

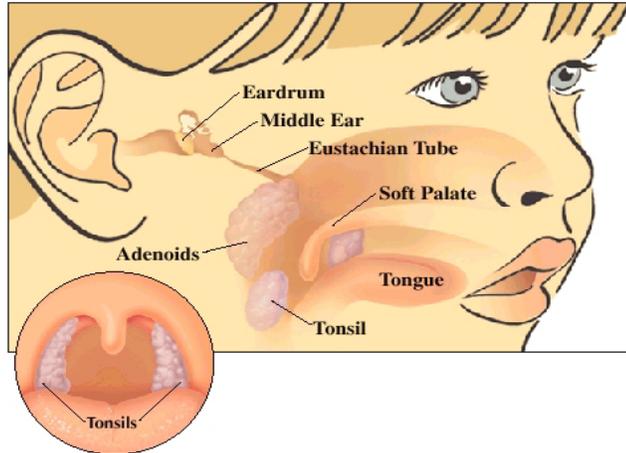
Instruction for parents

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IMPORTANT: PLEASE READ THESE INSTRUCTIONS BEFORE SURGERY AND AGAIN AFTER SURGERY

Why are tonsil and adenoids removed?

Tonsils are in the back of the throat, while adenoids are higher and behind the nose. The two primary reasons for tonsil and/or adenoid removal are (1) recurrent infection despite antibiotic therapy and (2) difficulty breathing due to enlarged tonsils and/or adenoids. Such obstruction to breathing causes snoring and poor sleep that can lead to daytime sleepiness and behavioral problems in children. In addition, there is evidence that chronic mouth breathing from large tonsils and adenoids can cause problems with facial growth and tooth development.



BLEEDING: A slight amount of bleeding can occur-this is usually not serious. The most common times for bleeding to occur are within the first few hours after surgery and at 7-10 days after surgery when the scabs dissolve away from the healing wounds but can occur for up to 14 days. A small amount of blood streaked saliva (spit) is not cause for alarm, but please call our office. Have your child sit upright quietly. Cold compresses on the neck may be helpful. If the bleeding persists or is more than a teaspoonful, or if your child is coughing or vomiting up blood, go directly to the nearest emergency room. Usually the bleeding is minor and can be handled in the office or the emergency room. Occasionally we have to return to the operating room to control the bleeding and/or keep your child overnight in the hospital.

PAIN: It is normal for your child to complain of a very sore throat, which often can last for two weeks. He may also complain of ear, neck, or jaw pain, especially 3-5 days after surgery. This pain is not due to an infection, but rather an irritation of the nerves that pass behind the tonsils. We suggest giving acetaminophen (Tylenol) or ibuprofen (Advil/Motrin) every four to six hours for the first 24 hours after surgery, then as needed thereafter. These can be alternated if you desire. You will be given a prescription for stronger pain medication with codeine, which can be used as prescribed. However, codeine can cause nausea, vomiting, or constipation, so it should be used only if the Tylenol and ibuprofen are not working. Do not give aspirin or Aspergum for pain relief as it can cause bleeding. Often the pain is made worse from mouth dryness and from not using the throat muscles. The first swallows in the morning are usually the worst. Try having the child suck on a teaspoon of ice chips (which can be flavored with juice) to stimulate saliva production and increase gentle swallowing. Sugarless chewing gum can also be helpful. This can be helpful throughout the day, before meals, and even at night when pain awakens your child. Prescription pain medicines can make your child sleepy. Once the pain medicine has been given, wait

about 30 to 40 minutes, then strongly encourage your child drink some fluids before he falls asleep. If he is allowed to go to sleep without drinking, his throat will be very dry and his pain worse when he awakens. Ice packs against the neck are often comforting.

FEVER: Fevers after surgery are not unusual. Call us if it is 102°F or higher, or if it doesn't respond to Tylenol or ibuprofen. Often temperature is elevated when dehydration occurs.

DIET: The single most important aspect of your child's diet is adequate fluid intake. He can have anything he wants to eat-there are no restrictions. It is normal for him to not want to eat or drink, since swallowing is painful. However, it is essential that he have fluids to reduce pain, fever, risk of bleeding, and to promote healing. Frequent small feedings of soft foods or liquids are usually tolerated best. Make an effort to give small amounts every hour during waking hours for the first two days after surgery. Cold slushy liquids such as sorbet, Popsicles (whole or crushed up) and slushies are excellent sources of liquid, as they not only hydrate but also soothe. Soft drinks, apple or grape juice, Jell-O, custard, Gatorade, Pedialyte, and warm (not hot) soup are also good choices. Citrus juices are best avoided, as they may burn. However, if orange juice is the only liquid you can get your child to drink, then he should drink as much as he can tolerate. As his appetite improves, encourage him to eat solid foods. Eating solid foods as soon as possible will help reduce spasm and pain by mobilizing the jaw and throat muscles. Straws can be used with thin liquids, but are to be avoided with milkshakes and frozen cokes.

