

## ADENOTONSILLECTOMY: POST-OPERATIVE CARE PLAN (Children)

After adenotonsillectomy, it generally takes 10-14 days to fully recover and each patient will have a slightly different recovery experience. The following is a guide to help you and your child through the recovery period.

**PAIN:** It is expected that pain will be felt in the throat, although it is not uncommon to experience ear, neck and jaw pain. It is important that pain is managed effectively so that your child can maintain as normal a diet as possible, and avoid getting dehydrated.

Pain typically increases between days 5 and 7 after surgery. This is normal and expected, and is due to maximum healing. During this period pain relief may need to be increased, and it is common to require regular pain relief for up to 10 days after surgery.

A suggested analgesia regimen:

1. Regular **paracetamol**, dose as directed on the bottle, every four hours. This may be sufficient, particularly for younger children.
2. An **opiate** analgesic, such as oxycodone liquid will usually be prescribed, and can be given every four hours as needed, in addition to paracetamol. If paracetamol is not lasting the full four hours prior to the next dose, you can alternate with oxycodone. Oxycodone may also be useful at night prior to sleep, and for the day 5 to 7 increase in pain.
3. **Ibuprofen** (Nurofen) does have some blood thinning activity, and as such we would normally recommend against use in children in the post operative period. Evidence suggests that use of Nurofen does not increase the requirement to return to the operating room if a bleed occurs, but may increase the likelihood of readmission to hospital for 24 hours or so. In children who refuse paracetamol or are struggling with pain and hence not eating, it is reasonable to accept this additional small risk and give Nurofen up to three times a day.

**ANTIBIOTICS:** These are not prescribed routinely, as infection is uncommon and there is no evidence they improve healing or reduce risk of bleeding, and may cause side effects. Occasionally they may be prescribed for some patients, due to other considerations, and your surgeon will advise you in this case.

**DIET:** It is important to ensure that your child's diet remains as normal as possible to minimise the risk of dehydration, infection and bleeding, and speed up the recovery process.

- Mild dehydration can increase the discomfort experienced after surgery, so keeping up fluid intake is important.
- Avoid food that can irritate, such as spicy foods, acidic fruit and juices (such as orange and lemon). Softer foods such as mashed potatoes, pasta bakes, puddings or ice cream are also good choices during recovery.
- Encourage plenty of water. Ice blocks, jelly, and ice cream are also good sources of fluid.
- It is best to offer food after pain relief medication, although opiate medications (oxycodone) can cause nausea and this can be reduced by taking with food.

**RETURN TO NORMAL ACTIVITY:** Recovery time varies from 10 to 14 days for the majority of patients. Most patients turn the corner after 7 to 8 days, and complete healing can take 4 weeks, so some discomfort in the ears when sneezing or yawning can last for this period.

It is best to avoid sport, and excessive exertion, for 2 weeks. Children generally will work out their tolerance for activity, so there is no need to enforce rest. If your child is alert and active, it is okay to let them be. It is, however, sensible to keep children away from groups of people (especially other children) for 7 to 10 days after surgery to allow healing, and minimize risk of infection. The same applies to child care, and swimming.

**FEVER:** A low grade fever is common after the surgery and may reach 38°C periodically for several days. Increased temperature does not indicate infection, and is simply part of the healing response. Sustained fever over 38°C may be a sign of an infection. If high temperatures persist medical attention should be sought.

**APPEARANCE OF THROAT AND FACE:** If you look at the tonsil bed, it has a grey, white or slightly yellow appearance. This is the normal appearance of a moist wound or scab in the throat. It occurs due to deposition of proteins which form a "biological dressing". Eating some "roughage" helps debride this area and keep the "dressing" clean. Hence it is important to eat as normal a diet as possible. (continued overleaf...)

Some puffiness around the lips, eyes or face is common in the first couple of days after surgery.

**NAUSEA AND VOMITING:** This is very uncommon but may occur after anaesthesia. Prolonged nausea and vomiting can lead to dehydration, and increased discomfort following surgery. Contact your surgeon if this occurs.

**BLEEDING:** The risk of bleeding is maximal between 6 and 10 days after surgery and can occur up to 2 weeks post operatively. This is because healing tissue called granulation tissue starts to form at this time, and contains lots of new blood vessels.

Brisk bleeding or vomiting blood requires immediate medical attention. Call your surgeon immediately and make your way to the nearest Paediatric Emergency Department.

**SNORING AND MOUTH BREATHING:** Some snoring may occur for a few days after surgery, and is due to mild swelling of the soft palate and pharynx (throat), and an increase in nasal secretions during healing.

**BAD BREATH:** May occur during the recovery process and gradually improves as the wound heals.

**CHANGE IN VOICE:** In younger children particularly, where tonsils and adenoids are large, there can be a noticeable change in pitch of voice following adenotonsillectomy. This is because bulky tonsils and adenoids reduce the amount of resonance in the throat (pharynx) and nose, so their voice can be quite underresonant or “hyponasal” before surgery. After surgery their voice typically sounds better to the trained listener, but can initially sound quite unusual to parents who are used to the abnormally hyponasal voice of their child.

Some children will develop too much resonance in the nose (“hypernasal” speech) following surgery. This is because of splinting of the pharyngeal muscles and soft palate during healing, and laziness of the soft palate muscles which were underutilised because of big tonsils and adenoids in the way. Unless there is a structural problem with the soft palate (always looked for pre-operatively), the hypernasal speech typically settles over a few weeks.

**NIGHT TERRORS:** Occasionally a child will experience night terrors for 1 to 2 weeks following surgery. This may be part of the normal adjustment period following surgery, which can have a psychological impact on children. It is more common in children who have significant airway obstruction and sleep apnoea, as the brain then goes through a period of “catch up” deep (REM) sleep, that they were previously missing out on. Almost invariably, the night terrors subside with time.

**FOLLOW UP APPOINTMENT:** A return visit to our office will generally be organized between two and four weeks after surgery.

**AT ANY TIME:**

1. Call our office if any of the following occur:
  - Brisk bleeding from the nose or mouth
  - Severe pain, unresponsive to the above analgesic plan
  - Persistent high fever
  - Inability to maintain adequate hydration
  
2. If you need to contact someone after hours, our mobile phone numbers can be found on our answering service, in the White Pages, and on the paperwork provided to you pre-operatively. In an emergency, please dial 000 for an ambulance to your nearest hospital.