Tonsillectomy and Adenoidectomy

What is a tonsillectomy and adenoidectomy?

Tonsils are lymph node-like structures on each side of the throat that may interfere with breathing, swallowing, cause snoring, sore throats, or collect stone-like debris in the crypts. Removal takes less than 30 minutes and is performed under general anesthesia. While recovery may be difficult and prolonged (up to two weeks or more), results are usually gratifying in the end.

Adenoids are similar to tonsils but are located along the back wall of the throat, just above the palate. In a child, this is a small space and the adenoids are large until about the teen years. This leads to obstruction of the nose and Eustachian tubes causing ear and sinus infections. Adenoidectomy may decrease the severity or frequency of these problems and is performed through the mouth. Recovery is much shorter and less painful than tonsillectomy.

What are the possible risks?

1. **Bleeding**: Postoperative bleeding rates are about 5% for children and 10% for adults. The most common time for bleeding to occur is 7-10 days after surgery. A return trip to the operating room may be required for control.
2. **Tooth Injury**: Teeth may be dislodged or chipped by the metal instruments used. Great care will be taken.
3. **Dehydration**: It is very important to drink after surgery despite the pain with swallowing. Intravenous fluids and hospital admission may be required if hydration can’t be maintained, but is rare.
4. **Pain**: Pain tolerance is difficult to predict and varies greatly among individuals.
5. **Infections**: Risks are low, and studies have shown that antibiotics are not routinely necessary after surgery. Despite the appearance of the throat (a yellow, white coating) the throat almost never is infected after this surgery.
6. **Palatal Dysfunction**: There is always some initial change to voice that will clear as the pain resolves. You may notice a high-pitched, nasal voice or air escaping through the nose. Liquids will want to go up to the nose during swallowing. This is normal and temporary with minimal risk of permanent changes.
7. **Anesthesia Risks**: Risks from general anesthesia for healthy patients are small, but all risks should be discussed thoroughly with your anesthesiologist before surgery.
8. **Taste Alteration**: Some adults may perceive a temporary decreased sense of taste that on very rare occasions is permanent.
Tonsillectomy/ Adenoidectomy Home Care Instructions

What may I eat after surgery?

The most important point is staying hydrated. We encourage sipping liquids frequently as it is difficult to swallow much at one time. Sports drinks are preferable as they have nutrients and electrolytes but whatever liquid is tolerated, whether water, soft drinks, juices, soups, or popsicles is fine. Soft food is allowable but not required. Weight loss or missed bowel movements after surgery is not a concern and temporary.

What is the pain like after surgery?

Pain from adenoidectomy is usually minimal and last only a day or two. Tonsillectomy pain however is considerable and may include the throat, jaw, neck, tongue and ear. Ear pain is almost always present and is a referred pain from the throat rather than an ear infection. Pain lasts approximately one day per year of age in younger patients (5 days in 5 year olds), but may take as long as two weeks in teens and adults. There is a very wide range of tolerance to pain and it is impossible to predict just how long or severe one’s pain will be.

What can I do for pain control?

Your doctor may provide prescription pain medications. If you require refills, please contact our office during routine business hours. No refills can be given after hours or on weekends. Please take this into consideration when running low on medications. By law, some medications can’t be refilled over the phone.

If you are given Hydrocodone (Lortab, Hycet) or Oxycodone (Percocet or Tylox) please be aware these contain acetaminophen (Tylenol). Do not supplement with over the counter acetaminophen. On the other hand, studies have shown Ibuprofen, the generic name for Motrin or Advil, can be administered safely following tonsillectomy. We have found this medication provides significant additional pain relief and comfort for patients in adult doses of 600-800 mg every 8 hours and weight or age appropriate doses for children. We do not recommend the use of aspirin, Toradol, or other anti-inflammatory or pain relieving medications other than Ibuprofen.

FOR CHILDREN UNDER 7 YEARS OF AGE: SEE THE ADDITIONAL INFORMATION AT THE END OF THIS HANDOUT.

Should I look in the throat?

It is generally not a good idea to look in the back of the throat. The uvula (the midline, hanging ‘punching bag’) is usually very swollen and the tonsil beds are covered with a thick yellow, white coating known as a soft scab. This is not infection. To the untrained eye, the throat will look terrible and family members looking for bleeding are usually convinced something is wrong. If there is bleeding of any significance, it will be easy noticeable without shining a light in the throat.
What do I do if there is bleeding?

First and foremost, stay calm and don’t panic.

The incidence of bleeding is about 1 in 20 for children and 1 in 10 for adults. The most common time for bleeds is between 7 and 10 days and very rare after 14 days. As such, we recommend remaining within 30 minutes of ENT Carolina offices two weeks following the procedure.

If there is a small amount of blood mixed with saliva or a minimal amount in the mouth, rinse the mouth and gargle with ice water for 10 minutes and/or hold an ice cube in the mouth. If this fails or the bleeding is heavy, allow the blood to come forward out the mouth into a pan and call our main office number at the bottom of the page. A doctor is on call 24/7. If you can’t wait for a response, proceed to the Gaston Memorial or Cleveland Regional (or nearest hospital) emergency room. If for any reason you can’t reach one of our doctors go to the ER. Do not ignore a large bleed that stops and wait to see if it recurs.

