

Tonsillectomy

“So...my child needs to have a tonsillectomy. What now?”

Tonsils are specialized lymph tissue and are located in the back of the mouth. By acting as a filter, the tonsils remove bacteria from the air we breathe and help the body defend itself against infection and disease.

On occasion, the tonsils can begin to malfunction. When this occurs, the tonsils can be a source of chronic throat discomfort. The tonsils can swell and interfere with breathing, and can even affect speech. When these conditions are present, it may be advisable to remove the tonsils in an operation known as a *tonsillectomy*.

“What will my child experience immediately following the surgery?”

Along with the routine postoperative care already covered in your booklet, tonsillectomy patients may experience the following:

- **Discomfort:** The first 24 hours are usually the most painful. The surgeon may prescribe a combination of IV medication and oral medication to help with the pain. It is important to ask your child to rate his/her pain frequently so that pain medication can be given as needed for the first couple of days. When patients have good pain control, they are more likely to drink and eat and thus heal faster.
- **Nausea:** Occasionally patients will be nauseated following a tonsillectomy. Should this occur, the physician can prescribe a medication to help alleviate the symptoms.
- **Bleeding/Drainage:** Occasionally there is a small amount of blood noted around the nostrils when returning from the recovery room. Should bleeding occur after discharge, you will be given the phone numbers to contact your surgeon prior to discharge.
- **Fussiness:** Some children, especially infants, return to their room fussy and difficult to console. This fussiness is usually due to the “funny feeling” coming out of anesthesia rather than pain from the procedure.

“Is there any special care once the surgery is complete?”

Blood-tinged drainage may be gently wiped away with a tissue. The procedure of removing the tonsils usually lasts approximately one hour for both the surgery and the time spent in the recovery room. After returning to you in the patient room, the child is typically discharged within 4-6 hours, however the surgeon may decide that he/she should stay the night. The nurse will want to ensure that your child can drink fluids without any difficulty or nausea and that pain is under control. Parents are welcomed and encouraged to be a part of their child's care during this time.

You will need to encourage your child to drink fluids 1-2 the weeks after surgery. **Your surgeon will not want your child to have red colored food or drinks for 2 weeks after surgery.** Your child may have soft foods and solid foods as he/she resumes interest in them. You will receive a copy of written discharge instructions that will go over home care to reference once you are home. A follow-up appointment will be made prior to discharge as well. The patient may need to be out of school/day care/work for 1-2 weeks depending on how recovery is going.

“Anything else I should watch for?”

- In a small number of cases, post-operative bleeding may occur during the healing process. Should this occur, you will be given the number to contact your surgeon immediately.
- Fever of 101.5° F or greater.
- Pain that gets worse despite using pain medication.
- If the patient is not able to keep fluids down and is becoming dehydrated.