

# Tonsil +/- Adenoid Surgery

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ENT North

## General Information

- After an anaesthetic, it is common to feel groggy for up to 24 hours. Children are often quite disorientated for the first hour or so. Nausea ± vomiting can also occur. Medication can be given if this is difficult to tolerate.
- White patches on the raw surfaces of the throat are normal. This is what a scab looks like inside the mouth. It will lift off and a new lining will grow in this area over the next few weeks.
- Bad breath is very common for two – three weeks after the operation.
- Throat pain is, unfortunately, expected for a week or so after the operation. Its severity varies quite a lot from one person to another. It will often get worse for a few days after the operation, then slowly improve. Using regular pain relief and drinking plenty of fluid will help to keep this bearable.
- Ear pain is also quite common after surgery. This is due to the brain being confused about where the throat pain is coming from. It will get better as the throat heals.

## Eating and Drinking

A normal diet is encouraged as much as possible as you recover. There are no foods that will cause any damage to you/your child, although there are some that are more comfortable to eat than others. **It is very important that you drink plenty of fluid during recovery. Dehydration results in increased pain, risk of readmission to hospital, and bleeding.**

Suggested foods:

- Acidic foods such as citrus fruits and tomatoes often 'sting' when in contact with the raw surfaces in the throat. However, if they are a favourite food and are not causing discomfort, they are quite safe to eat.
- Soft foods such as jelly, ice cream and yoghurt are often quite popular, especially if these are 'special' foods for kids in normal circumstances.
- Soft sandwiches, cheese slices, ham and mashed veggies are all suitable solid foods to try.
- It's perfectly fine to eat normal foods immediately following surgery.

## Activities

- Rest up for the first few days after the operation. Gentle exercise (walking, gentle gardening etc) is fine if you feel well enough to do these.
- Avoid strenuous exercise (team sports, jogging, heavy weights etc) for two weeks after the operation and be sensible when you recommence these.
- Children generally are quite sensible about increasing their activity as they recover from their operation, so be guided by their behaviour in terms of what they can do.

## Return to School/Work

Some children are ready to return to school/childcare after one week, but many children, and almost all adults, need two weeks off to recover adequately.

## Pain Relief/Antibiotics

Your surgeon will provide a script for pain relief, or instructions on what to buy from the chemist. Typical types of pain relief include:

- Paracetamol (Panadol, Chemist's Own etc): use this regularly, with doses spread out evenly through the day. Make sure you use the dose appropriate for your child's weight, rather than purely based on age. Adults should always use two tablets (1g) per dose for adequate pain relief.
- Stronger pain relief: e.g., codeine, oxycodone. This may be prescribed as an additional medication, or in a pre-prepared mix with paracetamol (e.g., PainStop, Panadeine Forte). If using a combination medication, make sure you use it IN PLACE of

paracetamol, rather than as well as this, to avoid overdosing.

- Anaesthetic gargles (e.g., Cepacaine, Difflam): these can be appropriate in older children/adults who are able to gargle and spit. They may initially sting the throat before they make it numb. They can be used frequently throughout the day.
- Prednisolone (Pred-Mix): this is given once a day and is very effective for tonsillectomy pain. Side effects for short-term use can include insomnia and hyperactivity in some children (which stop soon after you stop the medication). Although there are many other side effects of this medication, these typically only occur with long-term use.
- Anti-inflammatory medication (e.g., Nurofen, Celebrex): there is good evidence that these are safe after tonsil and adenoid surgery. Use a dose appropriate to your/your child's weight, up to three times a day. Nurofen etc can be safely given in combination with paracetamol, or as alternating doses each 2-3 hours.
- If your surgeon prescribes antibiotics or other medications, take them as directed.

### If Bleeding Occurs

- Sit up, spit out any blood, suck on some ice cubes/chips, put a cool cloth across the back of the neck.
- If this doesn't stop the bleeding, please contact your surgeon for further advice. If the bleeding is heavy, or if you are worried about your safety, please call an Ambulance.
- Dr Amott advises both adult and paediatric patients to present to Austin Health if further assessment is needed. She can care for you there and has access to continuous back-up from other ENT surgeons, the Emergency Department and Theatre, if those services are needed.

### When to Seek Medical Advice

- A fever of >38 degrees.
- Any bleeding after discharge.
- Excessive sedation from pain relief tablets.
- Excessive pain, which doesn't respond to pain relief.
- If you/your child can't drink enough fluid/eat enough to avoid dehydration.
- If you need to return to hospital due to post-operative complications, Dr Amott advises that, if possible, both adult and paediatric patients attend Austin Health in Heidelberg. She can care for you there and has access to continuous back-up from other ENT surgeons, the Emergency Department and Operating Theatre, if those services are needed. Most other major metropolitan public hospitals also have emergency ENT services, including Royal Children's Hospital or Sunshine Hospital for paediatric patients specifically. Our other surgeons all have appointments at various public hospitals – please discuss which locations they work at if you do need to present for emergency care.
- DO NOT PRESENT TO A PRIVATE HOSPITAL EMERGENCY DEPARTMENT following discharge for any post-operative concerns or symptoms. Our surgeons do not work at these hospitals apart from their designated operative sessions and are unable to provide safe care for you at those locations outside your surgical admission.

Please call your surgeon for advice if any of the above occur, or if you have any other concerns.

### Follow-Up

- For routine surgery, please make an appointment about one month after your operation to see your surgeon. Your ENT Surgeon will make an appointment earlier than this if the surgery is being done for cancer or concern about this being present.
- Your surgeon may make this appointment for you after your operation. Please feel free to contact the rooms if the date, time or location is inconvenient, as it is usually easy to change.