

Post-operative Care – Tonsillectomy or Adenotonsillectomy

Information for the Child and their Family



Recovery time: 10 days at home

Pain relief

What to expect

- During the first 5 days after surgery, the pain is more severe and may vary in intensity.
- It should improve gradually over the next 5 to 10 days.
- The pain may increase around 5 to 7 days after surgery despite improving at first. This is because the protective barrier that formed in the throat after surgery has fallen away, making the wound more sensitive. This is part of the normal healing process.
- **After 10 days, your child's health should be back to normal.**

1 to 5 days after surgery

- Give an ibuprofen-based anti-inflammatory (Advil®, Motrin®, etc.) **regularly every 6 hours**, preferably 60 minutes before meals and at bedtime.
- Alternate with **acetaminophen** (Tylenol®, Temptra®, Atasol®) **regularly every 6 hours**.
- This way, your child will receive a painkiller every 3 hours.

We **strongly recommend that you wake up your child** at night to give them their dose of acetaminophen or ibuprofen.

Children generally sleep better and wake up better in the morning if medication is given regularly, including at night.

**However, if your child is having difficulty going back to sleep after taking medication, and you feel that the pain is under control, you can let your child sleep and wait until they wake up to administer the doses.*

- If your child isn't relieved within an hour of taking acetaminophen or ibuprofen, we recommend giving an additional dose of morphine, as prescribed on the original prescription. The prescribed dose of morphine is based on your child's weight to ensure safety, and can be repeated every 4 hours. Continue to administer Tylenol® and Advil® according to the usual schedule, even when giving your child morphine.
- All tablet types can be crushed and mixed with fruit sauce or pudding (chocolate flavours are known to mask the taste of medication well). The same applies to acetaminophen, ibuprofen and morphine syrups.

- At any time, you can wrap an ice pack in a washcloth and apply it under the jaw, 15 minutes an hour, to help with the pain.
- You can also try distracting your child from the pain with calm activities.
- Acetaminophen is also available as a suppository if your child is having trouble swallowing.

For children with coagulation disorders, kidney disease or any other condition for which ibuprofen is contraindicated.

- Pain should be controlled by giving acetaminophen and morphine at the same time, every 4 hours, one hour before meals (breakfast-lunch-supper) and at bedtime.
- **At night, we strongly recommend** setting an alarm 5 hours after the last dose. If your child hasn't woken up in the hour before the alarm goes off, you should wake them up and give them both medications.
- **Children generally sleep better and wake up in the morning feeling better if medication is given regularly, including at night.**

**However, if your child is having difficulty going back to sleep after taking medication, and you feel that the pain is under control, you can let your child sleep and wait until they wake up to administer it.*

The prescribed dose of morphine is based on your child's weight to ensure safety, and can be repeated every 4 hours. Using morphine in conjunction with acetaminophen provides more optimal pain control.

5 to 10 days after surgery

- We recommend continuing to give **acetaminophen regularly** (Tylenol®, Tempra®, Atasol®) every 6 hours, preferably an hour before meals and at bedtime.
- You can continue to administer ibuprofen (Advil®, Motrin®) if acetaminophen alone isn't enough to relieve the pain.
- You can stop waking up your child to administer medication unless they wake up in pain. In that case, ibuprofen (or acetaminophen) is recommended.

For children with coagulation disorders, kidney disease or any other condition for which ibuprofen is contraindicated.

- ▶ We recommend continuing to give acetaminophen (Tylenol®, Tempra®, Atasol®) every 4 hours, preferably an hour before meals and at bedtime.
- ▶ Morphine may be continued every 4 hours as needed if your child isn't relieved within an hour of taking acetaminophen alone.
- ▶ You can stop waking up your child to administer medication unless they wake up in pain. In that case, acetaminophen and morphine should be given at the same time.

Avoid the following drugs and products during recovery:

- ▶ Acetylsalicylic acid (Aspirin®, Asaphen®, Aspergum®)
- ▶ Natural or homeopathic products

These drugs and products can increase the risk of bleeding.

If your child has been prescribed these drugs by a doctor, ask your ENT surgeon about them before the operation.

Nasal hygiene

Proper nasal hygiene is essential from the day after surgery.

- ▶ Perform nasal hygiene using 3–5 mL syringes of saline water or a pediatric Sinus Rinse® bottle if the child can use it on their own. Irrigate the nose 3 times a day or more, if necessary, for the first 2 weeks. This will help clear blood and discharge from the surgical site and promote proper healing. Refer to the nasal hygiene brochure for the saline solution technique and recipe. Watch this CHU Sainte-Justine video if you need.

Scan the QR code to view the instructional videos and brochure (in French only).

<https://bitly.ws/34sfr>



Nausea and vomiting

If your child is nauseous or vomiting, administer dimenhydrinate (**Gravol®**) rectally every 6 to 8 hours.

Food and drink

It's normal for your child to eat less than usual in the first few days after surgery. Encourage proper hydration. Consult or call the nurse line if your child can't tolerate any fluids, refuses to drink for more than 24 hours or isn't urinating.

