

# My Child's Tonsillectomy Journey



**LEARNING**  
about the surgery



**PREPARING**  
for the surgery



**GOING**  
to the hospital



**RECOVERING**  
at home

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Reading this booklet will help you:

- Learn about tonsils and adenoids and why they may need to be removed
- Prepare for the surgery
- Help your child recover after surgery
- Know when to get medical help

If you have any questions or concerns, please talk with a member of your child's health care team.



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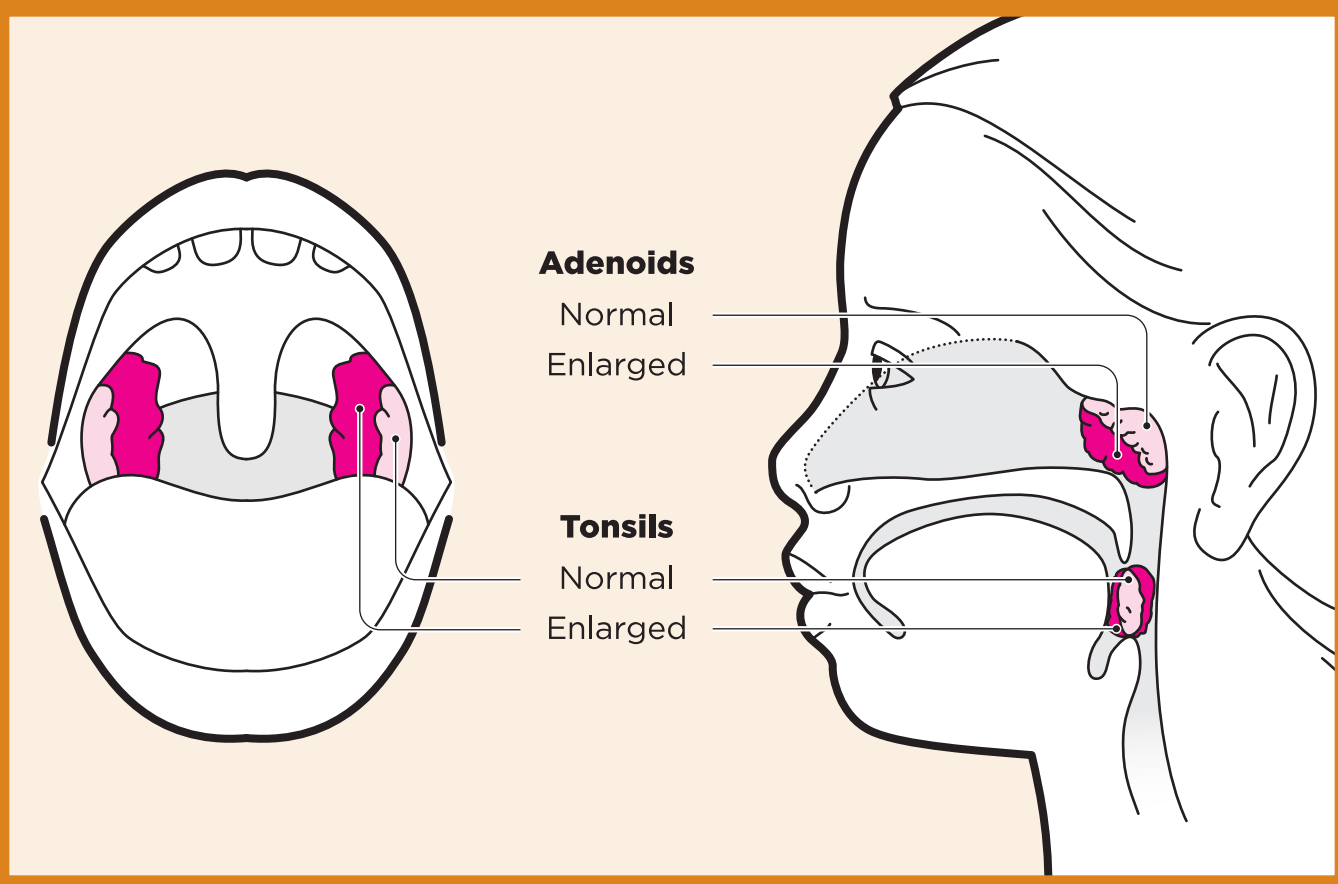


# LEARNING

about the surgery

## What are tonsils and adenoids?

- The tonsils are two lumps of tissue located in the back of the mouth, on either side of the throat.
- 'Adenoids' refers to a similar lump of tissue located behind the nose, above the soft roof in the mouth. You cannot see this when you look in your child's mouth.
- The tonsils and adenoids help to protect the body from infection. They 'trap' germs coming in through the mouth and nose. As children grow, their tonsils and adenoids shrink and almost disappear by the teen years. The immune system is able to fight infections without them.





