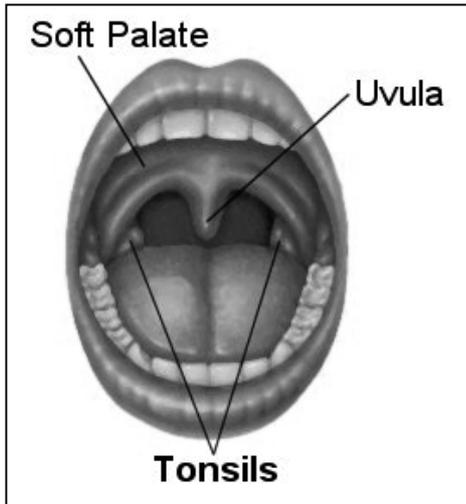


Tonsillectomy- Child



WHAT ARE THE TONSILS?

They are oval shaped pads on either side of the back of your throat that are part of the body's immune system. Removing them seems to have no significant impact on the body's ability to fight infection.

WHY IS TONSILLECTOMY PERFORMED?

Most commonly, they are removed in children for frequent bacterial infections. Infections are

slightly less common in adults but still occur. Removing the tonsils will not prevent viral infections that cause many sore throats but will prevent bacterial (severe) infections. Very large tonsils may interfere with breathing at night and cause snoring or more serious problems with inadequate oxygen getting to the brain at night (sleep apnea). Rarely, tonsils are removed to rule out cancer.

WHAT ARE THE RISKS OF SURGERY?

Potentially serious events:

- Reaction to anesthesia: serious events occur rarely (1:60,000 approx.). Patients with sleep apnea have a slightly higher risk.
- Bleeding: about 1 in 10 adults (slightly less children) have some bleeding after tonsillectomy, usually about 1 week after surgery. Most require a trip to the emergency room for observation. About 1/100 cases will require a second anesthetic to stop the bleeding. Rarely (0.1%) a blood transfusion is required.

Less serious events:

- Pain: normally lasts 10-14 days and is similar to a bacterial infection. Most people cannot work for 7-10 days.
- Nerve changes: numbness on the tongue or change in taste is usually temporary.
- Loss of teeth especially if they are loose or unstable. It is very rare for permanent teeth to be lost.
- Cautery burns to the lips (rare) usually heal well.

PREPARING FOR TONSILLECTOMY.

- Don't let your child eat or drink anything after midnight before the surgery (you may have a light breakfast before 6am if your surgery is in the afternoon)
- Plan for your child to be home for a few days after surgery
- Avoid ibuprofen, naproxen and other NSAIDs (painkillers other than paracetamol) for 2 weeks before surgery (they may increase bleeding risk)

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AFTER TONSILLECTOMY.

Your child has had their tonsils removed. If you look in your child's mouth over the next ten to fourteen days you will notice in the back of the throat where the tonsils were, that the area looks very whitish or grey in color, and looks quite ragged and rough. This is the normal appearance following a tonsillectomy and you do not have to be worried.



PAIN KILLERS

- Your child should take paracetamol (Panadol®, panadeine) and nurofen/ibuprofen, regularly for pain and *inflammation* (soreness) for 10 days. If the pain killers contain paracetamol (eg pain stop) take them in place of paracetamol. Your child's pain will normally get worse up to the 5th day and then get better after the 7-10th days- this is normal. Oxycodone is a short acting morphine style syrup pain killer that is taken up to every 4 hours in addition to paracetamol. It can be mixed in with a drink if your child does not like medicine. The normal dose is 0.1mg x weight (eg 10kg child takes 1mL). Side effects include drowsiness, constipation and nausea (rarely vomiting). If your child seems very nauseated or vomits, you should stop the oxycodone for a while. The nausea is dose related so you could take a half dose (eg 1/2mL for a 10kg child) when next required for pain. If the nausea is mild, it tends to improve with repeated doses. Drink plenty of water and eat plenty of fiber for constipation eg fruit. If your child has not opened their bowels for more than 2 days, take a laxative eg paracoc from the chemist.

HOME CARE INSTRUCTIONS

- Your child may feel worn out and tired for a while. Make sure they get enough rest.
- Because of the sore throat and swelling, your child may not feel hungry. Soft and cold foods such as ice cream, popsicles, and cold drinks are usually the easiest to eat. They may start to eat solid foods when their throat feels more comfortable.
- Have your child avoid mouth washes and gargles.
- Keep your child away from people with upper respiratory infections such as colds and sore throats.
- Take all medications as directed for the full length of time directed.
- Children should be kept indoors and relatively quiet for the first 3 days after procedure.
- Foul mouth odor is commonly seen and is relieved by abundant fluid intake.
- A white or gray membrane on the sides of the throat is normal and should disappear in 1 to 2 weeks.
- Earache is expected. It is not an ear infection, it is referred from the throat.
- Occasionally, a transient neck stiffness may occur in children following adenoidectomy.
- Your child may return to school one week after the procedure.
- Only give your child those painkillers recommended by your doctor or surgeon.
- An ice pack applied to your child's neck may help with discomfort and keep swelling down. After two to three days, a heating pad may be applied as needed for comfort. Use this only if it seems to be helpful. **Do not allow your child to sleep with a heating pad.**

SEEK MEDICAL ATTENTION IF:

- New bleeding or if your child vomits, coughs, or spits up bright red blood.

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- Increasing pain that is not controlled with medications.
- An unexplained oral temperature above 39 degrees celcius.
- A feeling of lightheadedness or your child has a fainting spell.



DIETARY RECOMMENDATIONS

First day (the first 24 hours after surgery)

- Avoid hot or highly seasoned foods, hot liquids, and citrus juices such as orange and tomato juice.
- Encourage clear liquids such as: water, lukewarm chicken broth, flat 7-up and other carbonated beverages if they have been opened and allowed to de-fizz, apple juice, jello, popsicles, milk, water, jello, broth, and ice chips. A full diet is allowed if tolerated.

Second day (After the first 24 hours, a soft diet is recommended)

Offer several glasses of water (lukewarm water is less irritating than cold). Add soft foods as desired (jello, chocolate pudding, mashed potato, pureed vegetables, cottage cheese, etc.) Good choices include: ice cream, cream of wheat or other cooked cereals, pasta with butter, puddings, warm soups, jello, yogurt, soft-cooked or scrambled eggs, custards, and ground beef in gravy or sauce. A full diet is allowed if tolerated

Third to fifth day

Gradually, resume feeding your child a normal diet. Avoid hot foods, spicy or highly seasoned foods, potato chips, nuts, dry toast, pop corn and crackers until 1 to 2 weeks after surgery. On the 4th and 5th day after surgery, your child may begin to eat the foods he or she would normally eat. Since your child is at the greatest risk for bleeding for 2 weeks after surgery, scratchy foods such as chips and raw vegetables should be avoided during this period.

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