When you get home

- ▶ Start with cold liquids: water, fruit juice, Pedialyte® hydrations solutions and Jell-O®.
- ▶ Then, introduce lollipops and frozen desserts (e.g., Popsicles®, ice cream, sorbet).
- ▶ If these are tolerated, try fruit purees, dairy desserts (e.g., pudding, yogurt) and nutritious drinks (milkshakes, smoothies, meal replacements).
- ▶ Next, try purees, vegetables and warm soup.
- ▶ Gradually move towards softer, warmer foods as tolerated during the first 2–3 days after surgery (omelette, pasta, ground meat, sauce dishes, etc.).
- ▶ To reduce pain when eating and the risk of bleeding during recovery, AVOID food that's:
 - › Too hot
 - › Spicy
 - › Acidic (e.g., lemony, tomatoey)
 - › Hard (cookies, nuts, chips, toast, dry cereals, candy, lollipops, sweets)
- ▶ Encouraging your child to drink with their meal will help them swallow.
- ▶ **Don't use a straw** for drinks to prevent accidental throat injury.

** One way to know that your child is well hydrated is that they'll urinate regularly.*

Useful tip

Cold and icy foods can reduce discomfort in the throat.

10 days after the operation

Resume your child's usual diet.

Resuming normal activities

- Keep your child at home **for 10 days**.

We recommend staying within 30 minutes of a hospital during recovery so you can get emergency care in case of bleeding.

Avoid

- › Daycare: risk of infection
- › Active outdoor play: not conducive to rest and recovery and **increases the risk of bleeding**
- › Travel: avoid travelling during recovery

- Your child can take a bath or shower and brush their teeth with toothpaste when they get home.
- Quiet activities are best (e.g., television, reading, puzzles). After 10 days, or as directed by the doctor, your child can return to school or daycare and resume sports activities.
- If accompanied by an adult, your child can get some fresh air and, during the summer, cool off in the pool.
- General fatigue is common during recovery. Limit visits and outings.
- As far as possible, avoid contact with anyone with a fever or symptoms of a cold or other infection.

Frequently asked questions

Fever

Your child may develop a fever in the first 24 to 48 hours after surgery. **Encourage your child to drink plenty of fluids** to keep hydrated (regularly, in small quantities). Call the ENT Clinic's nurse line or consult your doctor if your child has a fever of **38.5 °C rectally (38 °C orally) or higher for more than 48 hours**.

Nasal or oral bleeding

Blood-tinged secretions from the nose or mouth are common for the first few days after surgery. However, if there's heavy bleeding from the nose or mouth or bright red blood in vomit, **you should immediately go to the emergency room of the nearest hospital.**

Vomiting of brown blood or dark/black stools

During the procedure, some blood may leak into the stomach. Since the blood is partially digested, vomit may appear brownish and stools darker, sometimes black, in the first few days after surgery. If this persists or occurs more than 2 to 3 days after surgery, call the nurse line or consult.

White spots in the mouth

White spots on either side of the throat and on the tongue are **normal** and aren't signs of infection. These spots appear after surgery and are part of the healing process. They will go away on their own after two weeks.

Snoring and nasal congestion

These may persist for the first few weeks after surgery due to swelling of the nose and throat. These symptoms **decrease significantly after the first 2 weeks**, but may take up to 2 months to completely subside.

Constipation

If this is a problem, make sure your child gets plenty of fluids and eats more fibre (e.g., fruits and vegetables, prune juice). If your child still hasn't had a bowel movement after 3–4 days, use a mild laxative like a glycerine suppository (sold in pharmacies).

Bad breath

This can last until the throat is fully healed, i.e., **10 to 14 days after surgery.** It's not usually a sign of infection, but rather part of the healing process. It's important to maintain good oral hygiene from the moment you get home, including brushing teeth morning and night and keeping hydrated.

If your child's tongue has a white coating, gently brush it twice a day when brushing teeth. If bad breath persists after recovery, older children (> 6 years) can gargle with alcohol-free mouthwash mixed in equal parts with room-temperature water.

Caution: make sure your child doesn't swallow the mouthwash. If you think your child might swallow, use salt water only (1/4 teaspoon table salt in 1 cup lukewarm tap water).

Ear pain

This can start in the throat and extend to the ears due to shared nerve connections. If there's no fever or ear discharge, **it's probably not an ear infection**. The pain should subside over time and disappear when healing is complete (within a week of surgery). If the pain gets worse or doesn't go away, consult your family doctor or call the ENT Clinic's nurse line.

Voice changes

The child's voice may be nasally for several weeks. In most cases, **this improves spontaneously within 2 months of surgery**. If voice changes persist for more than 3–4 months, ask your ENT doctor about them at a follow-up appointment.

Nasal regurgitation of fluids when drinking

This is often accompanied by a change in voice and is also temporary. If nasal regurgitation lasts longer than 2 months, ask your ENT doctor about it at a follow-up appointment.

Next appointment

- ▶ If your child was followed at **CHU Sainte-Justine** before the procedure:
- ▶ The surgeon will usually schedule the appointment. If not, please call the appointment centre: 514-345-2141
- ▶ If your child was followed at the **Bloom Clinic** (formerly Pediatric ENT Clinic):
- ▶ Contact the Bloom Clinic: www.cmme.ca
- ▶ If your child was followed at **Polyclinique Centre-Ville**:
- ▶ Call 514-507-7722

Do you have any questions?

For any medical problem:

Call the ENT nurses at CHU Sainte-Justine: 514-345-4931, ext. 6041

Please indicate your child's **file number** (at the top of their blue hospital card), their **full name** and the **best phone number** to reach you.

Your call will be returned in order of priority within 24 to 48 hours.

For any other reason:

Call the reception of the ENT Clinic: 514-345-4931, ext. 4857.

The nurses and medical staff will be happy to answer your questions! Have a safe trip home!

Notes

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