



**TONSILLECTOMY/ADENOIDECTOMY
POST OPERATIVE INSTRUCTIONS**

- 1) **Fluid intake is very important in the first few days after tonsillectomy. Encourage your child to drink plenty of fluids!** Apple juice, water, ice chips, popsicles, Jell-o and other soft non-abrasive foods should be offered during the first 2 or 3 days. Avoid orange juice and grapefruit juice as well as toast, pizza, cookies, crackers and other foods with “rough edges”. You may offer Gatorade, milkshakes or milk if it is tolerated by your child, as well as smoothies or even ice cream. If your child refuses to drink because of pain, make sure they are taking their medication as recommended by the doctor, and continue to encourage liquids. **We cannot stress enough the importance of pushing liquids after surgery!**
- 2) If your child has nausea or vomiting after surgery, it should go away within a day. Once the nausea and vomiting subsides, give only sips of clear liquid.
- 3) Diet may be advanced as tolerated, to include any non-spicy, no-irritation foods after 2 or 3 day. Usually, after the first week, the diet may be advanced to include all foods.
- 4) Avoid gargling and blowing the nose. These activities may result in fresh bleeding.
- 5) Take pain Medications as prescribed. Please see the attached medication dosing schedule.
- 6) Expect some blood-tinged nasal drainage, and/or blood tinged sputum for 2 or 3 days following the operation. If any significant bright red bleeding occurs from either the nose or mouth, and this occurs for longer than 15 minutes, go the emergency room. Bad breath is common during the healing process, and will subside between 7-10 days after surgery.
- 7) Ear pain is a frequent occurrence following surgery. This is most likely referred pain from the tonsil area, and rarely indicates ear infection.
- 8) The white or gray patches on the tonsillar areas are not usually a sign of infection. These are the healing membranes, which will slough in 7 to 10 days after the operation. When the white membrane separates from the tonsillar bed, these may be a bit of fresh bleeding. This usually resolves within a few minutes. If the blood flow continues beyond 15 minutes, call your physician, or go to the emergency room.
- 9) A humidifier in the bedroom will reduce pain by preventing dry air from contacting the tonsillar areas. This is particularly true during the winter months, when dry forced air or electric heat is in use.
- 10) Fever up to 101.5 degrees often occurs during the first 48 hours after tonsillectomy. Adequate liquid intake will usually take care of this.
- 11) Plan for your child to be absent from school or daycare for up to a week after a tonsillectomy, and at least 2-3 days after an adenoidectomy. Please have your child refrain from vigorous activity for the first two weeks after surgery. Travel is not recommended for the first two weeks after surgery.



PAIN MEDICATION MANAGEMENT AFTER TONSILLECTOMY/ADENOIDECTOMY SURGERY

Your child may experience some pain and discomfort after their surgery. It is important to maintain effective pain control in order to help your child feel better more quickly.

In order to manage your child's post-operative pain, we recommend alternating between acetaminophen (Tylenol) and ibuprofen. The dosing may be different for each child, so it is very important that you follow the instructions on your medication bottle to determine how much your child should receive.

The best way to effectively manage your child's post-operative pain is to **STAY AHEAD** of the pain. You should alternate the acetaminophen and ibuprofen every six hours but they should **NOT** be taken together. Alternate the medicines so that your child receives a dose every 3 hours. Another option for adequate pain management is a prescription for rectal suppositories. Your doctor will counsel you on the number of days you should be alternating these medicines. You should not have to wake your child up to give them a dose of medicine if you find they are resting soundly.

In some rare instances, pain is not controlled by acetaminophen and ibuprofen. In this case, we encourage you to contact our office. Acetaminophen can be taken on an empty stomach; ibuprofen should be taken with food. Please contact the office if you have any questions whatsoever about your child's surgery. A medical assistant will be following up with you one day post-op to see how your child is feeling and to answer any questions you may have.

IBUPROFEN DOSAGE CHART

ENT Associates
SOUTHWEST



Important Note: Please follow the dosing instructions carefully on the medication bottles. The schedule below is a guide based upon your child's weight.

WEIGHT	INFANT DOSE 50 mg/1.25 ml	CHILDREN'S DOSE Liquid: 100 mg/5 ml Chews: 50 mg tabs
6 to 11 lbs	Infant drops: 1.25 ml in syringe	
12 to 17 lbs	Infant drops: 2.5 ml in syringe	
18 to 23 lbs	Infant drops: 1.875 ml in syringe	
24 to 35 lbs		Children's liquid: 1 tsp Children's chews: 1
36 to 47 lbs		Children's liquid: 1-1/2 tsp Children's chews: 1-1/2
48 to 59 lbs		Children's liquid: 2 tsp Children's chews: 2
60 to 71 lbs		Children's liquid: 2-1/2 tsp Children's chews: 2-1/2
72 to 95 lbs		Children's liquid: 3 tsp Children's chews: 3

ACETAMINOPHEN DOSAGE CHART

ENT Associates
S O U T H W E S T



Important Note: Please follow the dosing instructions carefully on the medication bottles. The schedule below is a guide based upon your child's weight.

WEIGHT	INFANT DOSE	CHILDREN'S DOSE
6 to 11 lbs	Infant drops: 1.25 ml in syringe	
12 to 17 lbs	Infant drops: 2.5 ml in syringe	Children's liquid: 1/2 tsp (2.5 ml in cup)
18 to 23 lbs	Infant drops: 3.75 ml in syringe	Children's liquid: 3/4 tsp (3.75 ml in cup) Children's chews or meltaways: 1-1/2
24 to 35 lbs	Infant drops: 5 ml in syringe	Children's liquid: 1 tsp (5 ml in cup) Children's chews or meltaways: 2 Junior-strength chews or meltaways: 1
36 to 47 lbs		Children's liquid: 1-1/2 tsp (7.5 ml in cup) Children's chews or meltaways: 3 Junior-strength chews or meltaways: 1-1/2
48 to 59 lbs		Children's liquid: 2 tsp (10 ml in cup) Children's chews or meltaways: 3 Junior-strength chews or meltaways: 2
60 to 71 lbs		Children's liquid: 2-1/2 tsp (12.5 ml in cup) Children's chews or meltaways: 2-1/2 Junior-strength chews or meltaways: 2-1/2 Adult regular-strength tabs (325 mg): 1
72 to 95 lbs		Children's liquid: 3 tsp (15 ml in cup) Children's chews or meltaways: 6 Junior-strength chews or meltaways: 3 Adult regular-strength tabs (325 mg): 1 to 1-1/2
96+ lbs		Children's liquid: 4 tsp (20 ml in cup) Children's chews or meltaways: 8 Junior-strength chews or meltaways: 4 Adult regular-strength tabs (325 mg): 2