Pain Management

Here you will receive information about pain management with medication following the tonsil operation.

*Note that this instruction for pain management only applies to children who do not have any other diseases, are 3 years or older and have a normal weight for their age.*

In order for the period following the operation to be as good as possible, it is important to give pain-relieving medication. Your child will eat and sleep better and experience less pain, which will accelerate the healing. Therefore it is important to give the child the medication even if he/she does not have pain on the first day.

A number of children experience the most pain in the evening, while others think that night or early morning is worst. It is normal for the pain to increase up to 4-7 days after the operation. This is most common when the whole tonsils are removed (tonsillectomy).

Increased pain is normal as long as there is no simultaneous fever and inability to swallow (primarily drinking). Read more under the tab *Important*.

Pain-relieving medications have the best effect when they are taken **REGULARLY THROUGHOUT THE DAY**. Then the child will not experience too much pain before the next dose. Sometimes the child may need to be woken up in order to receive medication at night. Give the medication 30-60 minutes before meals so that the child will be able to swallow the food easier. To avoid too severe pain, do not allow more than 6 hours to pass between medication doses.

In addition to the medication, it is important that the child receives extra attention that distracts them from the pain in the throat (play games, read, watch TV together with an adult etc.). Cold drinks or ice cream can also relive the pain. Read more under the tab *Children and close relatives*.
Pain Assessment

After an operation it is important to regularly assess whether your child seems in pain. As a rule, your child's behaviour will change if he/she is in pain and children can sometimes find it difficult to express that they are in pain. Pain is not always expressed with words, screaming or crying. There are different pain estimation scales that can facilitate evaluation of a child's pain. Children might not admit to pain because they don’t like taking medicine, which they may perceive as “bitter” and “a lot of medicine” to take several times per day.

Changed behaviour due to pain can manifest itself in the child being whiny, worried/tense or apathetic/inactive. But other behaviours can also occur, such as being hyperactive, crying easily, just wanting to sleep or not wanting to eat and drink. You are the one who knows your child best, so it is important that you are aware of different behaviour in your child. It gives you important clues as to whether your child experiences pain. Other factors that can affect and intensify the pain include fear and worry. The younger the child is, the harder it is to understand the connection between cause and effect.

Different pain estimation instruments are one tool for evaluating pain.
Pain Scales

Children from the age of 3 can estimate their pain with the help of a face scale (see image). At school age (from approx. 7 years) when the child can understand to grade his/her pain, then the child can use a scale with numbers (see image). At hospital, different pain estimation scales are used, and they can also be good tools to use at home.

When the child estimates his/her pain below “4” on the face scale or the scale with numbers at all occasions during the day, this indicates that you can begin reducing the dose of medicine. Stop the medicine if the child continues estimating below “4” the day after you have reduced the medicine. If your child is affected by pain despite regular intake of recommended doses of medicine, then contact your doctor. Read more under the tab Important.

The face scale Faces Pain Scale-Revised (FPS-R) for children from the age of 3 is intended to measure how the child feels, not what their face looks like. Explain to the child that the faces show how painful something can be. The face farthest to the left shows no pain. The faces show more and more pain, the one to the right shows a lot of pain.

No pain - Mild - Moderate - Medium-severe - Severe - Unbearable - The worst pain imaginable

Example of numeric verbal scale for children over 7 years of age, grade the pain by choosing a number between “0” (no pain) and “10” (worst pain imaginable).
Medication and treatment time

Pain-relieving medications have the best effect when they are taken regularly throughout the day. Basic pain relief after a tonsil operation for otherwise healthy children are anti-inflammatory medications (Cox-inhibitors/NSAID e.g. Ipren, Diclofenac, Voltaren), which are to be taken together with medications that contain Paracetamol (e.g. Panodil, Alvedon). These medicines are available prescription-free at the pharmacy. How long the child needs to take pain-relievers depends on what type of tonsil operation was carried out.

Buy and bring home the recommended medication in GOOD TIME so that it is at home when you come home after the operation. If your child may need to supplement the medication with a prescription medication, then you will be given this at the time of the operation.

Recommended doses of medications are calculated for otherwise healthy children who can drink sufficient amounts of fluid. It is important to both eat and drink in the days after the operation in order to have a sufficient nutritional intake. If you have major difficulties getting your child to drink, then contact your doctor. Read more under the tab Important.

