



Tonsillectomy/Adenoidectomy Post-op Care Sheet

Post-op Pain Management

Controlling pain is the single greatest challenge after a tonsillectomy/adenoidectomy surgery. Every child is different. Most children will have moderate pain for the first 4 days. **The worst days for pain are post-op days 5-8.** Then pain begins to taper the second week of recovery. Every now and then, we have patients who will struggle with pain for a full 14 days. For children 6 and under, Dr. Sipp recommends Tylenol and Motrin to control pain. The simplest way to manage is to alternate between Tylenol (acetaminophen) and Motrin (ibuprofen) every 3 hours to stay ahead of the pain.

Example Routine:

1 pm Tylenol (acetaminophen)
4 pm Motrin (ibuprofen)
7 pm Tylenol
10 pm Motrin
Etc...

For children 7 years of age and older, Dr. Sipp will prescribe a prescription (narcotic) pain medication called Hycet (Tylenol and hydrocodone). Hycet can be substituted for Tylenol in the 3 hour Tylenol/Motrin rotation mentioned above.

***** TEENS THAT DRIVE:** Should not work or drive while taking prescription (narcotic) pain medication.

Dr. Sipp recommends writing down what medication you gave and at what time. Tylenol can be given every 4 hours and Motrin can be given every 6 hours. Dr. Sipp also recommends waking your child up at night to give the scheduled Tylenol or Motrin in order to stay ahead of the pain (at least for the first 48 hours after surgery).

If your child is refusing to take the pain medicine, be forceful, but also creative. Buy another flavor of medicine. Try the chewable form of Tylenol and Motrin. Tylenol suppositories can also be bought over the counter. Unfortunately, there are no over the counter suppositories for ibuprofen or prescription pain meds. **If pain is not controlled, please call our office for advice.**

****A dosing chart for Tylenol and Motrin is included in this post-op teaching packet.****



Peach Pediatric ENT

Dr. Andy Sipp

404-591-1426

Eating and Drinking

Drinking is more important than eating in the postoperative period. Staying hydrated can help prevent post-op bleeding. We have included a chart below with the daily recommended fluid intake based on your child's weight. Gatorade, pedialyte, white grape, apple, or pear juice are great. Citrus juices (like orange juice or pineapple juice) and carbonated beverages will burn and should be avoided for 2 weeks after surgery. A soft diet is recommended for the full 2 weeks after surgery. Foods like mac-n-cheese, mashed potatoes, apple sauce, ice cream, popsicles, yogurt, rice and scrambled eggs are all great options. Avoid hard, crunchy foods that could scratch the back of the throat, like fried foods, potato chips, popcorn, nuts. Avoid hot foods, both spicy and temperature hot, as these can burn the throat. Dairy is okay to give, but try to alternative milk and juice or water as excessive milk intake can increase the thickness of your child's mucous or secretions. Encourage them to chew slowly and take small bites.

Weight (kg)	Weight (lbs)	Minimum fluid intake in 24 hrs
9 kg	20 lbs	15 oz
10 kg	22 lbs	16 oz
11 kg	24 lbs	17 oz
12 kg	26 lbs	18 oz
14 kg	31 lbs	19 oz
15 kg	33 lbs	20 oz
17 kg	37 lbs	22 oz
20 kg	44 lbs	24 oz
25 kg	55 lbs	26 oz
30 kg	66 lbs	28 oz
35 kg	77 lbs	30 oz
40+ kg	88+ lbs	32 oz

Dehydration

Drinking is the most important part of recovery after a tonsillectomy and adenoidectomy. If your child is having trouble swallowing or refusing to drink, please look for these signs of dehydration and call our office immediately for further instruction:

- Refusing to drink anything for over 24 hours
- Vomiting and not able to keep anything down for 24 hours
- Less than 3 wet diapers or urinating less than 3 times in 24 hours
- Dry lips or mucous membranes in the mouth



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Common Symptoms after Tonsillectomy/Adenoidectomy

Fever- A low grade fever (99-101.5F) can be common the first 1-4 days after surgery. Tylenol and Motrin should help, but if fever gets above 101.5F or if the fever is not responding to pain medications, please call our office as this could be a sign of an infection.

Nausea/Vomiting- Nausea and vomiting are common the day of surgery, especially on the trip home. This is usually related to anesthesia. Please call our office if your child vomits more than 3-4 times after surgery.

Bad Breath- Extremely bad breath is common after tonsillectomy/adenoidectomy. Don't worry! It is not an infection. It is caused by the scabs over the tonsils and adenoids that are healing from surgery. It is okay to brush teeth, but be careful and avoid the back molars where the tonsil scabs are healing. Teeth brushing will not help the bad breath. Please do not use any mouthwash for at least 2 weeks after surgery as this will burn the throat.

Constipation- Constipation can be a side effect of anesthesia, taking narcotic pain medication and not eating your regular diet or doing regular physical activity. If your child has not had a normal bowel movement within a couple of days after surgery, be proactive and either give them foods that prevent constipation (raisins, prune juice, etc.), or purchase Miralax or other over-the-counter laxatives.

Ear and neck pain- Some children can have "referred" pain to the ears and neck after a tonsillectomy/adenoidectomy. Warm compresses to the ears and neck may help. Please call our office if your child has severe neck pain or stiffness as this can sometimes be a sign of infection.

Voice Changes- A temporary, usually higher pitched "Mickey Mouse" voice can be common for up to two weeks after surgery.

Throat Appearance- You may notice white, yellow or grey patches in the back of the throat where the tonsils used to be. This is a normal part of the healing process. The scabs take about 2 weeks to fall off or dissolve.

