

# Tonsillectomy with or without adenoidectomy

## Eating and drinking

It is important to encourage your child to drink plenty of liquids. Keeping the throat moist reduces the pain and prevents dehydration (a dangerous condition in which the body does not have enough water). Your child should also be passing urine.

- Chewing gum is recommended as it stimulates saliva flow and exercises the muscles in the throat.
- Your child can eat and drink what they like but, it is **not advised** to give only soft foods, as it is important to keep the tonsil beds free from tissue build-up. The harder foods reduce the build-up of thick scabs which can later become loose and bleed.

If the child vomits, give no food or drink for half an hour, then start sips of clear fluids, gradually increase the amount when tolerating and reintroduce food over a couple of hours. If vomiting continues please contact PCH.

## Bleeding

There is a small risk of bleeding in the first 14 days following the operation. For this reason we recommend that your child stays at home and be observed regularly during the day and checked overnight.

- Make sure that your child does not have overnight stays away from home for 14 days.
- **DO NOT** travel outside of the metropolitan area for the first 14 days following the operation.
- Most children will be out of school or day-care for 7- 10 days after surgery.
- Your child should not participate in vigorous physical activity for 14 days after surgery.
- If your child also had an adenoidectomy your child should not blow their nose for 5 days following the operation. It is okay for the child to sniff.

**If your child has any bleeding from the nose or mouth please return to the PCH Emergency Department immediately**

## Pain management at home

Pain is usually worse with swallowing, chewing and first thing in the morning most children will have a **sore throat for 10 to 14 days** after a tonsillectomy. It is common for children to complain of increased pain on day three to six.

Your child may complain of an earache in one or both ears. This does not mean your child has an ear infection. The ear pain is actually caused by the throat surgery and goes away when the sore throat gets better.



It is common for children to complain of increased pain on day three to six. The place where the tonsils are removed from will appear white for several weeks. This is normal; after a tonsillectomy.

## How to know if your child is in pain

Older children are usually able to express their level of pain and give a number

- 0 -10 (where **0 is no pain** and **10 is the most severe**).

This should be done with and without swallowing. However some children, especially younger children or those with special needs are unable to express their pain level clearly.

Other signs that may indicate a child has increasing pain include-:

- Withdrawn and quiet behaviour. Needing more comforting
- Restlessness or unable to settle
- Refusing to eat or drink
- Poor sleep or altered sleep pattern

## Pain management advice overview

You will need to give a combination of medications to manage your child's pain. Each medication works in a different way. Pain control is best achieved with regular paracetamol and Ibuprofen for **at least 5 - 7 days and then as required**.

If the combination of paracetamol and ibuprofen within one hour is not effective then add oxycodone for extra pain relief.

As your child's pain improves, and they are back to their normal behaviour and activities reduce the amount of pain medications you give in a day by making the time stretch between doses.

Distraction, movies, music, massage, or other non-medicine pain control methods help the pain medicine work better.

**Do not** give your child any other pain medicines containing paracetamol and/or codeine. If you are not sure what medicines are safe, please call your doctor.

## Paracetamol (Panadol, Panamax) should be given regularly for at least the first 5 days. Every 4 to 6 hours.

Do not wait until the pain is severe. We recommend giving the medication on time, even **waking your child up at night** to give the medicine. It should be easier for your child to eat and drink about 30 minutes after taking the pain medicine

### **Do not give more than 4 doses in 24 hours**

Next dose due: \_\_\_\_\_

**Ibuprofen (Nurofen) should be given regularly for at least the first five days – every 8 hours with no more than three doses in 24 hours.**

Can be given at the same time as paracetamol.

Do not wait until the pain is severe. We recommend giving the medication on time, even waking your child up at night to give the medicine. It is better to give after food or milk.

Next dose due: \_\_\_\_\_

## Oxycodone

Oxycodone is a strong pain medication and its effect may last for up to 4-6 hours. Oxycodone starts working about 30 minutes after it is given and takes 1 hour to reach maximum effect.

It is not addictive when used for short periods.

It is important to monitor your child for excessive drowsiness and slowed breathing after a dose.

A brochure will be given to you.

Next dose due: \_\_\_\_\_

## Other common medications your child may go home with:

### ➤ Tramadol

Sometimes given as an alternative to oxycodone and is used for moderate to severe pain.

Don't give more than the recommended dose and **always** follow instructions on the label, speak to a pharmacist if unsure.

### ➤ Anti-Sickness (antiemetic) – Ondansetron

Some children may feel sick when they are discharged home and may require some medication to help reduce this.

After 30 mins try sips of clear fluid and if tolerated try a light diet after at least one hour.

If your child continues to vomit despite having anti-nausea medication, or if pain continues after giving pain medicine please call the hospital on the numbers below.

If you have any concerns, please do not hesitate to ring the numbers below.

## Emergency contact numbers

Please call PCH on 64562222 and ask for Ward 3C (Surgical Short Stay Unit) Monday to Saturday between 7am and 1pm. After these hours ask for Ward 2B surgical.

Seek medical advice if the area where your child's intravenous catheter was put in has increasing redness, swelling or pain.

**This document can be made available in alternative formats on request for a person with a disability.**

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Telephone: (08) 6456 2222  
Produced by Surgical Short Stay Unit  
Ref: 1119 © CAHS 2019 rev 2020



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**Child and Adolescent Health Service**

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