

Let's Talk About...

Tonsils and Adenoids Surgery

Tonsils are lymph tissue on both sides of the back wall of the throat, just above and behind the tongue. Tonsils trap bacteria and viruses that enter the body through the throat. They make antibodies to help fight infection. You can usually see the tonsils by looking in your child's throat using a flashlight.

The **adenoids** are above and behind the roof of the mouth, where the nose and mouth join. The adenoids work with the tonsils to help defend the body against infection. You cannot see the adenoids using a flashlight.

What is tonsillitis?

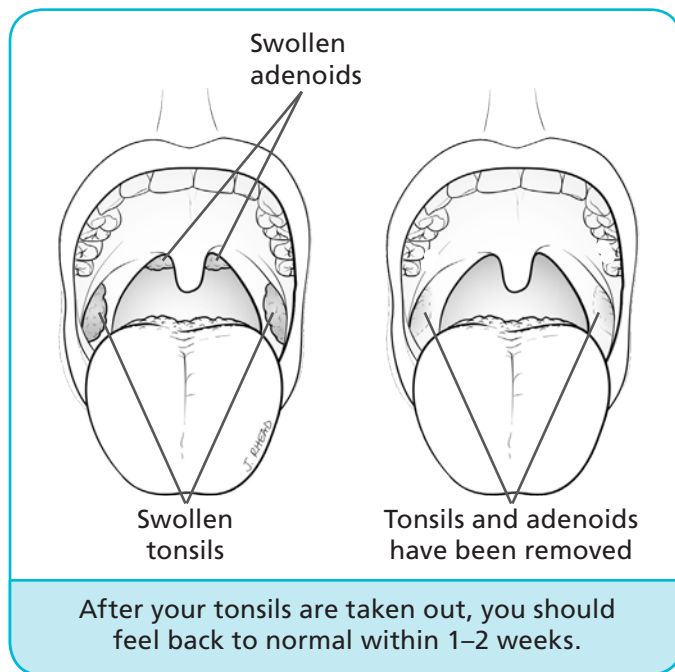
Tonsillitis (tawn-sill-ITE-us) happens when tonsils become infected and swollen. Often the adenoids also become infected and swollen. If your child has frequent tonsillitis, especially from a bacteria called streptococcus, your healthcare provider may suggest the tonsils, or adenoids, or both be removed. Children do not have more infections if their tonsils or adenoids are removed. Other tissues in the body make enough antibodies to fight infection.

What are the symptoms of tonsillitis?

There are many symptoms your child may have with tonsillitis. These include:

- Sore throat
- Pain or discomfort when swallowing
- Fever
- Raspy voice
- Swollen lymph nodes (glands) in the neck

If you look down your child's throat, you may see red and swollen tonsils or a white or yellow coating on the tonsils. However, you cannot always tell by looking if your child's tonsils are infected. If you suspect tonsillitis, see your child's doctor.



How is tonsillitis treated?

For many children, tonsils may become larger during an infection. They will typically return to normal size once the infection clears. But frequent sore throats and tonsil infections mean your child needs to see the doctor. The doctor may order a throat culture to check for strep infections. Streptococcal throat infections need to be treated with antibiotics. The doctor may also wait to see if your child's enlarged tonsils or adenoids will shrink without antibiotics if the culture does not show a streptococcal infection.

If your child has the following symptoms, your doctor may suggest removing your child's tonsils, adenoids, or both:

- Trouble breathing
- Trouble swallowing
- Frequent sore throats, throat infections, or sinus infections
- Obstructive sleep apnea (a condition where your child may stop breathing for a few seconds at a time during sleep because swollen tonsils are partly blocking their airway)

What happens during surgery?

It is helpful for you and your child to prepare for surgery by talking about what to expect.

