

CHILDREN'S ADENOTONSILLECTOMY POST OP INSTRUCTIONS



What to expect in the operating recovery area

When your child is awake enough in recovery you will be asked to come up to be with them. It is very common for your child to be agitated and disoriented in recovery. This is due to a combination of factors such as the anaesthetic wearing off, being in a strange place with strange people, dizziness when the ears are operated upon and sometimes pain. It usually lasts about 30 -45mins at the most and then they generally settle well. During your stay in the recovery room there will be nursing staff closely assessing and attending your child.

Once your child is sufficiently awake and the recovery staff are happy with their progress you will be taken back to the general ward area. In most cases your child will be able to eat and drink within a few hours. An intravenous drip of saline water will remain in place overnight. It is very common to be quite sleepy for a few hours after the operation.

While you are on the ward the nursing staff will make sure that your child is assessed regularly. If you

have any concerns at this stage you should alert the nursing staff so that they can help you.

What to expect during the hospital stay

For most children their stay in hospital is comfortable, due to the pain-killing medications given by the anaesthetist during the operation and local anaesthetic used by the surgeon. Most children will feel up to eating and drinking later that day and will either sleep or feel like watching TV or reading. In a small number of cases there may be some degree of discomfort or nausea. If your child has either of these you should alert your nurse as they can give medication to counteract it. The common times to feel nauseated or to vomit are immediately after the operation, when they first eat or when driving home the next morning (it is probably the motion in the car) so make sure you are given a "sick" bag to take with you for the ride home. If you have one you probably won't need it!

Going Home

Most children will spend a night in hospital and be discharged after breakfast.

Older children that have their operation early in the morning may be discharged that day if they are doing well.

Medications to take home

1. Antibiotics

Most children will go home with a prescription for amoxycillin, but occasionally another antibiotic depending on allergies.

2. Pain medication

The best medicine to start with is "Painstop Daytime®" mixture. It is bought over the counter at the chemist and is a liquid children's form of Panadeine®.

In almost all cases paracetamol alone is not sufficient.

It is very common for your child to need pain relief quite regularly for up to a week. You may give the dose suggested for the child's weight from the side of the bottle every 4-6 hours (with a maximum of 4 doses in a 24hour period). If this is not sufficient then call Dr Griffiths or Dr Morgan as there are a few other options available.

Do NOT use Nurofen® (ibuprofen) or aspirin, as

this increases the risk of post operative bleeding.

In older children PainStop may be replaced by regular paracetamol plus Codeine syrup for "breakthrough" pain that the paracetamol does not control. Give paracetamol regularly three to four times a day for up to 10 days, and give codeine to treat any residual pain. The two medicines can be given together or separately. DO NOT give Pain Stop if using the paracetamol + codeine combination as that would be double dosing.

It is not unusual for young children to refuse to take medications as they do not like the taste, but you must take the upper hand in this situation rather than letting your child take control. If pain relief is not maintained at an adequate level you will run into trouble a few days down the track. Use a small syringe to squirt the medicine into the back of the throat past the molar teeth rather than giving it to them to sip at their own discretion from a medicine cup. Employ whatever discipline, bribery or distraction techniques are required. They will learn quickly that although the medicine does not taste very nice it will help them feel better. Following it with a spoonful of something sweet, as per Mary Poppins, will help.

Children may complain of either throat or ear pain.

3. Gargles

Older children may be prescribed gargles to improve healing, and local anaesthetic gargles can be purchased over the counter at the pharmacy to help with throat pain.

Eating and drinking at home

There are no absolute restrictions on food and drink intake after a tonsillectomy. It is not uncommon to be "off your food" for a few days, and not uncommonly you may see a small amount of weight loss as a result. It is very important that your child maintains their fluid intake during their recovery.

Suggested Foods

- Acidic foods such as citrus fruits and tomatoes often irritate the throat and may be best avoided. However if they are a favourite food and are not causing discomfort then they may be consumed.
- All of the soft "comfort foods" such as jelly, ice cream, yoghurt are always a good option.
- Paddle pops or iceblocks are a good option as they are cold, sloppy, taste good and have

calories and fluid in them.

- However if it is comfortable to eat your child may eat anything.

Fluids

- It is very important for your child to maintain a good fluid intake of at least 80ml per kg body weight per day.
- The best fluid for maintenance hydration and thirst is tap water
- If it gets to the stage that they are just not eating and drinking enough they may need to be readmitted to hospital for intravenous fluids.
- This happens in about 1% of cases and you should contact either your anaesthetist or surgeon if this is occurring.

Dr Griffiths 0416 035 186

Dr Morgan 0408 261 452

Please read the information sheets provided by your surgeon for further information on post operative care and what to expect after your surgery.