

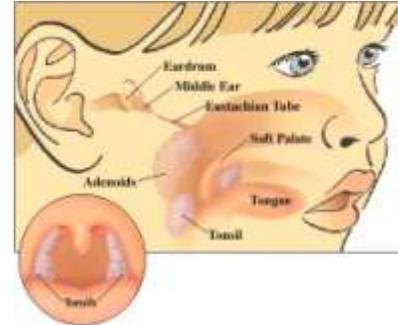
Tonsillectomy and Adenoidectomy (for children with special feeding and swallowing needs)

What is a tonsillectomy?

This is a surgery to remove your child's tonsils. The tonsils are far back on each side of the throat. They are often removed if your child has had many infections (tonsillitis) or sore throats. They may also be removed if they cause breathing or swallowing problems.

What is an adenoidectomy?

This is a surgery to remove your child's adenoids. The adenoids are behind the nose. They are hidden from view by the roof of the mouth (palate). They are often removed if they block the tube that connects the middle ear to the back of the throat. They may also be removed if they are enlarged and block the nasal passage.



What do I need to know before my child's surgery?

Because your child has special needs parents and caregivers should be trained in child CPR before surgery. You may schedule your training class by calling Children's Education Center at 414 765-9355. If you are already certified in CPR, we ask that you bring your certification card with you.

- Do not give your child aspirin or other nonsteroidal anti-inflammatories for two weeks before surgery. These include ibuprofen (Motrin®, Advil®, Pediaprofen®) and naproxen. These medicines can slow down blood clotting. This may increase the risk of bleeding during and after surgery. You can give Tylenol as needed. Do not stop any prescribed medicines without talking with your doctor. If your child is put on any medicine other than an antibiotic before surgery, please call our office.
- The clinic secretary will call you to schedule the surgery. You will get directions about when and where to go for surgery. A nurse from the Day Surgery Department will call you about 1 to 3 days before to review the directions one more time before the surgery.
- Your child will meet with staff of the Day Surgery Department before the surgery. Be sure to ask any questions you have at this time. This appointment will be scheduled when you are called to set up a surgery date. A visit with the anesthesiologist will also be set up for the week before surgery to review your child's medical history.
- You and your child can take a tour of the surgery department. To learn more about these tours or to make a reservation for a tour, call 414-266-3495.
- Surgery is best done when your child is healthy. If your child has signs of illness, call the doctor or nurse right away. Surgery may be cancelled if your child is ill or has a fever.
- **Your child should not eat or drink after midnight on the night before surgery. This includes tube feedings.** The Day Surgery Department will let you know if these instructions change. **It is very important that you follow the "nothing by mouth" or "GT" order. If these instructions are not followed, the surgery will be cancelled.**

The day of surgery

- Your child will be taken from the Holding Area to the Operating Room. You and other family members can wait in the Surgery Waiting Room while your child is in surgery.
- When the surgery is done, the doctor will visit you in the Surgery Waiting Room to let you know how your child is doing.
- Your child will go to the Recovery Room for a short time. Then they will go to a hospital room. Your child with special needs may have a hard time dealing with pain, taking pain medicines and starting fluids and food again. This needs to be watched closely. Your child is also at a greater risk of breathing problems due to other medical issues that can compromise their breathing. Your child's oxygen levels and breathing patterns will be monitored. Your child can go home when the doctor feels it is safe for them. Your child's pain needs to be in control, their breathing needs to be good and they need to be using their oxygen well.

What do I need to know after my child's surgery?

You will need to follow these directions at home:

Activity:

- For three days after the surgery, your child's should be calm and quiet. This means quiet games, reading or watching TV. Activities can be slowly increased after three days. Physical activities should be avoided for two weeks. This includes gym classes, swimming, sports, shouting or any other active play. If there are certain activities you are concerned about, please ask the doctor.
- Your child should avoid people who are ill until they see the doctor for the post-surgery exam.

Pain:

- Your child may have some throat pain. Ear pain may occur up to 7 to 10 days after surgery. This is rarely due to an ear infection. Your child's doctor may prescribe Motrin or acetaminophen (Tylenol®) with or without codeine. Taking this medicine about 1/2 hour before eating may help your child swallow more comfortably. The more your child swallows, the sooner the throat pain will go away.
- Your child should not have aspirin, Naproxen, Aleve or Aspergum. If your child's pain medicine is not helping, call the doctor to talk about other options.
- The doctor or nurse will show you how to use cool compresses or an ice collar.
- Do not give your child gum, ice chips or thin liquids. This includes juice, water, soda, Jell-O®, and Popsicles.
- Remember that pain may increase for a short time after the scab falls off. This should happen about 5 to 7 days after surgery.

Diet:

- Your child needs a different type of diet plan to keep their airway safe. The diet is called **Dysphagia Diet: Step Two**. Attached is a copy of this diet and the types of food your child can have. Your child should follow this diet until your doctor tells you they can have other things.
- If your child is on:
 - Thin liquids. Go to a 4 to1 consistency.
 - Thickened liquids. Stay on that.
 - Dysphagia Diet: Step One or Step Two before surgery. Stay on the same one after surgery.

Breathing Monitoring/Apnea Monitoring

Your child will go home with an apnea monitor. It is a machine that monitor's your child's breathing and the use of oxygen when napping or overnight. Your child will have to wear this for about two weeks. Do not stop using it until the doctor says your child can stop wearing it. Instructions on its use will be given while you are still in the hospital and again when you go home. Remember to make sure you have your CPR training done before your child's surgery. Children's Health Education Center offers CPR training. For more information, call 414 765-9355.

Healing:

- When you look into your child's mouth, you may see gray, white or yellow spots where the tonsils were. This is normal and will go away. It is not a sign of infection.
- Children often have a mild fever after surgery. It is normal to have a temperature of 100° F (37.8°C) to 102°F (38.9°C) for a day or two.
- If the doctor prescribed pain medicine, follow the directions on the bottle. Tylenol® or Motrin can be given. Remember that if your child is taking a prescribed pain medicine, there may be Tylenol® in it. Be sure to follow the directions on the bottle label of any medicine you give to your child. If your child is taking other medicine for pain, check with your doctor **before** giving Tylenol for fever.
- Bad breath is very common during the healing process. This will go away once healing is complete. Do not give your child mouthwashes or gargles.
- Your child may have a lot of saliva in the mouth. It may cause them to spit or cough more often. This will go away as your child swallows more.
- Some children may have liquids come out through their nose. This is normal. The muscles around the mouth are weak and sore. This will slowly improve as the muscles get stronger. Continue to give your child fluids to drink.
- Your child's voice may sound different. It may sound like they are talking through the nose. This should return to normal after healing is complete.

What follow follow-up care will my child need?

A post-surgery appointment is needed. Please call the doctor's office to schedule your child's the appointment. This is scheduled about two weeks after surgery.

ALERT: Call your child's doctor, nurse, or clinic if you have any questions or concerns or if your child:

- Has bleeding (greater than a tablespoon).
- Has a temperature greater than 102°F (38.9°C).
- Has vomiting that lasts longer than 24 hours.
- Has severe pain that seems to be increasing and is not helped by medicine.
- Has coughing that will not go away.
- Refuses to drink liquids for more than 24 hours or is not able to urinate.
- Has special health care needs that were not covered by this information.

This teaching sheet is meant to help you care for your child. It does not take the place of medical care. Talk with your healthcare provider for diagnosis, treatment, and follow-up.