## Why would they need to be removed?

Tonsils and adenoids can become infected. Frequent infections makes them get larger and painful.

Large tonsils and adenoids make it harder for your child to breathe and swallow. Your child may snore heavily or have pauses in breathing when sleeping (apnea).

The ear, nose and throat doctor (ENT) may recommend

surgery to remove your child's tonsils, adenoids or both to:

- ➔ Help your child's breathing while awake or asleep
- ➔ Have fewer infections in that area

The doctor will discuss the surgery with you and answer any questions that you may have. Your child will be given a general anesthetic, so they will be asleep and feel no pain.





# PREPARING

for the surgery

## Your Pre-op Visit



### Coming to the Pre-op Clinic

→ The Pre-op Clinic is inside the Urgent Care Center on the corner of Main Street and Macklin Street (690 Main Street West, Hamilton).

→ The parking entrance is behind the building, off Macklin Street. Parking is a flat rate of \$8.



### Plan ahead for your Pre-op Visit. It will take 1.5 to 3 hours.

1.5 TO 3 HOURS



Please bring:

→ Your child's Health Card.

vitamins, supplements, and natural or herbal products.

→ A list of all the medications your child takes, including prescription and 'over-the-counter' medications,

→ Snacks and quiet activities for your child.

At your Pre-op visit, you and your child will meet members of the health care team. They will:

→ Ask questions about your child's health, including allergies, and any medications.

Program'. If you are eligible, one parent can go into the operating room (OR) with your child and stay until they are asleep.

→ Help your child understand what they will see and do on the day of the surgery, using hands-on activities.

→ Tell you when your child must stop eating and drinking before surgery.

→ Explain our 'Family Support

→ Tell you when to come to the hospital for surgery.

# What can I do to get ready at home?



Make sure you have what you need to care for your child **after** surgery. You will need:

- Pain medication. You may need up to 50 doses of acetaminophen (Tylenol®) and up to 50 doses of ibuprofen (Advil® or Motrin®) to help keep your child comfortable during recovery.
- A choice of drinks and soft foods. A list of the drinks and foods we recommend is on page 15.



**Make sure your child's stomach is empty before the surgery.**

- After midnight, the night before surgery, your child must not have any solid food, candies or gum.
- Your pre-op instructions tell you when your child must stop drinking fluids.

**You must follow these instructions or your child's surgery may be cancelled.**





# GOING to the hospital

## What do I bring on the day of surgery?



- Your child's Health Card.
- Any medications that your child takes each day, including insulin and inhalers.
- Any special comfort item (teddy bear or blanket) and toy (such as an ipad with power cord).
- Your child's favourite sippy cup (for drinking on the way home, if you live more than 15 minutes away).
- Something for yourself to do while your child is in surgery.
- Pain medication (acetaminophen and ibuprofen) that you will be using at home.
- Comfortable pyjamas for your child to wear home.
- Cash, VISA or MasterCard to pay for parking. The daily maximum for the Underground Parking Garage is \$20.



**Your child can wear pyjamas to the hospital**





## What happens before surgery?

After checking in, you will go to a room where the nurse will:

- Put an identification band on your child's arm
- Take your child's blood pressure and temperature
- Ask questions about your child's health

Your child may wear their own pyjamas for the surgery. We have hospital pyjamas available if needed.

When the staff are ready, you will go with your child to the 'lobby' outside the operating room (OR). As a final check before the surgery, the staff will ask you some questions again. This is important for your child's safety.

During surgery you may leave the waiting room, but please stay in the building. Take this time to get something to eat and take care of yourself.

The volunteer in the OR waiting room will let you know when the surgery is over and your child is in the recovery room (also called the Post Anesthetic Care Unit or PACU).