- Your child will receive general anesthesia. The surgery will happen in an operating room so an anesthesiologist can keep your child as safe as possible.
- Your child will be asleep for about 30–40 minutes. This is how long the operation will take.
- The surgeon can reach your child's tonsils and adenoids through your child's open mouth. There is no need to make an opening in the skin. After removing the tonsils and adenoids, the surgeon seals the blood vessels to stop bleeding.

What happens after surgery?

Your child will wake up in the recovery area. Usually, the total time in the hospital is about 4–8 hours. Children younger than 3 years old or with other medical conditions like seizure disorders or cerebral palsy may stay overnight for monitoring.

How will my child feel after surgery?

- Your child may be tired for several days. Many children are restless and do not sleep through the night. This will slowly improve over 7–14 days.
- Your child may be constipated. This is because your child is eating less food and fluids. Pain medicine can also cause constipation.
- Your child may have a slight fever for about 24–48 hours after surgery. Give your child plenty of fluids. This will help keep the fever down. If the fever rises above 101.5°F, call the doctor.
- Your child's voice may change for 3–4 months. This is normal and caused by the extra space in the throat where the tonsils and adenoids were.
- Your child may have bad breath, caused by the white-yellowish membrane that forms while the throat is healing. Make a mild saltwater solution by adding a half-teaspoon of table salt to 8 ounces (1 cup) of warm tap water. Then have your child gargle the solution to improve their breath.

What will help my child's pain?

Throat and ear pain can be severe after a tonsillectomy and may last up to 14 days after the

operation. The nerve that goes to the tonsils also goes to the ear, causing ear pain.

- Give your child cold liquids to moisten the throat and reduce swelling.
- Use cold packs and ice collars on your child's neck to help reduce swelling.
- Give your child ice chips or chewing gum to moisten the throat.
- Use a cool mist humidifier.

What should my child eat or drink?

- Encourage your child to drink clear, cold liquids every waking hour for the first 2 days, up to 10 days. Good choices include cold soft drinks, fruit juices, Jell-O®, Popsicles®, slush, Gatorade®, and Pedialyte®.
- As your child's appetite increases, begin offering them soft, bland foods.
- Avoid sharp, scratchy foods like tortilla chips and popcorn. Avoid foods your child cannot chew well, like pizza crust.

What can I do about nausea and vomiting?

If your child is vomiting or has nausea, wait 30–45 minutes before giving them any food or drink. Then begin with small sips of clear liquids or ice chips every 5–10 minutes. Add solid foods only when your child can drink clear liquids without vomiting. Your doctor may also give you medicine to help control your child's nausea and vomiting.

To avoid nausea, give your child food or drink with their medicine.

How will I know if my child is drinking enough?

Your child has not had enough to drink if they have a dry mouth, chapped lips, a lack of tears, a lack of energy, dark yellow urine, and low-grade fever. If you notice any of these signs, give your child more to drink. They should drink half their body weight in ounces. For example, if your child weighs 30 pounds, they should drink at least 15 ounces each day. A baby should have 6–8 wet diapers in a 24-hour period. An older child should urinate (pee) every 6–8 hours.

How much drainage and bleeding is normal?

After your child goes home, there should not be any bleeding (bright red blood) from the nose or mouth. If your child has fresh bleeding, call your doctor immediately or take your child to the closest emergency room. Do NOT allow your child to blow their nose for 3 days if they had adenoids removed. This may cause bleeding.

What can my child do after surgery?

- Your child can be up and dressed after going home but should not go back to normal activity for about a week. They should also take it easy for the first 2 weeks—no running or jumping. Your child may experience good and bad days for about 2 weeks after surgery.
- It is a good idea to keep your child away from crowds and ill people for 7 days after surgery to reduce the chance of infection.
- Your child may bathe as usual after surgery.

Remember: If your child's doctor gives you different instructions than the ones in this handout, always follow your doctor's orders.

Do I need to make a follow-up appointment for my child?

You should receive instructions after the surgery if you need a follow-up appointment. If you are unclear, call your pediatric ENT clinic for instructions.

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