

Fluids and Diet

The most important thing you can do after a tonsillectomy to prevent complications, such as bleeding and dehydration, **is to ensure that your child drinks plenty of fluids**. At times it can be very difficult and painful to swallow. If your child drinks, there will generally be less pain and the possibility of requiring further hospital management to correct dehydration is decreased.



Encourage thin, non-irritant drinks; frozen icy poles often work well when children are refusing to drink. Soft foods such as jellies, ice-cream, custard and mashed foods can be helpful. Avoid foods which may irritate or scratch the surgery site. If dehydration occurs and attempts at home fail to correct the problem, readmission to hospital for intravenous fluids may be required.

Your child's throat:



You will notice white patches in the back of the throat where the tonsils were removed. These are temporary scabs which occur as part of the healing process. They are not a sign of infection and will fall off within two weeks of surgery. No attempt should be made to remove them. Nose blowing should be avoided for about 10 days after surgery. The throat may take up to 6 weeks to return to a normal pink colour. Often, at around 7 to 10 days, there is a period of increased pain, which may include pain in the ears, particularly when swallowing. The scabs are often falling off during this time and it is also around this time that bleeding can occur. Overall, most children will have fully recovered by two weeks however, there may be some throat tenderness for up to 6 weeks. You may notice some changes to the quality of your child's voice or even louder snoring for several weeks after the surgery. This will return to normal after several months, although the voice may have less of a nasal tone.

Complications:

Bleeding occurs in a small percentage of patients almost always 5 to 10 days after surgery. Dehydration and excessive activity can increase the chances of a postoperative bleed. If bleeding occurs, remain calm and relaxed. Rinse the mouth out with cold water and rest with the head elevated. If bleeding continues call your doctor. Treatment of bleeding can be simple or it may require a trip back to the operating theatre.

If your child has any of the following problems:

1. A sudden increase in the amount of bleeding from the mouth or nose that lasts more than a few minutes.
2. A fever greater than 38.0 degrees C, which persists despite increasing the amount of fluids taken and taking paracetamol.
3. Persistent sharp pain or headache which is not relieved by paracetamol.
4. Increased swelling or redness of the nose, neck or eyes.

Please contact

- Your General Practitioner (GP)
- Your surgeon's rooms (Lister House)
- After hours service GP service (number 1800 641 395) or
- Present to the Emergency Department

Acknowledgements: MeicineNet: <http://meicinenet.com> was the primary resource used in preparing this brochure

Disclaimer: This patient pathway is intended as a guide only. As each patient is an individual and responds differently, the care plan may alter. If you have questions, please discuss with your Doctor or Nurse.



PAEDIATRIC TONSILLECTOMY PATIENT PATHWAY

INFORMATION FOR YOU . . .

If you or your child would like a tour of the paediatric areas please ring Yandilla 5381 9261 after 2:00 p.m.

Date of Admission to Hospital:
You will need to telephone 53819261 (Yandilla—paediatric ward) to confirm your child's surgery. Please ring between 2.00 and 5.00 pm.

Your child will need to stop eating and drinking at least 6 hours before your admission time. Usually the night before their surgery.

You will need to remove all jewellery .

Yandilla staff encourage a parent to stay with the child.

When you come into hospital bring your:

- Favourite soft toy / comforters
- Any medications your child is taking (tablets / eye drops / inhalers). These will be continued whilst you are in hospital.
- Eye glasses and / or hearing aids if your child uses them.
- Toiletries, night clothes (1-2 changes).
- Do **not** bring a large amount of money, jewellery or valuables.

Admission / Discharge Arrangements:

- Please come to Hospital Reception at your admission time.
- You will be expected to stay in hospital for 1 night after your surgery. Discharge time is 10.00 a.m.
- Before you come into hospital please make arrangements for someone to drive you home on your discharge.
- It is best to limit the number of visitors you have the day of your surgery.

Post Discharge appointment with surgeon / General Practitioner (GP)

Mr Campbell / Mr Kitchen—appointment made for 7 to 10 days after discharge, see local GP if you live out of Horsham.
ENT specialists: Review with GP for 7 to 10 days after discharge.

Your Health Care Team

Your Surgeon: Mr Kitchen or Mr Campbell,
Ear Nose Throat Specialist: Mr McConchie or Mr Guirguis
Resident Doctor: _____

YOUR CHECK LIST . . .

The following checklist is to assist you in preparing for your admission to Hospital.

Confirm Admission by phoning 5381 9265 the day before your operation:

Date: **Time:**

Confirm Fasting Time
Nothing to eat or drink from: Time:

All jewellery removed

Please bring any toiletry / personal needs.
It is normal for a child to be discharged the day after surgery, so plan for an overnight stay.

Do you have your:

- Favourite toy
- Child's medications
- Child's Eye glasses and / or hearing aids
- Patient Pathway (this document)
- Toiletries, night clothes

Admission / Discharge Arrangements:

- Arrangement made for family / friend to take you and your child home on discharge from hospital.
- Present to Hospital Reception on your admission.

