

Tonsillectomy & Adenoidectomy Day Surgery

Pre-Surgical Information:

What is T&A?

A tonsillectomy and/or adenoidectomy is the surgical removal of the tonsils and/or adenoids. When tonsils or adenoids become enlarged they may cause reoccurring infections, snoring and difficulty breathing. Often minor ear surgery (Myringotomy) to insert tubes is done at the same time if ear infections or fluid in the ear has been an issue.

Pre-Admit Call:

Please have your "Paediatric Questionnaire Pre-Surgical Patient Information Form", which you received on an earlier visit, and a list of any medications including vitamins and herbals ready by the phone. You will receive a call 2-3 weeks prior to the surgery date to set up the phone interview appointment.

Call Day Surgery at 705-759-3623 between 8:00 a.m. and 2:00 p.m. for your child's surgery time the day before surgery (if your date falls on a Monday please call on Friday).

Surgery may be cancelled if you arrive late. BRING your child's health card and insurance information if he/she is being admitted to the hospital.

Preparing for Surgery Day:

1. Have your child shower or bathe - remove nail polish, makeup, contact lenses, perfume, lotion and any jewelry, including piercings.
2. Have your child brush his/her teeth - reminding him/her to be careful not to swallow any water.
3. If your child is staying overnight, you may bring them: a housecoat, slippers, toothpaste, toothbrush, soap, shampoo, Kleenex, deodorant and any other necessary toiletries. Please bring your child's suitcase to the unit after surgery.
4. Your child must **not** smoke 24 hours before admission.
5. If your child develops any illness or is unable to come for surgery, contact the surgeon immediately. If the illness develops on the day of the surgery, contact Paediatrics at 6:00 am 705-759-3615.

Medications:

You have been given instructions on how to give your child's medications before surgery. It is important that medications be taken exactly as instructed.

If your child is to take medications on the morning of surgery, give them at 6am with a sip of water.

Directions to the Paediatrics Unit 1A:

You can park in the main parking located directly in front of the main entrance. Proceed down the main stairs or take the elevator located behind the stairs to level 1 and turn right. Pediatrics is located in 1A Women & Children's Health department on your left hand side. Please use the call button located on the right side of the door to be given access to the department. Please be advised you need to stop at the desk to be let off unit as pediatrics is a secure area.

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Preparing for the OR:

A nurse will bring you to the day surgery room where your child will change into hospital pajamas, and have his/her height, weight and vital signs (heart rate, breathing rate, blood pressure) taken, then to the play room to wait until their OR time. The porter will arrive about 1 hour before the surgery time. Your child will be given booties and an OR cap at this time and then you and your child will be brought to the OR waiting room where they will be assessed again. 5 minutes prior to going into surgery you will have a quick review of the surgery with the OR nurse, surgeon, and anesthetist.

A waiting room is available to parents in Surgical Daycare as well as on Pediatrics. Please inform the nurse where you plan to wait and provide a contact number so you can be reached.

In the OR your child will be put to sleep. An IV will be inserted while in the OR, most often after your child is asleep but there are circumstances when it may be inserted before they are asleep.

The surgery will take approximately 45 minutes then your child will be brought to OR recovery for 1 hour until he/she wakes up. Your child will then return to Paediatrics where they will be monitored and a nurse will review instructions for at home.

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Fasting For Surgery:

1. Your child **must fast** (nothing to eat) after midnight the night before surgery.
2. The following fluids are allowed:
 - a. **Children under age 1.**
 - FORMULA up to 6 hours before surgery
 - BREAST MILK up to 4 hours before surgery
 - CLEAR FLUIDS up to 3 hours before surgery
 - b. **Children age 1 and older**
 - Clear fluids up to 3 hours before surgery

ACCEPTABLE CLEAR FLUIDS are: apple juice, ginger ale or water. No more than 1 cup (8 ounces)
No candy or gum chewing is allowed.