### If you are taking part in the Family Support Program:

- As children can sense what their parents are feeling, we suggest that the parent that feels the most relaxed go with your child into the OR.
- A hospital volunteer will stay with you in the OR. When your child is asleep, they will take you to the family waiting room.

## What happens after surgery?

The nurses in the PACU will closely watch your child for about 30

minutes. They will check your child's breathing, pulse and temperature.



When your child is awake and doing well, your child will be moved back to Same Day Surgery or a pediatric inpatient area if you're staying overnight.

Your child may be sleepy, fussy, cranky or feel sick for a few hours, until the effects of the anesthetic wear off. Talk to your child in a soothing voice.

Gently encourage your child to drink. When your child is drinking well, the intravenous (IV) can be taken out.

Your child may drool because swallowing is painful. It is normal for the saliva to be pink or a bit red at times. There should not be any bright red bleeding.

### As soon as your child is awake, our goals are to:

- ➔ Manage pain and keep your child comfortable
- ➔ Have your child start drinking fluids

## When can my child go home?

Some children stay in hospital overnight and go home the next day.

The doctor will decide when your child can go home. To be well enough to go home, your child must:

- ➔ Be fully awake and alert,
- ➔ Drink a certain amount of fluid, and
- ➔ Have no signs of bleeding.

**The doctor or nurse will review the Recovery Guidelines on page 22.**

**Please ask any questions that you have.**

### Before you leave the hospital:

- ➔ Show the nurse the pain medication you will use at home.
- ➔ Know the right amount (dose) of pain medication to give your child. The safest dose is based on your child's weight, not age.
- ➔ Know how much fluid your child needs to drink each day during recovery.
- ➔ Arrange for another adult to help you take your child home. While one person drives, the other will sit in the back seat and care for your child.
- ➔ Have a drink ready for the ride home, if you live more than 15 minutes away. It is important for your child to continue drinking.



## How does the throat heal?

- Thick white patches (scabs) form where the tonsils and adenoids were removed. They may cause bad breath. This is a normal part of healing.
- The scabs will gradually fall off during recovery, usually during the first week.
- Antibiotics are not usually needed after this surgery.

## How long does it take to recover?



14 DAYS

**Plan for your child's recovery to take up to 14 days.**

- It takes most children 10 to 14 days to recover from this type of surgery.
- Please follow the instructions in this booklet for the entire time.



### To help your child feel better faster:

- Manage your child's pain with medication and distraction.
- Have your child drink lots of fluids.



## Will my child have pain?

Yes, recovery from this surgery is painful.

→ Your child's throat will be very sore, especially in the mornings when it is dry. You may notice your child avoids talking or talks softly when their throat is sore. This is normal up to 14 days after the surgery.

→ Your child's neck and nose may also hurt.

→ Your child may also have ear pain. The pain is actually coming from the tonsil area. It does not mean that your child's ears are infected.

**Each child feels and responds to pain in their own way.**

In general:

→ Pain tends to be the worst in the first few days after surgery, and again when the scabs fall off.

→ It is normal for the pain to change from day to day.

→ Pain may last up to 14 days after surgery.

## How can I tell how much pain my child has?

Watch for signs of pain, such as:

- Irritability or restlessness
- Crying
- Refusing to move

→ Refusing to eat or drink

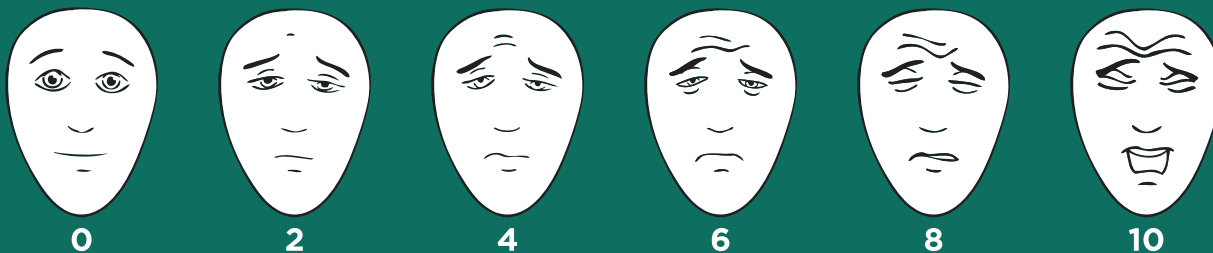
→ Drooling (not swallowing saliva)

Ask your child to show you how much it hurts, using the "Faces Pain Scale" on the next page.



