TONSILLECTOMY

This operation is often combined with adenoidectomy and cautery of the nose, and usually requires one night in hospital. One parent is encouraged to stay with the child overnight. When the child returns home from hospital, he/she should be put to bed. The child may sit up out of bed and play inside the house but should not be allowed to get overtired. The child should not return to school for 7-10 days after the operation and should restrict strenuous exercise for a further 10 days. Swimming is not permitted for three weeks after surgery.

DIET

The child should eat as close to a normal diet as possible. Chewing gum between meals is recommended as this helps to reduce pain and stiffness in the area. Fresh oranges, lemons and bananas as well as hot or spicy foods may cause severe pain and should be avoided. In the case of small children adequate fluid intake is more important than food intake and any favourite liquid or “popsicles” should be encouraged.

ANTIBIOTICS

Routine post-operative antibiotics are given for 7-10 days, as it has been shown that this reduces the possibility of bleeding from the throat and reduces the normal post surgical bad breath.

EAR ACHE

This is common after tonsillectomy and is due to a phenomenon known as “referred pain”. It is not usually due to ear disease.

PAIN RELIEF

The degree of pain suffered by children following tonsillectomy varies widely and some children require pain medication for up to 10 days. It is important to get “on top of the pain” and then provide a maintenance level of pain medication until it is no longer necessary.

Panadol can be given to enable the meal to be swallowed with less discomfort. Local anaesthetic lozenges such as Cepacaine or Strepsils may be sucked to reduce the tonsillar bed pain. Stronger pain medication such as Oxynorm maybe prescribed by the anaesthetist.

Under no circumstances should any compounds containing aspirin (there are 30 available) or Nurofen be used for 2 WEEKS before or after tonsillectomy as they can affect blood clotting and cause secondary haemorrhage.

APPEARANCE OF THE THROAT

If you look at the child's throat, do not be alarmed if the tonsil bed is raw and becomes coated with a thick white slough. This dislodges or disintegrates on about the 7th day and the throat looks "raw" for another week. Occasionally black ties of suture material will fall off in due course. If, after finishing the antibiotics, the child becomes feverish and develops a foul breath, a secondary infection may be developing and further antibiotics should be sought from your family practitioner. This infection may lead to an increased risk of secondary bleeding from the tonsil bed.

BLEEDING

As mentioned above, infection of the tonsil beds or separation of the slough may occur with bleeding (called secondary bleeding). This happens to one child in fifty and can usually be managed without the need for further surgery. If the loss is only a few drops there is nothing to worry about. If, however, the bleeding continues and does not stop after 10 minutes, you should telephone me. Please contact me at any time of the day or night if you are alarmed by the child's condition. **Day calls should be made to 9389 1622, and in the evenings and weekends, you should ring Dr Coates on 9335 5808. If you cannot contact us and the bleeding is severe, go to the emergency section at Princess Margaret Hospital for Children (phone 9340 8222).**

NOTE, Because of occasional severe secondary bleeding country children should stay in Perth for 14 days postoperatively.

SOME INTERESTING FACTS ABOUT TONSILS AND ADENOIDS

Tonsils and adenoids are composed of tissue similar to the lymph nodes or "glands" in the neck, groin and other parts of the body.

Tonsils and adenoids are located near the entrance to breathing passages where they can catch incoming infections.

Tonsils and adenoids may help form antibodies to bacteria and viruses as part of the body's immune system to resist and fight further infections. This function becomes less important as the child gets older.

There is no evidence that tonsils and adenoids are important and their removal, if necessary, does not lead to any loss of future immunity to disease.

Tonsillectomy for recurrent tonsillitis has become less necessary with the advent of modern antibiotic therapy.

In children's hospitals throughout the world, the most common reason to perform tonsillectomy today is for obstruction of the upper airway. Enlarged tonsils and adenoids may cause snoring and disturbed sleep patterns that lead to daytime sleepiness and behaviour problems in children.

Some orthodontists believe chronic mouth breathing from large tonsils and adenoids causes malformation of the face and improper alignment of the teeth. Children who have abnormal breathing problems (or obstructive sleep disorder) will usually be monitored post-operatively with an oxygen monitor attached to the fingers or toes.