



## **TONSILLECTOMY/ADENOIDECTOMY POST OPERATIVE INSTRUCTIONS**

**Dr Zenia Chow** MBBS (hons), FRACS

Otolaryngology, Head and Neck Surgeon  
Facial Plastic and Reconstructive Surgeon

- 1) **Fluid intake is very important in the first few days after tonsillectomy. Encourage your child to drink plenty of fluids!** Apple juice, water, ice chips, icy pole, jelly and other soft non-abrasive foods should be offered during the first 2 or 3 days. Avoid orange juice and grapefruit juice as well as dry toast, pizza, cookies, crackers and other foods with “rough edges”. You may offer milkshakes or milk if it is tolerated by your child, as well as smoothies or even ice cream. If your child refuses to drink because of pain, make sure they are taking their medication as recommended, and continue to encourage liquids. **We cannot stress enough the importance of pushing liquids after surgery!**
- 2) If your child has nausea or vomiting after surgery, it should go away within a day. Once the nausea and vomiting subsides, give only sips of clear liquid until appetite returns.
- 3) Diet may be advanced as tolerated, to include any non-spicy, non-acidic, no-irritation foods. Do not panic if your child stops eating solid food – this is due to swelling and pain. **Strongly encourage oral fluids and pain relief – if your child is refusing any oral intake/dehydrated, please go to the Austin Hospital Emergency Department.**
- 4) Avoid gargling and blowing the nose. These activities may result in fresh bleeding.
- 5) Take pain Medications as prescribed- regular Panadol and Nurofen +/- oxycodone until pain improves (usually by the second week)
- 6) Expect some blood-tinged nasal drainage, and/or blood tinged sputum for 2 or 3 days following the operation. If any significant bright red bleeding occurs from either the nose or mouth – try gargling/sucking on ice, and if the bleeding occurs for longer than 15 minutes, go the emergency room at The **Austin**. Bad breath is common during the healing process, and will subside between 7-10 days after surgery.
- 7) Ear pain is a frequent occurrence following surgery. This is most likely referred pain from the tonsil area, and rarely indicates ear infection.
- 8) The white or gray patches on the tonsillar areas are not usually a sign of infection. These are the healing membranes, which will slough in 7 to 10 days after the operation. When the white membrane separates from the tonsillar bed, these may be a bit of fresh bleeding. This usually resolves within a few minutes. If the blood flow continues beyond 15 minutes, call your physician, or go to the emergency room.
- 9) A humidifier in the bedroom will reduce pain by preventing dry air from contacting the tonsillar areas. This is particularly true during the winter months, when dry forced air or electric heat is in use.
- 10) Fever often occurs during the first 48 hours after tonsillectomy. Adequate liquid intake will usually take care of this.
- 11) Plan for your child to be absent from school or daycare for up to 2 weeks after a tonsillectomy, and at least 2-3 days after an adenoidectomy. Please have your child refrain from vigorous activity for the first two weeks after surgery. Travel is not recommended for the first two weeks after surgery.

## **PAIN MEDICATION MANAGEMENT AFTER TONSILLECTOMY/ADENOIDECTOMY SURGERY**

Your child may experience some pain and discomfort after their surgery. It is important to maintain effective pain control in order to help your child feel better more quickly.

In order to manage your child's post-operative pain, we recommend alternating between Panadol and Nurofen. The dosing may be different for each child, so it is very important that you follow the instructions on your medication bottle to determine how much your child should receive.

The best way to effectively manage your child's post-operative pain is to STAY AHEAD of the pain. You should alternate the Panadol and Nurofen every six hours but they should NOT be taken together. Alternate the medicines so that your child receives a dose every 3 hours. Another option for adequate pain management is a prescription for rectal suppositories. You should not have to wake your child up to give them a dose of medicine if you find they are resting soundly. Panadol can be taken on an empty stomach; Nurofen should be taken with food. If the pain is not controlled with Panadol and Nurofen, you can give your child a dose of oxycodone.

The pain will get worse in the first week and improve in the second week. If you are running low on pain killers, please go to your GP or contact Dr Chow's office during business hours. Strong pain killers eg oxycodone, targin and tramadol require original/handwritten scripts. The pharmacy will NOT accept emailed or faxed copies as it is illegal. Please do not wait until you are down to the last 1-2 doses/tablets to obtain a script as there may be a delay in providing a prescription as Dr Chow is not in her office everyday.

If you have any concerns please contact the office and we will endeavour to help you as soon as possible.