Tonsil and Adenoid Surgery

What are tonsils and adenoids?

Tonsils are tissue in the back of the throat and adenoids are higher up, in the back of the nose. While tonsils and adenoids are part of the immune system, removing tonsils (tonsillectomy) and adenoids (adenoidectomy) does not affect the body's ability to fight infections.

Why are tonsils and adenoids removed?

- For snoring, nasal obstruction or sleep apnea.
- For frequent tonsil infections.
- Adenoids are sometimes removed to reduce ear infections.

What are the risks of having tonsils and adenoids removed?

- Bleeding right after surgery, or delayed bleeding up to 14 days after surgery. Severe bleeding is rare, but can require surgery or a blood transfusion.
- A permanent voice change is possible, but rare. There is a surgery to correct this.
- Some children may continue to snore or have sleep issues after having their tonsils removed.

How long does it take to recover from surgery?

Each child is different. Recovery time for an adenoidectomy usually takes 2 to 5 days. Recovery time for a tonsillectomy usually takes 7 to 14 days.
How do I care for my child at home?

Pain and Comfort

• The pain may be severe and can be worse at night. It is normal for pain to change from day to day.
• Take pain medicines as directed by your doctor.
• Ear pain is very common and normal. It is not a sign of an ear infection. We do not recommend antibiotics for ear pain.
• An ice pack placed over the neck is soothing to some children.
• Effective pain control will make your child more comfortable, increase activity and strength, and promote healing.

Adenoidectomy

• Your child may have pain for 2 to 5 days after surgery.

Tonsillectomy

• Your child may have pain 7 to 14 days after surgery.
• Pain may increase on days 5 to 7 after surgery. This is when the scabs in the throat begin to fall off.

Eating and Drinking

• Your child may have nausea or vomiting after surgery which should go away by the next day. Give only sips of clear liquids until the vomiting stops.
• Liquids are very important! Drinking can reduce pain and help your child heal. Encourage your child to drink plenty of fluids including popsicles, Gatorade, juice, milkshakes, Jell-O, smoothies or ice cream. Milk is fine if it is normally tolerated by your child.
• It is safe to drink with a straw.
• If your child refuses to drink because of throat pain, make sure they have taken their pain medicine. Then, encourage sips of fluids every 5 minutes for 1 to 2 hours, if needed.
• Your child may eat regular food the evening of their surgery. Start with soft foods like soups, pasta, applesauce, yogurt, and pudding.

Activity

• Encourage quiet play for the first few days after surgery.

Adenoidectomy

• Plan for your child to be out of school or daycare for 2 to 3 days.

Tonsillectomy

• Plan for your child to be out of school or daycare for at least 1 week.
• No gym class, sports, or vigorous activities for 2 weeks.
• No travel for 2 weeks after surgery.

Bad breath

Bad breath is a normal part of the healing process, and will go away in 7 to 10 days after surgery. After a tonsillectomy, the throat will have gray or white patches. These patches are not a sign of infection.
How do I care for my child at home?

**Congestion and drainage**
After an adenoidectomy, it is common to have increased nasal congestion and drainage. This will usually go away in 7 to 10 days.

**Fever**
A fever up to 102 degrees for several days after surgery is common. We do not recommend antibiotics for fevers.

**Voice changes**
Your child’s voice may sound different for several weeks after surgery.

When should I call the doctor?

**Call the doctor if your child has:**
- Not urinated in 12 hours
- Refused to drink liquids for 12 hours
- A fever of 102 degrees or higher for more than 6 hours that does not go down with acetaminophen or ibuprofen.
- Severe pain that is not relieved with pain medicine

**Take your child to the Emergency Department if:**
They have bleeding from the mouth or nose, or for vomiting of blood. If there is a lot of blood, call 911. Bleeding can occur up to 2 weeks after surgery.

Who do I call if I have questions?

For questions, call the Otolaryngology department at 206-987-2105 from 8 a.m. to 5 p.m. Monday through Friday. For questions after hours, weekends or holidays, call 206-987-2000, and ask the operator to page the on-call Otolaryngology doctor.

Free Interpreter Services
- In the hospital, ask your child’s nurse.
- From outside the hospital, call the toll-free Family Interpreting Line 1-866-583-1527. Tell the interpreter the name or extension you need.
- For Deaf and hard of hearing callers: 206-987-2280 (TTY)
Acute Pain

Pain relief for a surgery or medical procedure

Acute pain is short-lasting and usually gets better over time. The following information describes how to improve the pain your child may feel after a surgery, injury, procedure, or side effects of treatment. There can be short- and long-term consequences when pain is not treated at all, or not treated enough. Effective pain control will help your child get better faster.

How will my child show pain?