Bleeding

A small amount of blood tinged secretions the first day of surgery is okay. **After that, any amount of blood greater than a teaspoon, is considered an emergency and we want you to call our office immediately (24 hours a day/7 days a week) for further instruction.**



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Activity

No exercise, P.E./gym class, playground, sports or physical activity of any kind for a full 2 weeks after surgery!! No swimming or submerging your head under water for 2 weeks after surgery. Avoid any activities that involve sweating, straining or changes in pressure, this includes: trampolines, swing sets, airplane trips, Six Flags, or jumping on the bed. After 2 weeks, you may resume all regular activities.

Travel

No travel outside of the Metro Atlanta area for two weeks after surgery. Do not get on a plane for 2 weeks after surgery. Do not leave the country for 3 weeks after surgery.

School

Most children miss at least one week of school or daycare after surgery. They can return the second week as long as they are no longer requiring prescription (narcotic) pain medication. Please remember no P.E./gym class or playground for the full 2 weeks after surgery.

Follow-up

Many children do not need a formal postoperative visit. If your child has unresolved issues of congestion, infections, snoring, or swallowing problems, please call our office to schedule a post-op visit.

WHEN SHOULD I CALL DR. SIPP?

- Bright red bleeding from mouth or nose- call IMMEDIATELY FOR GUIDANCE 404-591-1426
- Fever >103F
- Child stops drinking or is showing signs of dehydration
- Less than 3 wet diapers in 24 hours
- Vomiting more than 3-4 times after leaving the hospital
- Difficulty breathing or color changes (turning purple or blue in the face)

IN CASE OF AN EMERGENCY, CALL 911 OR GO TO THE NEAREST ER

CALL OUR OFFICE 404-591-1426 WITH ANY QUESTIONS OR CONCERNS

Dosing for Infants and Children



From Your Healthcare Professional

DOSE: Every 4 hours as needed. DO NOT GIVE MORE THAN 5 DOSES IN 24 HOURS.

If possible, use weight to dose; otherwise use age.

mL = milliliter
tsp = teaspoon



Infants' TYLENOL® Oral Suspension

Active Ingredient:
Acetaminophen 160 mg
(in each 5 mL)

Available in:
Grape
Cherry

Use only as directed.



Children's TYLENOL® Oral Suspension

Active Ingredient:
Acetaminophen 160 mg
(in each 5 mL or 1 tsp)

Available in:
Grape
Cherry

Use only as directed.

WEIGHT	AGE	Infants' TYLENOL®	Children's TYLENOL®
6-11 lbs	0-3 mos	1.25 mL	—
12-17 lbs	4-11 mos	2.5 mL	—
18-23 lbs	12-23 mos	3.75 mL	—
24-35 lbs	2-3 yrs	5 mL	5 mL (1 tsp)
36-47 lbs	4-5 yrs	—	7.5 mL (1½ tsp)
48-59 lbs	6-8 yrs	—	10 mL (2 tsp)
60-71 lbs	9-10 yrs	—	12.5 mL (2½ tsp)
72-95 lbs	11 yrs	—	15 mL (3 tsp)

IMPORTANT INSTRUCTIONS for Proper Use

Today's Date: _____

This dosing recommendation from your doctor will expire in 14 DAYS.

- Read and follow the label on all TYLENOL® products.
- Take every 4 hours as needed. Do NOT exceed more than 5 doses in 24 hours.
- Do NOT use with any other product containing acetaminophen.
- Use only the dosing device that comes with a specific product.
- **All Infants' TYLENOL® and Children's TYLENOL® Oral Suspension products have the same acetaminophen concentration (160 mg/5 mL).**

Dosing for Infants and Children

From Your Healthcare Professional

Concentrated
MOTRIN
Infants' Drops

Children's
MOTRIN

DOSE: Every 6-8 hours as needed. DO NOT GIVE MORE THAN 4 DOSES IN 24 HOURS.

If possible, use weight to dose; otherwise use age.

mL = milliliter
tsp = teaspoon



Infants' MOTRIN® Concentrated Drops

Active Ingredient:
Ibuprofen 50 mg (NSAID)[†]
(in each 1.25 mL)

[†]Nonsteroidal anti-inflammatory drug
Use only as directed.

Available in:
 Dye-Free Berry



Children's MOTRIN® Oral Suspension

Active Ingredient:
Ibuprofen 100 mg (NSAID)[†]
(in each 5 mL or 1 tsp)

[†]Nonsteroidal anti-inflammatory drug
Use only as directed.

Available in:
 Original Berry
 Dye-Free Berry

WEIGHT	AGE	Infants' MOTRIN® Concentrated Drops	Children's MOTRIN® Oral Suspension
6-11 lbs	0-5 mos	Do not use	—
12-17 lbs	6-11 mos	1.25 mL 	—
18-23 lbs	12-23 mos	1.875 mL 	—
24-35 lbs	2-3 yrs	—	5 mL (1 tsp)
36-47 lbs	4-5 yrs	—	7.5 mL (1½ tsp)
48-59 lbs	6-8 yrs	—	10 mL (2 tsp)
60-71 lbs	9-10 yrs	—	12.5 mL (2½ tsp)
72-95 lbs	11 yrs	—	15 mL (3 tsp)

IMPORTANT INSTRUCTIONS for Proper Use

Today's Date: _____

This dosing recommendation from your doctor will expire in 14 DAYS.

- Read and follow the label on all MOTRIN® products.
- Take every 6-8 hours as needed. Do NOT exceed more than 4 doses in 24 hours.
- Do NOT administer longer than 10 days, unless directed by a doctor.
- Ask a doctor or pharmacist before use if the child is taking any other drug containing an NSAID[†] (prescription or non-prescription).
— MOTRIN® contains ibuprofen
- Use only the dosing device that comes with a specific product.

[†]Nonsteroidal anti-inflammatory drug