

Information for Caregivers

The purpose of this information is to help everyone who undergoes tonsil surgery to feel as good as possible after the operation and to return to normal food and normal activities as quickly as possible.



The operation can be performed in two ways: Either the whole tonsil is removed, which is most common in the event of repeated throat infections, or only the protruding parts that block the airway are removed. The ear, nose and throat (ENT/Otolaryngology) doctor who will perform the surgery decides which surgical procedure is best suited. The decision depends on the problems the tonsils are causing your child. In those cases where children are operated on because their tonsils are enlarged, the size of their adenoids (the glands behind the nose) is also assessed. If the adenoids are enlarged, then they are also removed. This operation doesn't cause the child too much extra discomfort. During the operation, the tonsils are removed through the mouth. The wound where the tonsil used to be is left open, and the bleeding is normally minor. The child is very tired after the operation and needs to rest and sleep.

Are there any risks involved with the operation?

- There's always a risk involved with surgery and when an anesthetic is used, but it's minor and all care is taken to make sure that the operation is as safe as possible.
- A few patients do unfortunately experience bleeding after having their tonsils removed. This bleeding most often stops by itself. Sometimes, the patient may need to return to the operating room in order to have the bleeding stopped under anesthetic.
- The throat should never bleed once the child has arrived home after the operation. If you notice any bleeding, you must contact health care services immediately..
- There are wounds where the tonsils used to be and on these wounds grey-white layers form, that are the mucous membrane's equivalent of scabs on the skin and a sign of healing. These layers can smell bad and can cause bad breath. The layers start to disappear after approximately 7-10 days. The risk of bleeding exists up until the wounds are fully healed, which can take up to three weeks.
- The child may have a slight fever the first day, but this is quite normal. If your child is affected by the fever, you should contact the health care services.
- If your child suffers from pain despite the recommended medication regularly, and having difficulty drinking enough liquid, contact the health care services for advice.

What's next?

If you haven't already been given a date for your child's surgery, you will be notified by post, telephone or e-mail. You and your child may have the opportunity to visit the clinic in advance in order to get used to the hospital environment and not find it so overwhelming or intimidating.

What do I do if my child gets tonsillitis?

If your child becomes sick, for example has a sore throat or a cold, we kindly ask you to call the telephone number given in the notification you received about the operation date. Your child's operation may need to be postponed.

What's important to think about before the operation?

Drugs that should be avoided before surgery

About 14 days before the operation, the child shouldn't take any painkillers or antipyretic (fever reducing) drugs that contain acetylsalicylic acid (such as Magnecyl, Bamy, Treo) or Ibuprofen (such as Ipren) and Trombyl. These drugs can give an increased risk for bleeding during the operation. If some form of pain relief is required, use paracetamol instead (such as Alvedon, Panodil, Curadon) during this period.

Fasting instruction before surgery is important to follow

The child is allowed to eat up until six hours before surgery. After that, the child is allowed to drink clear liquids up until 2 hours before surgery, and nothing after that. Clear liquids are defined as water, clear cordials/fruit juices without pulp. The liquid must not contain fat and not normal milk, powder milk, gruel or formula.

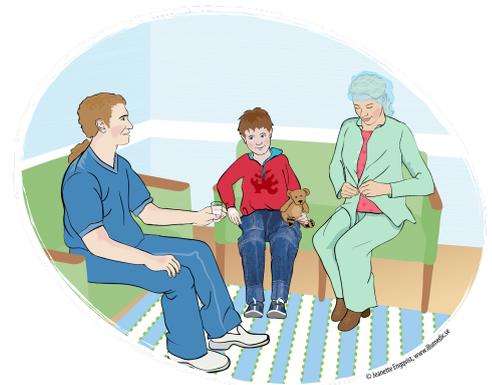
Shower and wash the child's hair the evening before the surgery or on the morning of the operation. Don't use any make-up, perfume or nail polish on the day of the surgery. On the day of the surgery remove all items from the mouth and all jewelry, removable brace, piercings, earrings, rings, bracelets, necklaces, wrist-watch and contact lenses.

