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BEFORE YOUR TONSILLECTOMY

Please read before surgery

We perform the tonsillectomy for several reasons:

1. Sufficient overgrowth of the tonsil tissue to cause obstruction affecting eating, nose breathing, and sleep; occasionally, chronic runny nose will occur. The eating disturbances may be manifest as “picky” eating or very fast “gobbly” eating. Frequently, these children will be frail and underweight, but occasionally a child will be quite overweight despite the difficulty eating with an obstructed nose and mouth. Generally, you will also notice mouth breathing and snoring. A severe form of this disturbance can result in stoppage of breathing for short periods at night called sleep apnea.
2. Three to four documented episodes of tonsillitis each year for 3 consecutive years; or seven non-strept infections in 2 years, or 5 in 1 year; OR four episodes of documented “Strept” tonsil infections in any 12-month period.
3. Food trappings in the tonsil crypts (pockets) producing long-term bad breath.
4. To diagnose the possibility of a tumor (e.g. lymphoma or carcinoma).

The surgery is done under general anesthetic. That is, your child will be completely “asleep”. Reassure your child that there is no pain felt while the surgery is being done. Stress that your child will not wake up during the operation.

Please let your child know that the pain is terrific (awful) after the operation. This pain is intense for 3 to 8 days, depending on each individual child. Once you inform your child about the pain, please immediately follow that information with words about the hundreds of popsicles and gallons of Kool-Aid or apple juice that will be available to help alleviate the pain.

Try to avoid “helpful” relatives telling your child old horror stories about surgery from the past or medical movie lore. Avoid jokes about cutting tonsils out with scissors, etc. As we know, children have vivid imaginations.

From about midnight the night before the operation your child will not be able to consume any liquid or solid food. That is to say, he/she must have nothing by mouth from 12:01 AM the day before surgery, unless you are otherwise instructed, until the moment of surgery.



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AFTER YOUR TONSILLECTOMY

1. Review your **Before Your Tonsillectomy** information.
2. Please do not look at your child's throat for 10 days. It looks (and smells) awful and will nauseate you and upset your child. If there is any **fresh red blood from the nose or mouth go to the emergency room; DO NOT CALL. Please. . . DO NOT CALL!**
3. Some patients appear quite miserable after the tonsillectomy; some do not. There is no way to distinguish one from the other prior to surgery. Positive demeanors and smiles on the faces of family members are extremely valuable.
4. Most discomfort after a tonsillectomy is due to muscle soreness and movement of those sore muscles, not the raw surfaces in the throat. For this reason, first swallows in the morning or swallows in the inactive sleeping period are always the worst. Your child may awake out of a sound sleep with throat pain referred to the ear as an "earache" This may occur during the day as well. Each subsequent swallow becomes easier. Therefore, the more the throat is used for swallowing after the operation, the less the overall discomfort and the sooner the throat heals. Sometimes the complaint of ear pain dominates. "Earaches" are considered normal after tonsillectomy. **Expect Sleeplessness.** A "perfect" recovery will be a miserable week for you. This cannot be stated too strongly. However, this "week," like the labor of childbirth is worth it. It is like having an infant again; no sleep for you OR your child; up every four hours.
5. Chewing sugarless gum stimulates saliva, increases the rate or gentle swallowing, and, hence, minimizes the discomfort and hurries the healing. Encourage chewing a great deal of gum, always for 30 minutes before meals and frequently in-between, or in the middle of the night if pain awakens your child.
6. Please do not use Aspergum or any aspirin-or ibuprofen-containing products 10 days before or after surgery. This includes Motrin, Nuprin, Advil, or Naprosyn. These may promote bleeding. If you are not aware if your pain medicine contains aspirin or ibuprofen, please call us.

7. There are no dietary restrictions after the tonsillectomy, but, clearly, some food products may be more irritating than others. Tart juices and tomatoes are such examples.
8. **DEHYDRATION IS THE MOST COMMON REASON FOR RE-ADMISSION TO THE HOSPITAL AFTER THIS OPERATION.** If your child weighs less than 35 pounds, we recommend that your child consume ½ cup of any liquid (or half a popsicle) every hour while awake. If your child weighs more than 35 pounds, push for one cup of any liquid (or a whole popsicle) every hour while awake (or equal amounts over 3 to 4 hours). Do not awaken your child to drink. For the first seven days after surgery, all nutrients should be consumed cold or at room temperature. **Avoid hot or warm foods or liquids.**
9. Please take your child's temperature twice daily -2PM and 7 PM (temperatures go up in the evening). If it exceeds 102 degrees Fahrenheit, please call me. You have the after hours number.
10. Bad breath is usual for 7 to 10 days. A dragon's morning breath is even more usual.
11. Have your child avoid activity which would result in heaving and rapid breathing for 10 days. Return to school is at your option as long as the previous admonition is honored.
12. Please do not look into your child's mouth. I have. It looks bad. *Trust me!*
13. The day of surgery is considered a "free" day; the medication from surgery ameliorates the pain, and the anesthesia and nursing staff have supplied your child with plenty of intravenous fluids to make up for the long "dry" spell. The day after surgery is not "free". It is often the worst day in reference to pain. Each subsequent day gets better until the fifth day when there is a short exacerbation of pain. The awful pain may last for 2 weeks. Believe the child.
14. If your child develops dark urine from not drinking for any 10 to 12 hour period please call me and we will arrange admission to the hospital for more fluids per the intravenous route. Please do not use this as a threat to your child because it makes the hospital a place of punishment where "they will stick you with a needle." You must be firm but pleasant on **FORCING** your child to drink. Keep your ego out of it; your child can "out-stubborn" you every time. My child can out-stubborn me every time...and does.
15. Snoring will be prominent for the first 3 nights after surgery. When the swelling of the uvula (the "punching bag" hanging from the roof of the mouth) goes down, there should be peaceful nights...for all.
16. Occasionally after surgery...for a few weeks or months...liquid swallowed by mouth will come out the nose. It looks bizarre but will be neat at parties. Your child may also have a voice change. This will also resolve with time.

If your child develops cold symptoms prior to the day of surgery, please call the office or the surgical facility. If cold symptoms develop 3 or more days before surgery, contact our pediatrician.

Do not give your child aspirin- or ibuprofen-containing products 10 days before or 10 days after the operation. These include Motrin, Nuprin, Advil, or Naprosyn. These may promote bleeding. If you are not sure if your pain medication contains aspirin or ibuprofen, please call us.

If your child is exposed to Chicken Pox, surgery cannot be performed until between 10 to 21 days after that exposure.

The operation is done as an outpatient effort (as demanded by your insurance company); you will go to the facility at the appointed hour and leave 3 to 4 hours later. Someone from the facility will call you the day before surgery to let you know what time you are expected. If your child cannot drink adequately after surgery, a hospital stay overnight will be required and arranged (and will be approved by your insurance company).

Please let us know if any blood relatives (however distant) has had difficulty with anesthesia (high fever, reaction, etc.) or bleeding. **THIS IS IMPORTANT.**

IF YOU BRING YOUR CAMERA, WE WILL PHOTOGRAPH THE TONSILS.