Will the recovery ever end?

The tonsillectomy recovery can be a particularly long and difficult. Young patients, 3-5 years of age may do very well and be over the pain in just a few days. Others may have a more challenging recovery and refuse to drink. Some young children even seem to want to punish mom or dad for allowing this to happen. Usually the best approach is to be supportive and encouraging without allowing the child to see that they are having too much control over the parent by not drinking. Offer liquids and encourage medications, but you can’t force the child to take them. If the child will not take the liquids or medications then rehospitalization and IV fluid is occasionally necessary.

Older children tend to have a more prolonged course. Teenagers may have a particularly difficult time, but then again, teenagers, as a group have a difficult time with just about everything. It varies greatly of course, but a two-week recovery is to be expected. The “low point” for most teens and adults tends to be about day 7 or 8.

In the end, most patients are extremely pleased with their tonsillectomy and are glad that they had it done.

For Patients Under 7 Years of Age:

There has recently been governmental recommendation on the avoidance of narcotic pain medications in children under seven years of age. This would include the use of codeine and hydrocodone. Studies have indicated there is a small, yet difficult to identify, population of children who will be extremely sensitive to even “normal” doses of these medications. Deaths have been reported from respiratory suppression.

Studies have shown, that acetaminophen (Tylenol) alone on the day of surgery, and the addition of ibuprofen starting the first day after surgery is equally effective in managing break through pain. These medications should be used in the correct dosages on a regular schedule rather than as needed. Care must be taken to ensure correct dosing.

We have found this approach is safe for children, and may actually be better tolerated than narcotic use. There is less nausea and constipation, and overall improved recovery with this method. It is important to encourage adequate hydration, as this too is associated with quicker recovery and less pain.

A dosing chart is attached for both acetaminophen and ibuprofen.
**Children’s TYLENOL® Oral Suspension**

**Active Ingredient:**
Acetaminophen 160 mg (in each 5 mL or 1 tsp)

**Every 4 hours as needed.**
DO NOT GIVE MORE THAN 5 DOSES IN 24 HOURS.

**Ingredient activo:**
Acetaminofén 160 mg (en cada 5 mL o 1 cdt.)

**Cada 4 horas, según sea necesario.**
NO LE DE MÁS DE 5 DOSIS EN 24 HORAS.

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<table>
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<tr>
<th>WEIGHT (PESO)</th>
<th>24-35 lbs</th>
<th>36-47 lbs</th>
<th>48-59 lbs</th>
<th>60-71 lbs</th>
<th>72-95 lbs</th>
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<tbody>
<tr>
<td>AGE* (EDAD)*</td>
<td>2-3 yrs/ años</td>
<td>4-5 yrs/ años</td>
<td>6-8 yrs/ años</td>
<td>9-10 yrs/ años</td>
<td>11 yrs/ años</td>
</tr>
<tr>
<td>DOSE (DOSIS)</td>
<td>5 mL (1 tsp/cdta.)</td>
<td>7.5 mL (1½ tsp/cdta.)</td>
<td>10 mL (2 tsp/cdta.)</td>
<td>12.5 mL (2½ tsp/cdta.)</td>
<td>15 mL (3 tsp/cdta.)</td>
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*For children under 2 yrs., ask a doctor.

**IMPORTANT INSTRUCTIONS FOR PROPER USE**

- Read and follow the label on all TYLENOL® products
- For Children’s TYLENOL®, take every 4 hours as needed. Do NOT exceed more than 5 doses in 24 hours
- Do NOT use with any other product containing acetaminophen
- Keep all medicines out of the reach of children
- Do NOT administer adult medicines to children
- For accurate dosing, use only the enclosed measuring cup that comes with the product
- If you have any questions, contact your healthcare professional or call 1-877-895-3665

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**Para los niños menores de 2 años, consulte a un médico.**

**INSTRUCCIONES IMPORTANTES PARA EL USO ADECUADO DEL PRODUCTO**

- Siga las instrucciones de la etiqueta de todos los productos TYLENOL®.
- Children’s TYLENOL® debe tomarse cada 4 horas, según sea necesario. NO debe administrarse más de 5 dosis en 24 horas
- NO lo use con ningún otro producto que contenga acetaminofén.
- Mantenga todos los medicamentos fuera del alcance de los niños.
- NO administre medicamentos de adultos a niños.
- Para administrar una dosis exacta, use únicamente el vaso de medición que viene con el producto.
- Si tiene alguna duda, comuníquese con su proveedor de atención médica o llame al 1-877-895-3665.

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For more information, visit Tylenol.com

**We’re Here to Help!**

Answers to many other questions about your child’s health are available online through the TYLENOL® Health Information video series.

Go to [http://www.youtube.com/tylenol](http://www.youtube.com/tylenol) or access the series via your smartphone with the code at right. Seleccione videos en español.