Every child reacts to pain differently. Children may be quiet and less active, or restless and easily upset. They may lose their appetite or change sleep patterns.

We regularly measure the intensity of pain by using a pain scale that matches the developmental level of your child. For more information see Assessing Children’s Pain handout.

It is best for children to report their own pain. We ask them to describe where it hurts, how much it hurts, what makes it better or worse, and what it feels like to them.

What can be done to relieve pain?

Our goal is to prevent pain when possible. Ask if pain is to be expected and what will be done to prevent it. When pain is not prevented, it should be responded to early before it becomes more severe. Relieving pain early will make your child more comfortable, increase activity and strength, and promote healing. In addition, treating pain early leads to less use of pain medicines overall.

We will use medicine and other strategies to treat pain. Because pain is complex and each person’s response is different, it may be best to use more than one method at the same time.

Medicines

When used appropriately, pain medicines are safe and effective. The amount of pain medicine depends on your child’s weight, type of pain and health. Medicine for mild pain is most often given by mouth. Acetaminophen (Tylenol) or ibuprofen (Advil or Motrin) are often used for this type of pain. They work very well to control pain, even pain after surgery.

For moderate or severe pain, we may prescribe a stronger type of pain medicine such as morphine or oxycodone. We may give medicines through an IV (see PCA: Patient Controlled Analgesia handout) or directly near the nerves that carry the pain messages (see Regional Analgesia, Peripheral Nerve Continuous Infusion or Epidural Catheters handouts).
A combination of medicines is often used to prevent and treat pain. It is important to work with your care team to discuss pain medicines that will work best for your child. Care must be taken, as even common over-the-counter medicines, such as acetaminophen or ibuprofen, can interact with certain prescriptions or medical conditions.

**Examples of methods for preventing and treating pain:**

- For pain that is ongoing, it is best to give pain medicine regularly. After surgery, pain medicine often is ordered every few hours. This schedule may continue for 3 or 4 days after your child goes home, depending on the procedure and your child’s needs.
- For IV starts, blood tests, injections, and port access, numbing cream (LMX-4) can be put on the skin ahead of time to help reduce needle pain. Another topical anesthetic is J-tip, which is a system for quickly delivering numbing medicine through the skin without the use of needles.
- Sedation may be recommended for some procedures. Talk with your child’s care team.

**Will my child become addicted to pain medicine?**

When given appropriately, children do not become addicted to pain medicine. When children need long-term pain control their bodies may get used to the medicine (become tolerant) and need a higher dose of pain medicine to get the same pain relief. Because the body becomes used to having these medicines, when the pain improves, the dose is slowly reduced to prevent discomfort from withdrawal.

**Other strategies**

In addition to medicine, there are other ways to relieve pain.

- **Coping style:** Learn your child’s coping style and develop a plan to respond to their fears. Some children prefer to watch and be a part of the process in order to have some control over painful situations. Other children do better with being distracted away from the situation. For these children, breathing or imagery may be useful. Make sure you focus on your child’s style of coping and not just your own, recognizing that these may be different.
- **Swaddling:** Infants may be comforted by being wrapped snugly in a blanket to help them feel calm and secure.
- **Sugar water (sucrose):** Young infants may be given sugar water before a painful procedure to reduce pain.
- **Positioning:** Toddlers may be held during painful procedures to help with comfort. Ask about supportive positioning such as “chest to chest” for the specific procedure being done.
- **Therapeutic play and art therapies:** These therapies rely less on language and can provide distraction as well as promote coping.
To Learn More

- Monday through Friday, 8 a.m. to 5 p.m., please contact your surgeon’s office.
- After 5 p.m. and on Saturday and Sunday, please call 206-987-2000 and ask for your surgeon’s on-call provider.

How can I help my child with pain?

Support your child: be a coach, provide comfort and help discover what works best to give your child relief.

- Know that the job of pain control belongs to everyone caring for your child. Talk your healthcare team about how your child shows pain and what seems to help.
- Believe that your child is hurting and respond right away.
- Emphasize the positive ways your child can become more relaxed. Support your child’s efforts to cope with distressing procedures and pain; tell what others are doing to relieve their pain.
- Keep in mind that your child may sense your anxiety.
- Know that you may choose to leave the room during a painful procedure. If you choose to stay, you may ask for ways to participate in supporting your child.

What are some additional resources?

If your child has unrelieved pain or pain continues longer than expected, contact your child’s doctor. In addition, talk to your child’s care team for information about other resources. These may include:

- Pain Medicine Team 206-987-2704
- Child Life Specialists 206-987-2037
- Family Resource Center 206-987-2201

Questions?

All team members are committed to partner with you and your child to improve pain. Let your care team know if you have questions or feedback at any time.