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Instructions After Tonsil and/or Adenoid Surgery

What should I expect after surgery?

Children often have a **bad sore throat** for up to two weeks, usually worse between day 5 and 10, when the “scab” in the throat - a white patch where the tonsils were - breaks up. This is normal, and does not mean that there is an infection. The more a child drinks, the better they will feel, but they may need to be pushed to drink to overcome the pain. It is very common after this surgery to have **ear pain**, since the same nerves go to the ears and the throat (“referred pain”). You also may notice bad breath as the throat heals.

A fever may be seen in the days after the operation - this is common after any anesthetic or in mild dehydration. While I am happy to evaluate your child at any point, a fever **does not** generally mean that there is an infection. Operations that involve sewing the skin (like removal of the appendix) can be complicated by wound infections, but this is almost never seen with after tonsillectomy or adenoidectomy.

Children may have a **“whiny” voice** after the operation. This is because there is more room in the back of the throat, and more airflow through the nose. Eventually, most children compensate for this as the palate (the roof of the mouth) adjusts to make a seal. If this lasts for more than a month, let me know.

What medication is necessary after tonsil and/or adenoid surgery?

Antibiotics are not needed, but pain control is important. A good option is acetaminophen (Tylenol®).

Aspirin should not be used for 2 weeks before and after surgery as it can cause bleeding, as can some dietary supplements containing fish oil, garlic or other herbs. It is not clear if other “NSAID” drugs like ibuprofen (Motrin® or Advil®) increase this risk - there have been studies showing different conclusions about this question, and I have changed my recommendations over time. At present, even though they are a good pain control supplement to Tylenol, it is best not to use them in older patients (teenagers and young adults) at high risk for bleeding. Younger patients may alternate them with Tylenol them every 3 hours (**6 hours** between doses of Tylenol, and **6 hours** between doses of ibuprofen). In older patients, I may also prescribe narcotics like oxycodone, but these should not be given to groggy or sleepy patients.

What should my child eat and drink after the surgery?

It is very important for your child to drink fluids, to **avoid becoming dehydrated**. Liquids with nutritional value (such as milk shakes) are better, since they also provide calories if a child isn’t eating much. Drinks such as Gatorade or Pedialyte are better than water, since they provide needed nutrients. Some of these (such as Pedialyte) are available as ice pops, which may be better for a child recovering from surgery.

I don’t restrict the type or temperature of food - find something they like and push them to drink. If your child becomes dehydrated (if the urine becomes dark or reduced in quantity), contact my office. Rarely, IV fluids will be needed. Avoid “Sharp” foods like chips or pretzels **for two weeks**, as they can cause bleeding.

What do I do in case of bleeding?

Bleeding can be serious - let me know if you see any blood in the mouth within 3 weeks of surgery. The most common time for this is between day 5-10, when the scab breaks up. It usually stops by itself, but if not, go to the Mt. Sinai Emergency Room (after calling my office). If you are far away, any well equipped hospital (**not** an urgent care center) should be able to handle this. If the bleeding has stopped, please contact me to discuss. I (or a covering physician) will be available 24/7.

Can my child travel, swim, go to school, or engage in other activities?

Once children are feeling better, there is no medical reason to restrict moderate activity. Extreme activities (such as weight lifting or strenuous competition) should be avoided for two weeks after surgery as they may raise blood pressure and cause bleeding. They can go to school as soon as they feel well enough, just make sure that their teacher and/or school nurse knows about the surgery. They should not be anywhere where they couldn’t get to a hospital quickly for two weeks, in case of bleeding. There should be no air travel, ship travel, or any other activity where it would be hard to get rapid medical help (such as camping, etc...).

What about follow up?

The follow up visit is three weeks after the surgery, although this is not always necessary. If your child is eating, sleeping and speaking normally, just contact my office to see if you need to come in for a follow up appointment.