### How to use the Faces Pain Scale:

“These faces show how much something can hurt. This face (point to left-most face) shows no pain. The faces show more and more pain (point to each from left to right) up to this one (point to right-most face). It shows very much pain. Point to the face that shows how much you hurt right now.”



The number below the chosen face is your child’s pain score.

Source: Hicks CL, von Baeyer CL, Spafford PA, van Korlaar I, Goodenough B. (2001). The Faces Pain Scale-Revised: toward a common metric in pediatric pain measurement. Pain. 93(2):176.

It is most helpful to use the pain scale:

- before giving your child pain medication, and
- about 1 hour after your child has taken pain medication

The pain scale shows how well the pain medication is working. If the pain score is not lower after 1 hour, your child may benefit from a different medication.

## What can help manage my child’s pain?

To help your child feel more comfortable:

- Give your child regular doses of pain medication (acetaminophen [Tylenol®] and ibuprofen [Advil® or Motrin®]).
- Keep your child busy with quiet activities. This distracts your child’s attention away from discomfort.
- Put an ice pack (covered with a cloth) on your child’s neck for a few minutes, several times a day.
- Keep your child’s head raised slightly higher than their body. Raising the head or sitting almost upright may be more comfortable than laying flat.



## What pain medication do I give my child in the first 72 hours (3 days)?

Give your child acetaminophen (Tylenol®) every 4 hours. Do not give more than 6 doses in a 24 hour period. Read the product label carefully and give your child the acetaminophen based on their weight not age.

**Also** give your child ibuprofen (Advil® or Motrin®) every 6 hours. Do not give more than 4 doses in a 24 hour period. Read the product label carefully and give your child the ibuprofen (Advil® or Motrin®) based on their weight not age.

### **WAKE YOUR CHILD WHEN THEY ARE SLEEPING SO THEY WILL GET THEIR MEDICATION ON TIME.**

Giving both acetaminophen (Tylenol®) and ibuprofen (Advil® or Motrin®) is safe because these medications help pain in different ways.



Giving pain medication on a regular schedule provides an even level of comfort. This will help your child continue to eat and drink.

Do not wait and only give medication when your child gets very uncomfortable. By then, swallowing can be so painful that your child refuses to eat or drink.

Follow the directions on the package carefully. We will give you a syringe to measure the exact dose of liquid medication. Do not measure medication with kitchen spoons as they are not the right size.

See your child's Recovery Guidelines on page 23 for instructions.

### **Keep a record of:**

- The type of pain medication you give your child
- The times you give it
- How well you think it is working



# When can I reduce the pain medication?

## After the first 72 hours (3 days)

If your child is eating and drinking normally and not complaining of pain. You can begin to spread out doses of pain medication if your child appears to be doing well.



### CAUTION:

If your child is still experiencing pain and not eating and drinking normally, continue taking pain medications.



### REMINDER:

Pain changes during recovery. You may need to decrease dosing one day and then increase it the next day as your child's throat heals and the scabs fall off.

Consider giving the pain medication less often, with longer lengths of time in between each dose when:

- ➔ Your child's score on the Faces Pain Scale is getting lower, and
- ➔ Your child seems more comfortable (co-operative, acting like their regular self, drinking enough fluids).

When you are giving medication every 6 hours and your child is coping and drinking well, consider eliminating a dose during the daytime hours. As your child progresses through recovery, you can slowly decrease dosing until you eliminate medication altogether.



**Managing pain is very important**

If your child has pain, they will have trouble eating, drinking and sleeping.

**Your child MUST drink to get better.**

**If your child is not drinking, do not reduce their pain medication.**



## What are the best times to give pain medication?

Giving pain medication 45 minutes to 1 hour before meals makes swallowing less painful. This will help your child eat, and drink the fluids they need.



### For your child's safety



4-6  
HOURS

**Make sure there are 4 to 6 hours between doses, depending on the type of medication.**

**Follow the instructions on the package carefully.**

## How can I help my child take medication?

If your child finds it hard to take medication, here are some things to try:

- Buy medication in a flavour your child likes such as grape or bubble gum, but consider dye free medication to avoid things that look like blood.
- Buy medication in liquid form. It is easier to swallow than chewable tablets.
- Let your child squirt the medication into their own mouth with a syringe.
- Have a favorite drink ready to “wash down” the taste of the medication.
- Give your child a reward for taking the medication. See page 18 for ideas.