What happens on the day of the operation?

Before the anaesthetic is administered, your child undergoes a medical check-up. This is to make sure that your child is in good condition to proceed with the surgery. You'll receive information about what to expect from the day and how your child may feel after surgery.

Can I, as an immediate family member or friend, be present?

An immediate family member or friend may accompany the child into the operating room and stay with the child until he/she has fallen asleep. After the surgery, the child will be taken to the recovery room where the immediate family member or friend can be present.



When can my child go home?

Your child will be discharged the same day as the operation or the day after, depending on the routines at your hospital. The child is discharged when he/she has had something to eat and drink and feels well enough. The nursing staff decides when the child can go home. If you are going home driving your own car, it's important that there is an adult next to the child in the car at all times. Therefore you need to have one adult accompanying you when going home.



What happens after the operation?

The throat will be painful after the surgery, and therefore it's important to follow the prescription and take painkillers regularly. It is normal after tonsillectomy for the intensity of the pain to increase 3-5 days after surgery and then decrease. It is less painful when only part of the tonsils have been removed.

The pain is worse in the morning; this is true for several reasons. Partially because the child has a dry throat from not swallowing anything during the night, but also because it's been a long time since the last pain medicine was taken.

It's more comfortable to sleep at night with a slightly higher support under the head than normal; the swelling of the mucous membrane surrounding the area operated is diminished and the pain is therefore reduced. The tongue may feel uncomfortable for the first few days after the operation, because the tongue has been pushed down with a special instrument during the surgery to make it easier to get to the tonsils. It will usually feel better if you can get the child to move his/her tongue, therefore it's good to get them to eat and drink. Also, the ears may ache without there being an ear infection. Chewing gum can sometimes alleviate the ache.

Pain relief

After the operation, it's very important to take painkillers (medicines to stop pain). These must be taken according to the doctor's instructions and at regular times for them to have the best effect. Get the child to eat approximately 30–60 minutes after he/she has taken the painkiller, since that is when the effect of the painkiller is at its best. Healthy children receive paracetamol (for example, Alvedon, Panodil) together with anti-inflammatory analgesics (for example Ipren, Diklofenak) as basic pain relievers. Additional or different medicine may be prescribed by the doctor.

Buy the painkillers in advance so that you already have them available when you and your child return home after the operation. You can buy Paracetamol and anti-inflammatory analgesics without a prescription from the chemist/drugstore and in many shops. You may need a prescription to buy other recommended painkillers; you'll be given advice and any necessary prescriptions by the doctor in charge for your child's treatment.

Information about pain management

Do you want information about pain management for your child, on how to assess the pain of your child, clues on how to see that your child is in pain, or do you want to learn more about pain-relieving medication and usage of correct dosage? Read more on the **pages about pain management**

Nausea

Nausea and vomiting are common, especially during the first evening after the operation. It is not unusual that old blood (dark looking) appears in the vomit, this is due to the fact that blood often cumulate into the stomach during surgery. The nausea usually disappears a day after the surgery.

Food and drink

It's important to encourage your child to eat and drink normally. If the throat is dry, the child is likely to feel more pain. Give the child what he/she wishes to eat. Liquid and soft food is usually best just after the day of the operation. Hot food and food that can scrape the throat (for example crisp bread and hard apples) be avoided for the first days. See advice on food & liquids on the children's page.

How long does my child need to stay at home?

The time that the child needs to stay at home varies. When only the enlarged parts of the tonsils have been removed, the child should be home for at least 4 days. When both tonsils have been removed completely, the child should be home for at least 8 days

Bed rest isn't necessary. It's good for the child to be up under calm conditions even during the first few days, and there's no reason to prevent the child from going outside if the child feels up to it. If at all possible, avoid being with people who have a cold. The child should not be allowed to do things requiring heavy physical effort during the 14 days that are normally required for the throat to heal completely, e.g. wrestling, jumping on a trampoline, riding bicycles, jogging, aerobics, etc. Please avoid flying and foreign travel for 3 weeks after the operation.