Appointment with :

_____ at _____



General Practitioner (GP): _____

Lister House Clinic 53820011

Yandilla Ward 5381 9255 (leave message)

Oxley Ward 5381 9258

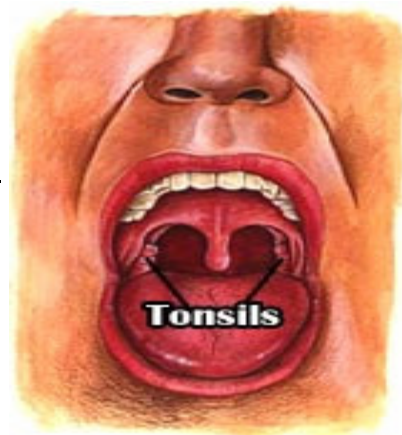
Tonsillectomy and Adenoidectomy Surgical Patient Pathway:

Your doctor has recommended a tonsillectomy and/or adenoidectomy for your child. The following information is provided to help prepare for surgery.

You are encouraged to ask your doctor/surgeon any questions that you feel necessary to help you better understand this procedure and how it will affect your child.

Risks and Complications:

Your child's surgery will be performed safely and with care in order to obtain the best possible results. The surgery may involve small risks of unsuccessful results, complications, or injury from both known and unforeseen causes. Because individuals differ in their response to surgery, their anaesthetic reactions, ultimately no guarantee can be made as to the results or potential complications. Furthermore, surgical outcomes may be dependent on pre-existing or concurrent medical conditions. It is important that your surgeon is fully aware your child's medical history.



Preadmission Visit:

The paediatric preadmission visit is also a time where your child can become familiar with the ward in which he or she will be coming to after surgery. There will also be an opportunity to meet some of the staff who may be looking after your child. Details will be provided about the procedure and what to expect during your child's hospital stay. A parent is encouraged to stay with the child overnight. To arrange a time for this visit please ring Yandilla on 5381 9261 after 2:00 p.m.

Children normally should not take aspirin, or any product containing aspirin. Non-steroidal anti-inflammatory medications (such as Nurofen® [Ibuprofen]) also should not be taken within 7 days of surgery. Nurofen® should also be avoided after surgery. Non-steroidal medications may interfere with clotting times.



As many over the counter medications contain aspirin, Ibuprofen or related drugs, it is important to check carefully or ask the pharmacist before administering medications to your child.

You will be advised that your child should not eat or drink anything 6 hours prior to coming to hospital. Anything in the stomach increases the chances of anaesthetic complications. Ask your doctor/preadmission nurse what time regular medications should be taken.

For kids:

It is advised that you be honest and up front with your child as you explain the upcoming surgery. Let them know that they will be safe and that you will be close by. A calming and reassuring attitude will greatly ease your child's anxiety. Let them know that if they have pain it will only be for a short period and that they can have medicines which will reduce it. The visit to Yandilla, (the paediatric area is a part of Yandilla), will greatly help in reducing your child's anxiety.

If your child is sick or has a fever the day before surgery, make an appointment or speak to your General Practitioner. If sick on the day of surgery come to the hospital as planned and your doctor will decide if it is safe to proceed with the surgery.

Please use the check-list on the front of this brochure to make sure that you have everything you need to bring to hospital. It is a good idea for children to bring a favourite soft toy or blanket.

Generally you and your child will stay in hospital overnight and be discharged the next morning. Please leave all valuables at home.

Discharge time is 10.00 am

Day of surgery

Please present to the hospital reception at your requested admission time. After completing the necessary paperwork you will be asked to go to the Yandilla Ward.

A doctor will check your child's medical history and medications. The anaesthetist will generally see your child before surgery, explaining what will happen. Children will have a cream applied to where the IV needle is to be inserted. Generally an IV infusion will be commenced before the operation. During surgery the anaesthetist will continually observe and monitor your child by oxygen saturation and heart rhythm. The operating team is very experienced, well trained and prepared for any emergency.

What happens after surgery

After surgery your child will be taken to the recovery room where nursing staff will monitor your child's recovery from the anaesthetic. As a parent of a child, you will probably be invited into the recovery room as your child becomes aware of his/her surroundings. When your child has regained consciousness and his/her condition is stable, transfer to the ward will be arranged.



In the ward nursing staff will continue to monitor your child's recovery from the anaesthetic, making them comfortable, and offer a wash if appropriate. Pain relief is given as required and a dose of intravenous pain relief may also be given. Medication for nausea can also be given if required. Please advise nursing staff if you think your child is experiencing pain or nausea.

On return to the ward your child should rest in bed with his/her head elevated on 2 or 3 pillows. By keeping the head above the heart, swelling is minimised. Your child may get out of bed to use the bathroom when he/she feels up to it, watch them carefully as they will be 'groggy'.

Pain is common after a tonsillectomy. It is hard to predict who will recover quickly or who will have prolonged pain. Immediately after surgery, many patients report only minimal pain, the next day the pain may increase and remain significant for several days. After a week pain may become significant again. Ear pain can be common due to swelling blocking the tube which balances pressure in the middle ear.



At home:

Your doctor will discuss medications with you before going home. For children, paracetamol (Panadol®) is the most common pain medication. Avoid Ibuprofen (Nurofen®) as it has an effect on blood clotting. Constipation and straining should be avoided, as straining may trigger bleeding. Some surgeons may prescribe an antibiotic for 10 days after surgery. The entire course of antibiotics should be taken as ordered.