**Do not mix medication into food or drinks.**

- ➔ If your child tastes the medication in the mixture, they may not eat or drink again (thinking all food and drink may have medication in it).
- ➔ If your child does not finish the food or drink, they will not get all of the medication.
- ➔ If your child does not finish the mixture you won't know how much medication they swallowed.

## Why is drinking so important?

Drinking fluids:

- ➔ Cleans your child's throat.
- ➔ Reduces pain.
- ➔ Makes swallowing easier.
- ➔ Prevents dehydration (a lack of water in the body).
- ➔ Reduces the risk of bleeding.
- ➔ Prevents stiffening of the neck muscles.



**The more your child drinks:**

- ➔ The better they will feel
- ➔ The faster they will heal



## What can my child drink?

### Ideal choices

- ✓ Milk
- ✓ Water
- ✓ “Flat” ginger ale (no bubbles)
- ✓ Apple juice
- ✓ Popsicles
- ✓ Sports drinks

### Not ideal choices

- ✗ Hot liquids
- ✗ Acidic juices such as orange, lemonade or grapefruit
- ✗ Red drinks, which can look like blood

Have a few choices available. Acidic drinks may irritate the throat, but if your child will only drink orange juice, that is better than nothing!



### For younger children:

Have a few “fun” cups or different flavours of drinks always ready so that your child can take sips every 5 minutes.

**Your child may drink from a cup or bottle, use a sippy cup or straw.**

## How much fluid should my child drink?

Before you leave the hospital we will tell you how much fluid your child needs to drink each day. We will write that amount on the Recovery Guidelines on page 22. We will also

give you a container to measure fluids during your child’s recovery. On page 25 you will find Your Child’s Fluid Record to help you keep track of what your child drinks.



## Signs that your child is drinking enough:

- Your child pees (passes urine) at least 2 times a day. More often is better!
- Your child's mouth looks very shiny and wet inside.
- Your child has tears when they cry.

## What can my child eat?

### Ideal food choices in the first 24 hours

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Popsicles                      | <input checked="" type="checkbox"/> Bananas                                      |
| <input checked="" type="checkbox"/> Crushed ice                    | <input checked="" type="checkbox"/> Apple sauce                                  |
| <input checked="" type="checkbox"/> Jello (all colours except red) | <input checked="" type="checkbox"/> Soups  |
| <input checked="" type="checkbox"/> Ice cream                      | <input checked="" type="checkbox"/> Mashed potatoes                              |
| <input checked="" type="checkbox"/> Yogurt                         | <input checked="" type="checkbox"/> Rice   |
| <input checked="" type="checkbox"/> Pudding                        | <input checked="" type="checkbox"/> Pancakes                                     |
| <input checked="" type="checkbox"/> Eggs                           | <input checked="" type="checkbox"/> Sandwiches on soft bread with crusts removed |
| <input checked="" type="checkbox"/> Pasta                          |  |
| <input checked="" type="checkbox"/> Mushy cereal                   |  |
| <input checked="" type="checkbox"/> Apples                         |  |

### Not ideal choices

- ✗ Hot or spicy foods
- ✗ Dry cereals
- ✗ Dry toast
- ✗ Crackers
- ✗ Popcorn, chips or pretzels
- ✗ Nuts
- ✗ Pizza crust or crusty bread
- ✗ Acidic foods like tomatoes

**At first, drinking is more important than eating. As long as your child is drinking well, don't worry.**

The first day after surgery, give your child soft foods. After that, your child can eat regular foods.

The sooner your child begins to eat and chew, the quicker they will recover. However, most children are not interested in eating at first.



Your child may lose a little weight after surgery because they are drinking more than eating. This is

not a problem. As the throat heals, your child will resume eating regular foods and regain the weight.

## How can distraction help my child?

Distraction means focusing your child's attention on other activities. This helps them cope with discomfort after surgery.

Distraction and pain medication help your child have a healthy recovery. For example, it can be easier to get your child to drink if they:

- take medication regularly to make swallowing less painful
- are busy watching a favourite movie or playing a board game

Here are some quiet activities that your child may enjoy:

- Borrow books or movies from the library. Bring out several new ones each day.
- Do some school work for a short time.
- Do puzzles, play card games or build model cars.

