Tonsillectomy and Adenoidectomy

At Children’s Hospital of Pittsburgh of UPMC, we believe parents and guardians can contribute to the success of this surgery, and we invite you to participate. Please read the following information to learn about the surgery and how you can help.

Fast Facts About Tonsillectomy and Adenoidectomy

- Tonsillectomy (ton-sil-EK-toe-mee) and adenoidectomy (ad-uh-noid-EK-toe-mee) or T&A is a surgery to remove the tissue on each side of the throat (tonsils) and at the top of the throat behind the nose (adenoids).
- T&A may be done as an outpatient surgery at the Same Day Surgery Center at Children’s Hospital in Oakland, at Children’s North or Children’s South surgery centers.
- Children who are younger than 3 years; those who might not drink enough liquids and become dehydrated after surgery; and those at risk for breathing problems after the surgery will stay in the hospital overnight.
- T&A requires general anesthesia to make your child sleep during the surgery.
- The surgery takes about 30 minutes to 1 hour, but the recovery from anesthesia can take a few hours.
- Your child might be prescribed medications after the surgery.
- Your child might need a blood test before the surgery to see if he or she has any increased risk for bleeding.

What Is A T&A?

- A tonsillectomy, commonly referred to as “getting your tonsils out,” is a surgery to remove the tonsils when a child has tonsillitis or frequent infections that won’t go away in spite of using antibiotics.
- An adenoidectomy is a surgery to remove the adenoids when a child has had breathing problems or ear and sinus problems that won’t go away with antibiotics.
- A tonsillectomy and adenoidectomy (T&A) is done to remove both the tonsils and the adenoids when a child has breathing problems.
- Because the surgeon can reach the tonsils and adenoids simply by opening the child’s mouth, there are no incisions (cuts) needed on the outside of the skin.

Home Preparation

When general anesthesia is needed, there are important rules for eating and drinking that must be followed in the hours before the surgery. One business day before your child’s surgery, a surgery nurse will call your home between 1 and 9 p.m. (Surgery nurses do not make these phone calls on weekends or holidays.) Please have paper and a pen ready to write down instructions.

- The nurse will ask you about your child’s medical history, current medications and readiness for the T&A surgery. If you have any questions, you may ask the nurse at this time.
- The nurse will tell you what time you should arrive at the hospital or surgery center. Allow extra time for travel and parking. Arriving late could delay your child’s surgery or cause it to be postponed.
- The nurse will give you specific eating and drinking instructions that are based on your child’s age. Below are the usual instructions, but you should follow the specific instructions given to you on the phone by the surgery nurse.

For children older than 12 months:

- After midnight the night before the surgery, do not give any solid food or non-clear liquids. That includes milk, formula, juices with pulp, coffee, chewing gum or candy.
**TONSILLECTOMY AND ADENOIDECTOMY cont’d**

**For infants under 12 months:**
- Up to 6 hours before your scheduled arrival time, formula-fed babies may be given formula.
- Up to 4 hours before your scheduled arrival time, breastfed babies may nurse.

**For all children:**
- Up to 2 hours before your scheduled arrival time, give only clear liquids. Clear liquids include water, Pedialyte®, Kool-Aid® and juices you can see through, such as apple or white grape juice.
- In the 2 hours before your scheduled arrival time, give nothing to eat or drink. 

*Remember: For the safety of your child, it is important to follow these specific times for eating and drinking. If your child does eat or drink after the scheduled times, it will delay the surgery or cause it to be rescheduled for another day.*
- Do not give your child any medication containing aspirin or ibuprofen for 10 days before the surgery. Be sure to read any medication labels.
- Do not give your child any natural supplements or homeopathic therapy for 10 days before the surgery.
- If you must give your child any medicines in the 10 days before surgery, write them down and bring the list to the surgery appointment.
- Make sure you have non-aspirin children’s pain reliever (Tylenol® or acetaminophen) and a thermometer available at home for after the surgery.
- Buy juices, clear soups, Popsicles®, Gatorade® and soft, bland foods like bread, rice, noodles, eggs, and oatmeal to have at home for after the surgery.

**A Parent’s/Guardian’s Role During the Surgery**

The most important role of a parent or guardian is to help your child stay calm and relaxed before the surgery. The best way to help your child stay calm is for you to stay calm.
- Once your child is registered for the surgery, a nurse or nurse practitioner will meet with you to take your child’s vital signs, weight and medical history.
- Your child’s surgeon will meet with you to discuss the surgery and answer any questions you might have.
- Your child will be asked to change clothes into a hospital gown.
- The anesthesiologist (anesthesia doctor) will meet with you and your child to review your child’s medical information and decide which kind of sleep medication your child should get. As the parent or legal guardian, you will be asked to sign a consent form before the anesthesia is given.
- If you wish, you may stay with your child until just prior to the sleep medication being given, and then you will be taken to the waiting room.
- Your child may bring along a “comfort” item—such as a favorite stuffed animal or “blankie”—to hold during the surgery.

**Going To Sleep**
- If your child is very scared or upset, the doctor might give a special medication to help him or her relax. This medication is flavored and takes effect in about 10 to 15 minutes.
- Young children get their sleep medication through a “space mask” that carries air mixed with medication. Your child may choose a favorite scent to flavor the air flowing through the mask. There are no shots or needles used while your child is still awake.
- Older children may choose between getting their medication through the mask or directly into a vein through an intravenous (IV) line.