How much is enough? If your child is not getting enough fluids, you may notice these signs of dehydration: dark urine or significantly decreased urination, lack of tears, sunken eyes, and dry skin. If any of these occur, please call. We may need to re-admit your child to the hospital and give some fluids intravenously.

MINIMAL FLUID INTAKE FOR ALL CHILDREN FOR THE 24-HOUR PERIOD IS :

WEIGHT OF PATIENT	PINTS	CC	OUNCES
OVER 20 LBS	2	1000	34
OVER 30 LBS	2 ½	1250	42
OVER 40 LBS	3	1500	50
OVER 50 LBS	3 ½	1750	58
OVER 60 LBS	4	2000	68

BREATH: Very bad breath is to be expected for the first 7-10 days after surgery. Increased drinking may improve bad breath. As the white, filmy scabs in the throat go away, the breath will improve. If your child's breath is very bothersome to you, put toothpaste or mint food flavoring on your nose to cover the smell. The breath may also be improved by the use of mild salt water solution (1/2 tsp salt in 8oz. warm Tap water) as a gargle.

VOMITING: Vomiting once or twice after surgery is not unusual and is usually related to the anesthesia or to taking codeine. If your child vomits, wait 30 minutes and then try very small amounts of clear liquids until tolerated. Other liquids and soft foods can be added to the diet once nausea has resolved. If repeated vomiting occurs, call the office.

ACTIVITY: Your child will limit his own activity for the first few days. You should encourage him to at least get up and out of bed, if even to rest quietly in another room. Most children stay out of school following surgery for at least a week, but your child may return to school earlier if he feels ready to do so. Avoid running, sports, playing of wind instruments, gym class, or other strenuous activities for two weeks.

HELPFUL HINTS: Cover pillow cases with an old towel, since drooling during sleep is common. Snoring may loud for the first few nights after surgery due to swelling but will get better as the swelling goes down. Keeping the head elevated is often helpful, as is having a vaporizer or humidifier near the bed.

QUESTIONS: Please do not hesitate to call if you have questions or problems, and remember, be sure to call us in any of the following circumstances:

- Bleeding
- Fever 102°F or higher, or a fever that does not respond to Tylenol or ibuprofen
- Dehydration
- Repeated vomiting
- Constipation that becomes a problem

Please call our office at your first opportunity to set up an appointment in 4-6 week(s) with:

Dr. Hamaker

Dr. Trigg

Dr. Miyamoto

Jenni Thomas, CPNP

Please call our office to complete your phone follow up questionnaire in 4-6 weeks

If you have any questions, please call our office, (317) 338-6815.

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PAIN MEDICATION CHART

Take ibuprofen every 6 hours as directed in the chart below. We recommend regular scheduled dosing for the first few days. For severe pain, use plain Tylenol or Tylenol with Codeine (but NOT both together) 3 hours after the ibuprofen dose as directed on the chart. Example: Ibuprofen at 9am, Tylenol **or** Tylenol with Codeine **or** Lortab at 12 noon, ibuprofen at 3pm

Option A

Pediaprofen Ibuprofen Suspension 100mg/5ml

Age	6-11 mos	12-23 mos	2-3 yrs	4-5 yrs	6-8 yrs	9-10 yrs	11-12 yrs	Adult
Weight	13-17 lbs	18-23 lbs	24-35 lbs	36-47 lbs	48-59 lbs	60-71 lbs	72-95 lbs	96-154 lbs
Dosage	½ tsp	1 tsp	1-1 ½ tsp	2 tsp	2 ½ tsp	3 tsp	4 tsp	4 tsp

Option B

Acetaminophen: 160 mg/tsp (Tylenol ONLY)

Weight (lbs)	1-17 lbs	18-23 lbs	24-35 lbs	36-47 lbs	48-59 lbs	60-71 lbs	72-95 lbs	>96 lbs
Tylenol ONLY	½ tsp	¾ tsp	1 tsp	1 ½ tsp	2 tsp	2 ½ tsp	3 tsp	3 ½ tsp

Option C- Tylenol with Codeine suspension

PRESCRIPTION GIVEN BY YOUR PROVIDER

Dosage directed by prescription, may be given every 4-6 hours as needed for severe pain

Option D- Lortab Elixir

PRESCRIPTION GIVEN BY YOUR PROVIDER

Dosage directed by prescription, may be given every 4-6 hours as needed for severe pain

PLEASE NOTE: Do not take Codeine or Lortab on an empty stomach. Codeine and Lortab may cause constipation, white grape juice or prune juice 1-2 cups daily may help. If constipation becomes a concern, your child may benefit from the use of Miralax/Glycolax stool softener (½ capful in 4 ounces of juice or 1 capful in 8 ounces of juice daily as needed to soften stool effectively).