**Keeping the activities new or different each day helps with the long recovery.**





## How can I encourage my child to help with their recovery?

You can use rewards to encourage your child to eat, drink and take medication. A reward system helps some children understand what they need to do to reach a goal and motivates them to do it!

### Try using our reward chart to encourage your child to drink.

- Give your child a sticker each time they drink a certain amount of fluid.
- Once the goal is reached your child earns a reward or “prize.”

### Prizes can be:

- reading an extra book at bedtime
- picking the movie that night
- having an extra scoop of ice cream
- picking what to have for dinner
- staying up an extra half hour



Choose stickers and prizes that suit your child's age and interests.

## What if my child feels sick?

Your child may feel sick (nausea) or throw up (vomit) due to the effects of the anesthetic. This should get better within 12 hours of surgery. When your child feels sick, you can give dimenhydrinate (Gravol®) according to package instructions.

If your child vomits, stop all food and drinks for about a half hour.

Then, offer your child sips of drinks until they feel better.

If your child vomits more than two times, or the vomit is bright red or dark brown, take your child to the nearest hospital Emergency Department.



## How do I care for my child's mouth and nose?

You may notice that your child's nose is 'stuffed up'. Some snoring or mouth breathing is normal

because of swelling. There should not be any bright red bleeding from the mouth or nose.



**Using a cool mist humidifier can keep the air in your child's room moist and soothing.**

In the first 24 hours, your child should **not** brush their teeth, rinse their mouth or gargle. **After** 24 hours, your child may gently brush their teeth and rinse their mouth with water as needed.

If your child had their adenoids out they may have a tiny bit of blood in their nose and some liquid may come out their nose while drinking. This is common.

Clean only the outside of their nose. Your child should **not** blow their nose for at least 14 days.

When your child's scabs fall off, they may experience increased pain and there may be a tiny bit of blood. If bright red bleeding continues, take your child to the nearest hospital emergency department.

During recovery, you may notice your child has bad breath and white patches (scabs) in the throat. This is common and does not mean there is an infection. Your child's voice may sound different. This will go back to normal within 14 days.





# What activities can my child do?



7 DAYS

**Plan for your child to stay home for at least 7 days.**

- Your child needs to rest for at least 24 hours after surgery.
- Starting the day after surgery, your child can shower and bathe as usual.
- Your child can return to light activities when they feel ready.

Your child is ready to return to school or daycare when they:

- no longer need pain medication
- are eating and drinking normally
- are sleeping through the night



**Bleeding may occur up to 14 days after surgery. For 14 days:**

- Your child should **NOT** do gym class, rough play or contact sports - even if they feel well. Keep physical activity to a minimum.
- Do **NOT** travel to places that are more than an hour drive from an emergency department.





## What if I have questions?

### For urgent questions:

- Monday to Friday, 9 a.m. to 3 p.m., call **905-521-5030** and ask to speak with someone from the ENT clinic at McMaster.
- Outside these times call **905-521-5030** and ask to speak with the ENT doctor on call.

For emergencies call **911** or bring your child to the hospital Emergency Department.

A follow-up visit with the ENT doctor is not usually needed.

## When do I need to get medical help?



### Take your child to the nearest hospital Emergency Department if you notice **ANY** of the following problems:

- **A fever over 39.5°C.** It is normal to have a low fever for the first 7 days after a tonsillectomy.
- Vomiting more than two times
- Bleeding from the nose or mouth that is bright red and does not stop.
- Vomit is bright red or dark brown (looks like coffee grounds).
- Pain that is not relieved with regular doses of pain medication.
- Not peeing, passing much less urine than usual, or dark coloured urine.
- Difficulty breathing.
- Not drinking fluids or swallowing saliva.







## 1. Manage pain with medication and distraction

### → Give acetaminophen (Tylenol®) every 4 hours, during the day and night.

Wake your child when they are sleeping so they will get medication on time. Read the product label carefully. Give the amount of pain medication based on your child's weight, not age. Do not stop this for the first 72 hours (3 days). Continue up to 14 days if *needed*. Doing this will NOT harm your child.

