

Discharge Information: post Tonsillectomy +/- Adenoidectomy



MEG
MELBOURNE ENT GROUP

Dear Patient/Carer

Please read this document carefully as it contains important information that complements the instructions given by your MEG Specialist during your recent surgical admission.

Tonsillectomy involves removal of the tonsil from the back of the throat. This may be performed in combination with removal of adenoid tissue from the back of the nose. The two main indications for these procedures include recurrent tonsillitis and relief of sleep disordered breathing.

Medications

Pain Management:

- Having the tonsils removed is a painful procedure. It is normal for the pain to fluctuate.
- Typically, the pain will be mild initially, reaching a peak between days 3 to 7 but it will take about 2 weeks to settle completely
- It is normal to experience referred pain to the ears.
- You/Your child will need to take medication regularly to help the pain for at least a week, and then as needed for **up to two weeks**:
 - i) **Regular Paracetamol** up to four times a day for the first 7 to 10 days after the surgery
- **DO NOT give paracetamol more than four times in 24 hours.**
 - ii) **Regular Anti-inflammatories (e.g. Celecoxib, Ibuprofen)** up to 3 times a day **for 7 days with food**
- You **MEG Surgeon** may also provide stronger pain relief such as **Oxycodone (e.g. Endone®)**, and/or **Tapentadol (e.g. Palexia®)** – See below
- Your **MEG Surgeon** may occasionally also prescribe an anti-inflammatory medication such as Prednisolone (e.g. **Predmix®**) or Dexamethasone to be given from day 3 to 7 to reduce pain and swelling. – See below

MILD PAIN	MODERATE PAIN	SEVERE PAIN
Your child is: • comfortable when resting • complaining of mild pain with swallowing • easy to distract/comfort • playing and doing most quiet activities • not having difficulty sleeping due to pain.	Your child is: • reluctant to eat and drink • often uncomfortable or restless, playing less and doing less • more clingy and difficult to distract/comfort • having difficulty sleeping.	Your child is: • refusing to swallow, drooling or spitting • complaining of pain or is distressed most of the time • not interested in normal activities, difficult to distract/comfort • having difficulty sleeping or waking up in pain.
ACTION: 1. Give paracetamol regularly.	ACTION: 1. Give paracetamol regularly. 2. Alternate paracetamol with other mild pain medication prescribed. 3. Use distraction techniques.	ACTION: 1. Give paracetamol regularly. 2. Alternate paracetamol with other mild pain medication prescribed. 3. Consider giving medication for stronger pain (as directed by your doctor)

- If none of the above measures are unable to control the pain, please present to your local emergency department and/or GP whereby the options for extra pain relief include:
 - i) One off dose of **dexamethasone - 0.1mg/kg**
 - ii) **Oxycodone** every six hours as required (**only as directed by your doctor**)
 - iii) **Tramadol** every six hours as required (**only as directed by your doctor**)

Antibiotics:

- It is normal for the back of the throat to have a yellow-greenish covering after the procedure. This is not an infection but the reaction of the normal healing tissue to saliva. You do not need to take antibiotics for this
- Some children may have a foul-smelling breath after the operation. This is a normal part of the healing process. Unfortunately, antibiotics or mouth rinses do not affect the recovery of this.
- There is some evidence that antibiotics may speed the resolution of pain by up to one day.
- If your **MEG Specialist** prescribes Oral Antibiotics – use as directed.

Tranexamic Acid (TXA):

- This is a medication that is used to help blood clots to form and stabilise in wounds, such as the tonsillar or adenoid area, or nose.
- It can reduce the risk of bleeding/re-bleeding and so it may be used as a preventative medication in the first two weeks after surgery, or if you/your child has a bleed in the first two weeks after surgery.
- Your **MEG surgeon** may prescribe this for you/your child to take in the first 2 weeks after Adeno-tonsillectomy, as an oral tablet – use as directed.

Resumption of “Blood Thinning” Medications:

- Prescribed Blood Thinning Agents (most commonly in adults)
 - **e.g. Aspirin, Warfarin, Clopidogrel, Rivaroxaban**
 - Your **MEG Specialist**, in discussion with your **GP/Physician** will instruct you on when to recommence these medications.
- Over the counter blood thinning agents (most commonly in adults)
 - **e.g. Krill Oil, Fish Oil, Ginseng, Gingko, Garlic, etc.**
 - You can restart these medications **2 weeks** after your surgery.

Wound Care

Wound bed Appearance:

- the area where the tonsils were removed will have a creamy white coating for the first 2 weeks after your/your child's operation.
- This is a **normal** part of healing, and will return to healthy pink tissue after a few weeks.

Bad Breath:

- This is common and will be temporary

- Continue to brush your/your child's teeth regularly and use a non-alcohol based mouth rinse if desired.

Bleeding:

- Secondary bleeding (> 24 hours after the surgery) can occur anytime in the two weeks following the operation but is more common on days 5 to 7.
- It occurs in about 1-3% of children undergoing tonsillectomy.
- For this reason, it is important that you remain within 30-40 mins access to a hospital for 2 weeks.
- If there is more than a tablespoon of blood following the tonsillectomy, or persistent bleeding, you should:
 - Present immediately to the closest emergency department
 - Call 000 and ask for an ambulance

Diet

- It is very important to maintain fluid intake after the surgery, especially in the first few days
 - Have/Give your child plenty of fluids, including sugary drinks like cordial.
 - This is particularly important if they are not eating much.
- A **Full, normal, diet** is also actively encouraged
 - This includes food that must be chewed and swallowed – not just “ice cream and jelly”
 - Chewing allows muscles in the throat, jaw and neck to be used and not ‘seize up’ – decreasing pain and the risk of bleeding.
 - Whatever you can convince your child to eat is acceptable.

Return to Normal Activities:

- You/Your child will usually require 2 weeks from work/school for recovery, and avoid sport or vigorous activity

	CHILD	ADULT
Week 1-2 post-op	• Check on your child at least twice during the first 2 nights to see if there is any bleeding or difficulty with breathing. • If <4 years old, it may be best for them to sleep in same room as you. • Do Not Let your child: ○ Go swimming until they are completely healed (2-3 weeks) ○ Near people with coughs and colds ○ Blow their nose (if they have had their adenoids removed)	• First 24 hours: Adults should avoid operating heavy machinery and signing important / legal documents. • Have relative rest and avoid lifting heavy objects. • Avoid bending over. • If you need to pick up objects from the floor, do so by bending your knees and keeping your head up if possible. • Avoid taking flights if possible
Week 2-4 post-op	• Your child can return to school and normal activities	• You may now restart slowly all previous levels of physical exercise (including sports)

Attend your nearest Emergency Department or Local GP Clinic if You/Your child:

- Has any fresh bleeding from the nose or mouth, or in their vomit, or is swallowing a lot (this is often a sign of blood in the back of the throat)
- Has severe pain or fever that is uncontrolled by the prescribed pain medications
- Is drinking only very small amounts or is unable to drink at all.
- Has a temperature of 38°C or more.
- Has vomited more than 4x in the first 24 hours after the surgery

On your Postoperative Appointment:

- An appointment will be arranged for 4-6 weeks after the operation with your **MEG Specialist**
- This visit may be in-person or via telehealth.



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