



TONSILLECTOMY

WHAT ARE THE TONSILS?

The tonsils are two pads of tissue located on either side of the back of the throat. Tonsils can become enlarged in response to recurrent tonsil infections or strep throat. They can also become a reservoir for bacteria.



REASONS FOR TONSILLECTOMY:

INFECTION: Recurrent tonsil infections or strep throat despite antibiotic therapy.

UPPER AIRWAY OBSTRUCTION: Enlarged tonsils can block the airway and cause difficulty breathing.

PREOPERATIVE CARE: No aspirin medications (including Pepto Bismol) or products containing Ginkgo Biloba or St. John's Wort should be given for 2 weeks before surgery. No ibuprofen medications (Advil, Motrin) or anti-inflammatory medications (Aleve, Naprosyn) should be given for 1 week before surgery. None of these medications or products should be given for 2 weeks after surgery, except ibuprofen (Advil, Motrin) may be given starting 24 hours after surgery. Acetaminophen (Tylenol) may be given as well as over-the-counter cold medications and antibiotics. Please notify the office nurse if there is a family history of bleeding tendencies or if your child tends to bruise easily.

THE SURGERY: Tonsillectomy is performed under general anesthesia either as an outpatient or with overnight observation. Tonsillectomy is frequently performed with an adenoidectomy. The surgery takes 30 – 45 minutes and children remain at the hospital 2 – 4 hours afterwards or overnight for observation.

LOS ANGELES CENTER FOR EAR, NOSE, THROAT AND ALLERGY

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POSTOPERATIVE CARE:

It takes most children 7 – 10 days to recover from a tonsillectomy. Some children feel better in just a few days and some children take as many as 14 days

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. This looks like two separate scabs or sometimes the whole back of the throat is scabbed. The scabs are thick and white and cause bad breath. This is normal. The scabs usually fall off a little at a time 5 – 10 days after surgery and are usually swallowed.

BLEEDING: If there is any bleeding at all from the mouth or nose go immediately to White Memorial Medical Center (WMMC) or Glendale Adventist Medical Center (GAMC). Do not go Urgent Care as there are no ENT doctors there. Bleeding usually means the scabs have fallen off too early and this needs immediate attention. Most children need to be taken to the Operating Room to control the bleeding.

SPEECH: If tonsils are very large, the sound of the voice may be different after surgery.

NAUSEA AND VOMITING: Some children have nausea and vomiting from the general anesthetic. This should stop within a few hours. Please call the office nurse if nausea and vomiting continues for more than 12 – 24 hours.

FEVER: A low grade fever is normal for a few days after surgery and acetaminophen (Tylenol) should be given every 5 hours. Please call the office nurse if the temperature is over 102°F.

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POSTOPERATIVE CARE CONTINUED:

PAIN: Most children have moderate to severe throat pain after surgery. Many children also complain of earache. The same nerve that goes to the throat goes to the ears, and stimulation of this nerve may feel like an earache. Some children also complain of jaw pain and neck pain. This is from positioning in the operating room. Many children have trouble eating, drinking and sleeping because of pain. Severity of pain may fluctuate during recovery from mild to very severe. Pain may last up to 14 days. If at any time, your child shows symptoms of severe lethargy or other concerning behaviors, please call the office nurse immediately.

PAIN CONTROL: Give acetaminophen (Tylenol) every 5 hours. For children who will not take liquid pain medication, acetaminophen (Tylenol) also comes in an orally disintegrating tablet or a rectal suppository. Starting 24 hours after surgery, if *significant* pain continues after giving acetaminophen (Tylenol), may add ibuprofen (Advil, Motrin). Give ibuprofen (Advil, Motrin) as needed up to 3 times per day, *but* no more often than every 6 hours. If ibuprofen (Advil, Motrin) is added, acetaminophen (Tylenol) every 5 hours *must* be continued. A short course of steroids will be given to help with pain control and with swelling. For children 6 years of age and older, prescription pain medication may be given as well. If so, give as directed. An ice collar to the neck, warmth to the ear and jaw, chewing gum and a humidifier in your child's room may also help relieve pain.