### → Give ibuprofen (Advil® or Motrin®) every 6 hours, during the day and night.

Wake your child when they are sleeping so they will get medication on time. Read the product label carefully. Give the amount of pain medication based on your child's weight, not age. Do not stop this for the first 72 hours (3 days). Continue up to 14 days if *needed*. Doing this will NOT harm your child. It is safe to use both of these medications.

→ Use plenty of fun distractions to help your child cope with pain and feel comfortable enough to drink and eat.

## 2. Have your child drink lots of fluid to wet the throat and stay hydrated

→ Make sure your child drinks at least  ml each day and “pees” at least 2 times a day.

→ Eating is good if your child is interested, but is not as important as drinking. Always keep the throat wet by having your child sip nutritious drinks.

**If your child is not comfortable after taking both of these pain medications AND is not drinking fluids, go to the nearest hospital Emergency Department.**



# YOUR CHILD'S FLUID RECORD

To help with your child's care, please keep track of how much your child drinks and how often your child pees. Measuring fluids for up to 7 days gives us important information about your child's health.

Your child's fluid record helps us know if:

- They are drinking enough fluids
- They are having trouble passing urine or emptying their bladder
- There is a balance of fluid going in and out of their body

## What do I need to do?

### Measure how much your child drinks.

- Each time your child drinks, write the amount in the "IN" column of your child's fluid record.
- To help you, there is a list of amounts for common serving amounts.

### Common serving amounts

Milk carton (small)	125 ml
Juice container (small)	114 ml
Can of juice/pop	355 ml
Popsicle	50 ml
Pedialyte Freezer Pop	62 ml

### Example:

Between 7-8 am your child:

- drank a small carton of milk (125 ml) and had 1 popsicle (35 ml) = 160 ml
- went pee

- passed gas and had a bowel movement

Time	IN	OUT: Only urine	Passing Gas	Bowel Movement
7 am	160 ml	✓	✓	✓



# 4 DAYS OF TRACKING FLUIDS

Date:

Time	IN	OUT: Only urine	Passing Gas	Bowel Move- ment
7 am				
8 am				
9 am				
10 am				
11 am				
12 pm				
1 pm				
2 pm				
3 pm				
4 pm				
5 pm				
6 pm				

Date:

Time	IN	OUT: Only urine	Passing Gas	Bowel Move- ment
7 am				
8 am				
9 am				
10 am				
11 am				
12 pm				
1 pm				
2 pm				
3 pm				
4 pm				
5 pm				
6 pm				

Date:

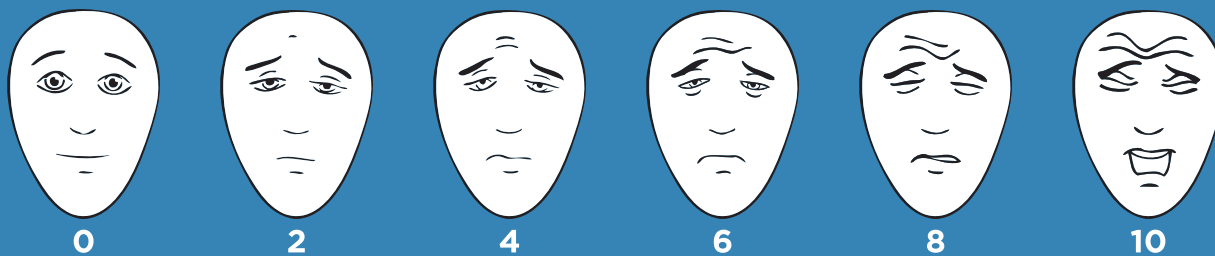
Time	IN	OUT: Only urine	Passing Gas	Bowel Move- ment
7 am				
8 am				
9 am				
10 am				
11 am				
12 pm				
1 pm				
2 pm				
3 pm				
4 pm				
5 pm				
6 pm				

Date:

Time	IN	OUT: Only urine	Passing Gas	Bowel Move- ment
7 am				
8 am				
9 am				
10 am				
11 am				
12 pm				
1 pm				
2 pm				
3 pm				
4 pm				
5 pm				
6 pm				



# PAIN AND MEDICATION RECORD



No Pain

Moderate Pain

Worst Pain Possible

Name: \_\_\_\_\_

Date	Time	Pain level BEFORE medication ( 0-10)	Type of Pain	Medication Name and Dose	Pain level 1 hour AFTER medication (0-10)















# My Child's Tonsillectomy Journey

