YOU AND YOUR DOCTOR HAVE DECIDED THAT YOUR CHILD NEEDS A TONSILLECTOMY.

The following information will help you have a better understanding of what to expect.

WHAT ARE TONSILS?

Tonsils are lymphoid tissue. They are one of the body’s many sites producing antibodies that are important in the defense against infection. The tonsils are at the back of the throat on each side. During a bacterial or viral infection, it is normal for the tonsils to enlarge.

WHY REMOVE THE TONSILS?

Tonsils are usually removed due to frequent infections or enlargement that may cause disturbed breathing patterns, and snoring or restless sleep. Possible complications of a tonsillectomy, as discussed by your physician, include:

- Bleeding after surgery
- Breathing difficulty immediately after surgery
- Change in voice

ENT and Allergy Center of Missouri
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PRIOR TO SURGERY

Please tell your physician as soon as possible if there is ANY family history of bleeding or bleeding syndrome.

Transfusion is very rare during a tonsillectomy, so it is not routine to determine your child’s blood type. However, we do check the lab for low blood count.

You will be with your child until he or she goes to surgery.

RECOVERY IN THE HOSPITAL

In certain circumstances your child may be admitted over night after surgery. The IV will remain in place until they can tolerate liquids without nausea or vomiting. Nausea and/or vomiting are common complaints after surgery and are due to the anesthesia or swallowing of blood during or after surgery. Medication is available if vomiting should be a problem.

Your child will have a sore throat, making swallowing and talking difficult.

Ibuprofen or Tylenol will be given every 3-4 hours. Clear liquids, such as Jell-O, apple juice, and popsicles are encouraged to help maintain hydration. The diet will be advanced as tolerated by your child.

Upon discharge, it is recommended that Tylenol/Ibuprofen be given every 3-4 hours alternately for the first 5-7 days after returning home. This will minimize throat pain and encourage oral intake. Tylenol may be given in suppository form.

HOME RECOVERY

Bleeding –

Though rare, bleeding can occur within the first day after surgery of 7-10 days after the procedure. Generally, this only occurs when the scab has been dislodged from the healing site. If bleeding occurs, please call our office immediately and go to the nearest emergency room.

Fever –

It is common to run a low-grade fever (99-101) for the first week after surgery. Inadequate fluid intake is the most common cause. If high fever (102 or above) develops, call our office for instructions.

Diet –

The liquid diet can be advanced to regular diet as your child tolerates.

Fluid Intake –

Inadequate fluid intake is the most common cause of dehydration and dryness of the mouth. Dryness of the throat will make swallowing more difficult and increase throat discomfort.

Bad Breath –

White patches similar to a scab will form where the tonsils were removed. Frequently your child will have bad breath; brushing teeth regularly will help reduce this odor. If bad breath suddenly increases after one week, please call the office. Avoid using strong mouthwashes.

Ear/Throat Pain –

Sometimes throat pain will be referred to the ears and may be noticed more at night. Most often this discomfort does not mean an ear infection. Oftentimes, discomfort waxes and wanes for up to 7 days after the procedure. This is normal and will decrease by the end of the period. It is important to take the antibiotic, if prescribed.

Activity –

Your child should avoid vigorous play for two weeks after surgery. School-age children may return to school after one week. Quiet activity is encouraged at home, but your child need not stay in bed. Complete recovery generally is not expected for 10-14 days. Your child may resume PE, recess and contact sports after two weeks.

For more information on this procedure, please consult with your physician by calling (573) 817-3000 or visit muhealth.org/services/earnoseandthroat.