If problems occur with the child not wanting to take the medicine, then you can try another form of the medication. Most of the recommended medications are available as tablets, liquids, suppositories, orally soluble tablets or fizzy tablets. The pharmacy can help you to get the correct dose if you swap medicinal forms. When you leave the hospital, you will receive clear information about pain relief from the ward. If you go home on the day of the operation, then find out how much medication your child has already received after the operation so you know how much medication to give him/her for the rest of the first day.

Treatment period

How long your child needs to take pain-relieving medication depends on what type of tonsil operation has been carried out. When the whole tonsil is removed (tonsillectomy), pain-relieving medication is often needed over a longer period of 5-8 days, sometimes longer. If only parts of the tonsil have been removed (tonsillotomy) pain-relieving medication is commonly needed for 3-5 days. Read more under the tab In-depth.

Phasing-out of medication

It is IMPORTANT that all children receive the recommended dose of pain-relieving medication the first days. When you and your child feel that he/she begins experiencing less pain, it is recommended
that you stop taking paracetamol first. Continue to regularly give COX inhibitors/NSAID. Then as the pain intensity decreases, go over to giving COX inhibitors/NSAID only as needed. Read more under the heading **Pain assessment.**

### Inflammation inhibiting medications

COX inhibitors (*NSAID/Non-steroidal anti-inflammatory drugs*) both provide fast pain relief and inhibit inflammation. The pain-relieving effect is achieved within approx. 30 minutes of taking a tablet or oral solution. The recommended medication is Ibuprofen (*e.g. Ipren, Brufen*) OR Diclofenac (*e.g. Diclofenac, Voltaren*). Note that ONLY ONE OF THE recommended anti-inflammatory drugs should be used. Ibuprofen is available prescription-free in the following forms: tablet, mixture/liquid and suppositories. Diclofenac is available prescription-free in tablet form.

**Side effects/risks**

COX inhibitors can be given to most children, even those that have asthma, but it is VERY IMPORTANT that the first dose has already been given and has been evaluated at the hospital. If your child has asthma you should consult the doctor as to whether the child should take this medicine. The medicine must not be used if the child is allergic to acetylsalicylic acid or other COX inhibitors/NSAIDs, or if the child has an unusually easy tendency to bleed. The risk for side-effects increases with increasing doses. For all bleeding in the throat contact a health care professional IMMEDIATELY. Read more under the tab **Important.**

**Dose**

\[ \text{mg/kg} = \text{milligram per kilo of body weight of the child} \]

- **Ibuprofen days 1-8 = 5-7 mg/kg**, the dose should be administered 4 times per day, every seventh hour (not more often)
  
  (If your child weighs 61 kg or more then the max. dose is 400 mg x 4/day)

  OR

- **Diclofenac days 1-8 = 1-1.5 mg/kg**, the dose shall be administered 3 times per day, every eighth hour (not more often)
  
  (If your child weighs 33 kg or more then the max. dose is 50 mg x 3/day)

Read more under the headings **Treatment period** and **Tapering off the medication.**
Paracetamol

Paracetamol (*e.g.* Alvedon, Panodil) reduces pain and fever but has no inflammation-inhibiting effect. The pain-relieving effect of the tablet or oral solution (taken via the mouth) is achieved within half an hour to one hour. For suppositories, it takes between two and three hours until the full effect is achieved. On the day of the operation and for 2 days following the tonsil operation (days 1-3), a higher dose of paracetamol is recommended. On day 4, it is **important** that the dose of paracetamol is reduced.

**Side effects/risks**

It is very important to follow the dose recommendations. At too high a dose over a longer period of time there is the risk of severe liver damage.

**Dose**

mg/kg = milligram per kilo of body weight of the child

- Paracetamol days 1-3 (day 1 is the day of the operation) = 24 mg/kg, the dose shall be administered 4 times per day, every seventh hour (not more often)
  (If your child weighs 40-59 kg, then the max. dose is 1000 mg x 4/day. If your child weighs over 60 kg, then the max. dose is 1250 mg x 4/day)
- Paracetamol days 4-8 = 18 mg/kg, the dose should be administered 4 times per day, every seventh hour (not more often)
  (If your child weighs 50 kg or more, then the max. dose is 1000 mg x 4/day.)

**IMPORTANT**: Children that undergo a tonsil operation must **never** use paracetamol combined with **CODEINE**

(*e.g.* Citodon, Panocod), because codeine increases the risk of respiratory problems.

Read more under the headings Treatment period and Tapering off the medication.