

Tonsil +/- Adenoid Surgery

General Information

- After an anaesthetic, it is common to feel groggy for up to 24 hours. Children are often quite disoriented 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 also 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 from one person to another. It will often get worse for a few days after the operation, then slowly improves. 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 vegies are all suitable solid foods to try.
- It's perfectly fine to eat normal foods immediately following surgery.

Pain Relief/Antibiotics

Your surgeon will provide a prescription 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/your child's weight, rather than purely based on age.
- Anti-inflammatory medication (e.g. ibuprofen): Use a dose appropriate to your/your child's weight, up to three times/day. Ibuprofen can be safely given in combination with paracetamol, or as an alternating dose (e.g. paracetamol at 7am, ibuprofen at 10am, paracetamol at midday etc).
- 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.

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- Prednisolone (Pred-Mix): this is given early in the day as an effective pain relief medication. 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.
- If your surgeon prescribes other medication for you, take them as directed.

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.

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, return to your closest Emergency Department for ENT assessment. If the bleeding is heavy, or if you are worried about your safety to drive, please call an Ambulance.
- **Please note that The Northern Hospital does NOT have a permanent ENT doctor present on site. Please do NOT return to our Emergency Department if you are actively bleeding or require urgent care, as we will need to transfer you elsewhere for this. Suitable alternatives include The Austin Hospital, Sunshine Hospital or Royal Children's Hospital (children only).**

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.

Follow-Up

- We ask most patients to make an appointment with your family doctor about one month after surgery to make sure you've healed and the problem the operation was designed to treat has resolved. Please ask them to refer you back to us if it hasn't, or call our outpatient department (below) and ask for the nurse managing the ENT clinic to discuss whether you need another appointment or not.

Contact Details:

Northern Hospital Outpatient Department: (03) 8405 8335

Medical Advice (for emergencies only, please):

- Mon-Fri 8am-4pm: (03) 8405 8000, ask for the 'ENT Registrar On Call'
- After hours: Austin Health (03) 9496 5000, ask for the 'ENT Registrar On Call'

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