DRINKING: The most important part of recovery is to drink plenty of fluids. Some children do not want to drink because of pain. Offer and encourage fluids frequently such as juice, soft drinks, popsicles and Jell-O. Milk products such as pudding, yogurt and ice cream may be offered. Some children may have a small amount of liquid come out of the nose when drinking. This should stop a few weeks after surgery. Please call the office nurse if there are concerns that your child is not drinking enough or if there are signs of dehydration (urination less

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EATING: There are no food restrictions after surgery. The sooner eating and chewing are resumed, the quicker the recovery. Many children are reluctant to eat because of pain. As long as your child is drinking well, don't worry about eating. Many children are not interested in eating for at least a week after surgery. Some children lose weight, which is gained back when a normal diet is resumed.

ACTIVITIES: Most children rest at home for several days after surgery. Activities may be resumed when your child feels up to it. Generally, children may return to school when they are eating and drinking normally, off of all pain medication and sleeping through the night. This is 7 – 10 days for most children and can be less or more for some. Even though children may be feeling well, they are at risk for bleeding for up to 14 days after surgery. Keep this in mind as activities are resumed. Please do

FOLLOW UP:

The doctors recommend a postoperative appointment 1 week after surgery (or as instructed). Please call the office soon after surgery to schedule the appointment if not done so by the PACU staff.

Your doctors was:

GEOFFREY B TRENKLE, DO

AHMED MAKI, DO

LOS ANGELES CENTER FOR EAR, NOSE, THROAT AND ALLERGY

TO SCHEDULE AN APPOINTMENT PLEASE CALL:

(323) 268-6731 FOR LOS ANGELES

(818) 553-8013 FOR GLENDALE

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- If your child is less than 6 years of age follow the below instructions:
- **STARTING 24 HOURS AFTER SURGERY:**
 - IF *SIGNIFICANT* PAIN CONTINUES AFTER GIVING ACETAMINOPHEN (Tylenol), MAY ADD IBUPROFEN (Advil, Motrin)
 - GIVE IBUPROFEN (Advil, Motrin) AS NEEDED UP TO 3 TIMES PER DAY, *BUT* NO MORE OFTEN THAN EVERY 6 HOURS
 - IF IBUPROFEN (Advil, Motrin) IS ADDED, ACETAMINOPHEN (Tylenol) EVERY 6 HOURS *MUST* BE CONTINUED

WEIGHT BASED DOSAGES FOR TYLENOL AND IBUPROFEN:	Acetaminophen (Tylenol): (160mg/5mL)	Ibuprofen (Advil/Motrin) (100mg/5mL)
12-17 lbs (5-8kg)	½ tsp (2.5mL)	½ tsp (2.5mL)
17-20 lbs (8-9kg)	¾ tsp (3.7mL)	¾ tsp (3.7mL)
20-24 lbs (9-11kg)	¾ tsp (3.7mL)	1 tsp (5mL)
24-35 lbs (11-16kg)	1 tsp (5mL)	1 ½ tsp (7.5mL)
35-50 lbs (16-23kg)	1 ½ tsp (7.5mL)	2 tsp (10mL)
50-65 lbs (23-29kg)	2 tsp (10mL)	2 ½ tsp (12.5mL)
65-80 lbs (29-37kg)	3 tsp (15mL)	3 ½ tsp (17.5mL)
80-95 lbs (37-43kg)	3 ½ tsp (17.5mL)	4 tsp (20mL)
More than 95 lbs (more than 43kg)	4 tsp (20mL)	4 tsp (20mL)

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If you or your child is greater than 6 years old, use the following:

IF YOUR CHILD WEIGHS:	THEN GIVE: Acetaminophen (Tylenol, Capital) with Codeine: (120mg acetaminophen and 12mg codeine/5mL)
20-24 lbs (9-11kg)	¾ tsp (3.7mL)
24-31 lbs (11-14kg)	1 tsp (5mL)
31-37 lbs (14-17kg)	1 ¼ tsp (6.2mL)
37-44 lbs (17-20kg)	1 ½ tsp (7.5mL)
44-50 lbs (20-23kg)	1 ¾ tsp (8.7mL)
50-57 lbs (23-26kg)	2 tsp (10mL)
57-64 lbs (26-29kg)	2 ¼ tsp (11.2mL)
64-70 lbs (29-32kg)	2 ½ tsp (12.5mL)
70-77 lbs (32-35kg)	2 ¾ tsp (13.7mL)
More than 77 lbs (more than 35kg)	3 tsp (15mL)

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