**While Asleep**
- While your child is asleep, his or her heart rate, blood pressure, temperature and blood oxygen level will be checked continuously.
- An intravenous line (IV) for the sleeping medication will be placed in a vein in your child’s hand.
- A small breathing tube will be inserted in your child’s mouth and windpipe.
- To keep your child asleep during the surgery, he or she might be given anesthetic medication by mask, through the IV, or both.

**The Surgery**
- The surgeon will open your child’s mouth to remove the tonsils and adenoids. Your child’s throat and jaw muscles may be tender afterward.
- The surgery itself will take about 30 minutes to 1 hour.

**Waking Up**

When the surgery is over, the medications will be stopped and your child will be moved to the recovery room.
- You will be called to the bedside so that you can be there as your child wakes up.
- It is OK to hold your child in your arms or on your lap.
- Your child will need to stay in the recovery room to be watched until he or she is alert and his or her vital signs are stable. The length of time your child will spend in the recovery room may be different from other patients because some children take longer than others to wake up after anesthesia.
- Children coming out of anesthesia have a variety of reactions. Your child might cry, be fussy or confused, feel sick to his or her stomach, or vomit. These reactions are normal and will go away as the anesthesia wears off.
You will notice a band-aid and a little red mark on your child’s hand from the IV placed during the surgery.

Your child will have no memory of the surgery.

In the recovery room, he or she will be encouraged to drink or to eat an ice pop.

If your child has difficulty breathing after the surgery, he or she will need to be monitored more closely and may need to be admitted to the hospital.

Going Home

Because T&A surgery leaves the child with a sore throat, very young children (under 3 years) usually won’t drink enough liquid and must stay in the hospital for at least a day or two to avoid dehydration.

If your child has T&A surgery as an outpatient, he or she may still be groggy and should take it easy for a day or so.

Fluids are important and are the best thing to start with after surgery.

Although you may have heard that children who get their tonsils out are treated to ice cream, your child should not eat his or her favorite foods for several days.

The pain sometimes makes a child unwilling to eat, so it might help to give your child pain medication (Tylenol® or acetaminophen with or without codeine) a half-hour before asking him or her to eat.

Follow the surgeon’s instructions for limits on exercise and rough play.

A nurse will call you 24 hours after the surgery to check how your child is doing.

### WHAT TO EAT AND DRINK FOR THE FIRST 4 DAYS AFTER T&A

<table>
<thead>
<tr>
<th>GOOD</th>
<th>BAD</th>
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</thead>
<tbody>
<tr>
<td>Water</td>
<td>Citrus juices, such as orange and lemonade</td>
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<tr>
<td>Apple or grape juice</td>
<td>Scratchy foods, such as toast</td>
</tr>
<tr>
<td>Pedialyte® or Gatorade®</td>
<td>Hard foods, such as snack chips or pretzels</td>
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<tr>
<td>Popsicles® or slushies</td>
<td>Spicy foods, such as pizza or hot sauce</td>
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<tr>
<td>Soups</td>
<td>Dairy products, such as milk or ice cream</td>
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<tr>
<td>Soft, low-fat foods, such as baked potato, Jello®, soft-cooked vegetables</td>
<td>Food that is served at a high temperature</td>
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### Care At Home

- In the 14 days after the surgery, your child may get a cold or other infection more easily than usual. Friends and family who are or might be sick should stay away.
- You will be asked to follow up with your child’s ENT doctor, or your pediatrician, to have your child checked after the surgery.
- You may notice changes in your child’s voice. These changes are normal, but if your child continues to “baby” his or her voice for several weeks after surgery, talk to the pediatrician or ENT doctor.
- Your child may return to school after 7 days.
- Your child should not participate in sports or strenuous activity for at least 2 weeks after surgery.

### Common Symptoms After T&A

After the T&A surgery, you may notice some of the following signs. All of these symptoms are normal:

- Within the first 24 hours, your child might feel sick to his or her stomach and might vomit. The vomit might be slightly blood-tinged.
- For the first few days, your child will complain of a sore throat, and his or her spit might be slightly blood-tinged.
- Your child might have an earache or jaw pain.
- Your child might have a mild fever. As long as your child’s mucus is clear (not yellow), and he or she is still drinking and eating, a low-grade fever is normal.
- He or she might complain of pain. You may give a non-aspirin pain reliever, such as Tylenol® or acetaminophen with or without codeine, as directed for your child’s age.
- Bad breath

### Warning Signs After T&A

If you see clots of blood or lots of bright red blood, or if your child is vomiting blood, call 911 or get your child to an Emergency Department immediately.

Although most children recover quickly with no problems from the T&A surgery, you should call your child’s ENT doctor, pediatrician, or Children’s surgery nurse right away if your child has any of the following symptoms:

- Fever higher than 101.0°F
- Severe nausea or vomiting, or can’t keep clear liquids down for several hours
- Diarrhea
- Breathing trouble
- Rashes anywhere on his or her body
Special Needs

If your child has any special needs or health issues you feel the doctor needs to know about, please call the Division of Otolaryngology at Children’s Hospital before the surgery and ask to speak with a nurse. It is important to notify us in advance about any special needs your child might have.

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To see the list of all available patient procedures descriptions, please visit www.chp.edu/procedures.