SURGERY MAY BE CANCELLED IF YOU DO NOT FOLLOW THE ABOVE INSTRUCTIONS!

Your child **must not** take the following medications for 7 days before surgery (unless otherwise instructed):

Last dose may be taken on: _____

- Advil®, Motrin®, Ibuprofen®, Aleve®
- Herbal Supplements, Multivitamins, Vitamin E or any vitamins containing Vitamin E
- Non-steroidal anti-inflammatories (NSAIDS)

You may give your child Tylenol® (acetaminophen) if needed.

Surgery Day:

Go straight to 1A – Paediatric Unit

Remember to bring all over the counter medications in their original bottles

1. A parent or guardian must accompany the child before surgery. If you are not going to be present in the hospital during the procedure, a contact number must be left.
2. Please limit visitors to 2 people.
3. For tonsillectomy expect to stay 4-6 hours post-surgery and for adenoidectomy the stay will be up to 2 hours

If you have any questions about your child's surgery, *please* contact the surgeon.

For nursing instructions, please call the **Pre-Admit Clinic at:** 705-256-3488

705-256-3478

705-256-3476

The Pre-Admit Clinic is open Monday to Friday 8-4pm and closed statutory holidays.

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Post-op Instructions:

Diet: encourage soft foods such as pudding and ice-cream, Jell-O®, soup, eggs, mashed potatoes and pasta are best for the first few days. Add solid food as tolerated. After the second or third day it is very important to drink plenty of fluids in the first week, more than would normally be taken.

The temperature of food is not important.

Avoid

- acidic drinks such as orange juice and tomato juice
- coarse or crunchy foods like chips, toast, nuts and apples for one week.
- **the use of straws and sippy cups.** The use of these could cause bleeding.
- Gargling as this could loosen the scabs and cause bleeding.

Medications:

- A moderate amount of throat discomfort and ear pain is to be expected. Any difficulty in taking fluids will be due to pain. Use the pain medication at least one half hour before meals. Use the medication as directed every four hours if needed and continue to take extra fluids. The pain usually starts to decrease around the seventh day.
- Take only medications approved by your doctor, following instructions carefully.

The usual medication after surgery, is Tylenol®, which can be given orally or rectally.

Advil (ibuprofen) may be used for breakthrough pain and should only be used as directed by your surgeon.

Your surgeon may prescribe antibiotics. Please take as directed.

Please follow the medication schedule as directed by your surgeon through the night. This may mean that you will have to wake your child to give medication and fluids.

Activity:

Your child can return to school whenever comfortable; it may be up to 5 days before they wish to go outside, and 10 days before they return to school. Your child does not need to remain in bed unless very weak but should avoid high levels of activity such as hockey, baseball, soccer for a week.

Discourage nose blowing, sniffing and hard coughing

Increased fluid intake and good oral hygiene are necessary to promote healing and prevent odour. After each meal and before bed, your child should brush his/her teeth and rinse (not gargle) with salt solution. This keeps the mouth and throat clean and reduces bad breath which can last up to 10 days.

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Complications:

Blood-tinged mucous is normal for 5-7 days after surgery. Any excessive bleeding should be reported to your surgeon. Signs of bleeding may include frequent swallowing, bloody oral or nasal drainage, bright red colour emesis

Sudden bright red bleeding may occur in 7-10 days when the scab falls off

Bleeding requires immediate medical attention – come to ER at Sault Area Hospital.

Earache is usually due to tonsillectomy and the medication should help control the pain.

Fever may be present the first or second day and is usually due to not taking enough fluids.

Note: If any persistent bleeding, fever greater than 38C (101 F) or constant ear ache, notify your surgeon's office (if during office hours) or go to the nearest emergency department

Follow up:

Your child will need a follow up 6 weeks after surgery. If you do not receive a call for an appointment, please contact your surgeon's office.

Contact information:

Dr. Micomonaco	705-759-1234
Dr. Rebelo	705-759-1234
Telehealth	1-866-797-0000