

WHAT YOU NEED TO KNOW: TONSILLECTOMY



What is a tonsillectomy?

A tonsillectomy is a surgery to remove the tonsils – two pads of tissue on either side of the back of the throat. Tonsils can become enlarged after frequent tonsil infections or strep throat and turn into a reservoir for bacteria.

Why does my child or youth need this surgery?

Some common reasons children and youth might need a tonsillectomy include:

- large tonsils that block their airway causing pauses in breathing (apnea)
- frequent tonsil infections or strep throat

How to prepare for surgery

You should start preparing at least one week before your child's scheduled surgery date. Follow the instructions below and carefully read the *Preparing for surgery* booklet for more detailed information.

1. Make sure your child does not take ibuprofen or anti-inflammatory medications for one week before surgery. Do not give:
 - Advil® or Motrin®
 - Aspirin®, Aleve® (ASA) or Pepto-Bismol®
 - Naprosyn®
 - Gingko
 - St. John's Wort
 - Garlic and ginseng supplements
2. Give acetaminophen (Tylenol® or Tempra®) and over-the-counter cold medications or antibiotics as needed or prescribed.
3. Tell your doctor if your child bruises easily, or if anyone in your family has had problems with anesthetic or bleeding tendencies.
4. Make travel plans as necessary. We recommend that you stay within one hour of CHEO the first night after surgery. For the next two weeks, you should stay within one hour of a hospital that has experience with tonsillectomy patients.



Tonsils



If you live outside of Ottawa, you'll have to plan ahead. Visit www.cheo.on.ca for a list of accommodations near CHEO.

5. Follow the diet and fasting instructions outlined in the *Preparing for surgery* booklet. You may be booked for a visit with the pre-assessment clinic.

What happens during surgery?

On the day of the surgery you will meet with your child's surgeon, anesthesia and nursing team. They will ensure your child is well enough to participate in the surgery and confirm you have followed the preparation instructions.

During the surgery, your child will be given a general anesthetic to put them to sleep. The surgery itself takes about 30-45 minutes, during which the tonsils are removed. It's common for the adenoids to be removed during surgery (adenoidectomy) as well.

Children and youth are ready to go home about 2-4 hours after the surgery is complete unless they need to stay overnight for observation.

What are the risks?

Your child or youth's surgeon will recommend surgery because the benefits outweigh the risks. Risks include:

- risks of general anesthesia
- infection
- loosening or chipping of teeth
- bleeding from the throat
 - 3-5% risk of bleeding (regardless of surgical technique) up to two weeks after surgery
 - the highest risk for bleeding is between day four and eight after surgery
- velopharyngeal insufficiency (air leakage and/or liquid leaking out of the nose while speaking/eating)
- difficulty breathing after surgery
- burns or cracks on the lips
- dehydration

How to take care of your child or youth after surgery

This is a painful surgery. It takes most children 10-14 days to recover after tonsillectomy.



Breathing

It is normal for children to snore and breathe through their mouth after a tonsillectomy. They may also talk a little differently. You may also notice that your child has bad breath. This is caused by white scabs that form in the throat as the throat heals.



Pain

Many children have trouble eating, drinking and sleeping because of pain in the ear or throat after surgery. Pain may get worse around the fifth day after surgery. Pain medication may be needed for as long as 7-10 days. They may also complain of neck stiffness. If neck stiffness lasts more than 2-3 days after surgery or is severe/delayed, contact your surgeon.



Fever

A low grade fever is normal for a few days after the surgery. Give acetaminophen (Tylenol®) as needed. Call your call your surgeon's office or go to CHEO's Emergency Department if their temperature is 39 degrees C (102 degrees F) by mouth, or higher.



Nausea and vomiting

Your child might have nausea and vomiting after general anesthetic. This should get better within a few hours. Call your call your surgeon's office or go to CHEO's Emergency Department if nausea and vomiting lasts for more than 12-24 hours.



Diet

It's important your child drinks plenty of cool fluids, even if they are in pain and don't feel like drinking. Start giving clear liquids, then a soft diet and eventually a normal diet when your child feels like eating. Call your primary care provider or go to CHEO's Emergency Department if you see signs of dehydration – peeing less than 2-3 times per day or crying without tears.



Medication

- Give Tylenol® every 4-6 hours. Do not give more than five doses every 24 hours.
- Give other medications only as prescribed by your surgeon. Celecoxib, morphine, or other pain medication may be prescribed.
- Give anti-nausea medication, like Gravol® or stool softeners if required to help with nausea, abdominal pain and constipation.
- Avoid ibuprofen or anti-inflammatory medications like Advil for two weeks after surgery unless they are prescribed by the surgeon.



Activity

Children may return to school when they are eating and drinking normally, off all pain medication and sleeping through the night. They can resume light activities as soon as they feel ready. Your child should wait two weeks before taking part in more vigorous activities like team sports, swimming, gym class or recess. Your doctor will tell you about any other limits to activities.



Bleeding

Your child should not bleed from the mouth after surgery but some saliva tinged or streaked with blood is normal. Children are at risk for bleeding for up to two weeks after surgery. If bleeding occurs, bring your child to the Emergency Department. If the bleeding is severe, call 911.

Your follow up appointment

If your child or youth requires a follow up appointment, you will be contacted by phone.

Contact information

General inquiries

CHEO ENT clinic nurse
Weekdays 8 a.m. - 4 p.m.
613-737-7600 ext. 2587

ENT on-call doctor
After hours (5 p.m. -8 p.m.) and weekends
613-737-7600 ext. 0 ask for the on-call ENT doctor

CHEO ENT clinic physicians (Drs. Vaccani, MacCormick, Bromwich, Schramm, Rourke)
Weekdays 8 a.m. - 4 p.m.
613-737-7600 ext. 2706

Emergency

In an emergency call Ontario Tele-Health (1-866-797-0000), go to an after hours clinic or to CHEO's Emergency Department.

Community ENT offices

Dr. Chow: 613-759-0417
Dr. Henry 613-562-9000
Dr. Matyas 613-727-3132
Dr. Scherer: 613-562-9000