Follow-up

Most of the time there is no follow up scheduled as per routine. In the event of any complications (bleeding, persistent pain, high temperature), please see under the tab **“Important”**.

All tonsil operations in Sweden are monitored via the National Tonsil Surgery Register in Sweden. The Quality Registry helps us to improve health care. You'll receive two questionnaires, the first after thirty days and the second after six months. Questionnaires 30 days after the operation, important information is obtained about, for example, complications after your child's operation such as post-operative bleeding, infection and pain and how adequate the patient information was. Six months after the operation, the patient is asked to answer a questionnaire, where the degree of symptom relief is requested.

It's of great importance to receive your answers, even if you haven't experienced any discomfort. It's important that you answer both questionnaires!

30 days after the operation, information is obtained from the patient about, for example, complications such as post-operative bleeding, infection and pain and how adequate the patient information was. Six months after the operation, the patient is asked to answer a questionnaire, where the degree of symptom relief is requested.

How to help your child to get the best experience possible when having tonsil surgery?

You can avoid any unnecessary stress/anxiety by thoroughly preparing your child before his/her tonsil operation. A calm, well-prepared child with a positive attitude towards what will happen, experiences less pain, handles pain better and recovers more quickly. There are several things that you can do together with your child in order to make the experience as positive as possible.

Before surgery

- Use the informative material and the stories about Elias and Moa on www.tonsilloperation.se to help your child understand why the operation needs to be done.
- You can also visit the Anaesthesia Web website at www.narkoswebben.se where you can get more information and will be able to prepare yourself as well as your child of what to expect at the hospital, during and after anaesthesia and surgery
- Explain that he/she will feel a lot better after having had the tonsils and possible even the adenoids behind the nose operated on. Help your child by walking him/her through all the steps that will happen before, during and after the surgery. The more your child knows, the less worried he/she will be. All steps are also explained pages for the children
- Explain that you'll be with your child at the hospital during the visit. Let the child know that you'll be there when he/she falls asleep and wakes up. He/she will sleep during the entire operation and wake up when it's over. Assure your child that he/she will never be alone. Everyone will explain what they are going to do, to make it feel as comfortable as possible. Tell your child to let the staff know if he/she is worried about something. Then the staff can explain the procedure and help your child to be less anxious.

During the day of operation

- Make sure that your child brings along a favourite book, a cuddly toy, a security blanket or anything else that may help them feel secure.
- Keep control of your own anxiety. A worried parent can easily transfer his/her anxiety to the child. Act calmly and inspire confidence.
- Be prepared that there may be waiting times at the hospital. Bring something along to help your child and yourself pass the time.

After the surgery

- After the surgery, it's always good to talk about your child's experience at the hospital, how he/she felt, and why. The child can explain through drawing a picture. Preferably use the stories on www.tonsilloperation.se or www.narkoswebben.se
- In addition to receiving painkillers, it's important that the child receives more attention than usual. By reading, playing games and watching TV together, the child is distracted from the pain in their throat

Important

The most serious thing that can happen after the operation is that there is bleeding. In that case, you must contact health care services **IMMEDIATELY**. Other problems include infection or insufficient pain relief that can present problems when it comes to drinking enough.

Important make sure to

- **WHAT** you must do and **WHOM** you should contact in the event of any problems!
- have any **IMPORTANT** telephone numbers ready if you need them!

Contact health care services **IMMEDIATELY** if child's/person's throat is bleeding!

Contact health care services for advice if:

- there is any blood in the saliva
- the child/person have a hard time drinking liquid
- the child/person suffer from pain despite taking the recommended medication regularly
- the patient has a fever and is affected by it, contact health care services for advice (a slight fever after the operation is not dangerous).