal of tonsils only) requires a longer recovery period than adenoidectomy because of increased pain and risk of bleeding. After tonsillectomy, expect to be out of normal activities and school for 10 days!

Drinking:

The most important part of recovery is drinking plenty of fluids. Some children do not want to drink because of pain. Offer and encourage fluids frequently such as juice, soft drinks, popsicles, ice cream and jello. Straws may be used as long as the child is seated and not walking while drinking. Sippy cups may be used. Signs of dehydration include urination less than 2-3 times per day and crying without tears. Please contact the office or physician on call if you should suspect dehydration or if your child will not drink. Call us immediately if the patient has not urinated for 12 hours or more. Some people will require intravenous fluid hydration in the Emergency Room or hospital. Also, patients may have a small amount of liquid come out of the nose when they drink. This should stop within a few weeks after surgery.

Eating:

There are no food restrictions after surgery; however, bland foods are usually tolerated better than spicy and acidic foods. Also, swallowing sharp or crunchy foods (pretzels, peanuts, pizza crusts, etc) may cause pain and should be avoided. It is recommended that semi-solid foods be eaten initially. Many children are reluctant to eat for up to one week because of pain. The sooner eating and chewing are resumed, the quicker the recovery. Some patients lose weight, but this is usually gained back once a normal diet is resumed.

Activity:

Most children rest at home for several days after surgery. In order to decrease the risk of bleeding during the healing period, activity should be limited for 10 days. Children should be restricted to quieter activities. Playing in large groups, contact sports, and rough horseplay should be avoided. Older children and adults are asked to refrain from strenuous exertion, such