

Care after surgery

Your child may have a sore throat for up to two weeks, but this will gradually improve. Eating and drinking should be resumed and encouraged, as this will prevent debris from collecting in the throat and help in recovery. Pain relief medication will be prescribed to your child and will help to prevent and relieve the pain. Your doctor will usually prescribe a course of antibiotics that must be completed. The area where the tonsils were removed from will have a whitish coating during the recovery period. This is the normal appearance of a recovering wound in the mouth.

Things to avoid after surgery:

- Hot fluids and acidic/citrus fruit juices such as orange juice, lime juice to prevent irritation of throat.
- Use of hard objects in the mouth. Careful brushing of teeth is allowed.
- Frequent coughing or clearing the throat, as this may aggravate bleeding from the wound.
- Strenuous physical exercise for 2 weeks.
- Crowded places and smokers.
- Contact with people suffering from cough, colds, and other infections.

Note: These precautions are to prevent a small risk of bleeding from the tonsillar wounds.

After discharge

Take soft diet for two to three days to reduce pain and help in healing of the wound. Your child can resume a normal diet after that. During the first week, your child should stay at home. He/she may return to school one week after the operation but should avoid strenuous physical activity. Encourage taking small amounts of water frequently to keep the throat moist and clean for the first week. Children above 12 years old should gargle after each meal to keep their throat clean.

Please consult a doctor if your child has:

- Fever more than 38°C
- Large amount of bleeding from the throat which may present as:
 - Excessive swallowing.
 - Vomiting fresh blood or large blood clots.
- Severe throat or ear pain which is not relieved by medication.
- Prolonged symptoms which you are concerned about.

If the above symptoms persist, please go to the Children's Emergency at the Children's Tower, Basement 1, KK Women's and Children's Hospital. If required, they will contact the ENT doctors.

Follow-up appointment

Please keep to your scheduled appointment with the doctor as the follow-up care is important in monitoring your child for complications, and ensuring a full recovery.

Useful telephone number

Central Appointments

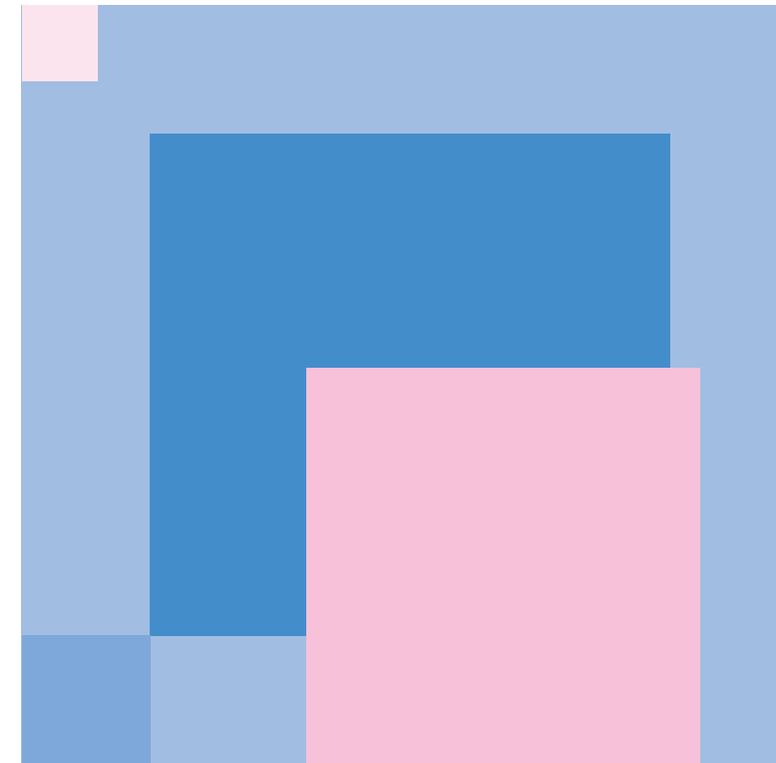
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Tonsils and Adenoids



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What are tonsils and adenoids?

Tonsils and adenoids are part of a ring of lymphoid tissue encircling the back of the throat and nose. The tonsils are visible at the back of the mouth, one on each side of the throat. The adenoids are a clump of tissue found high in the throat, behind the nose. They can only be examined by special instruments or an X-ray.

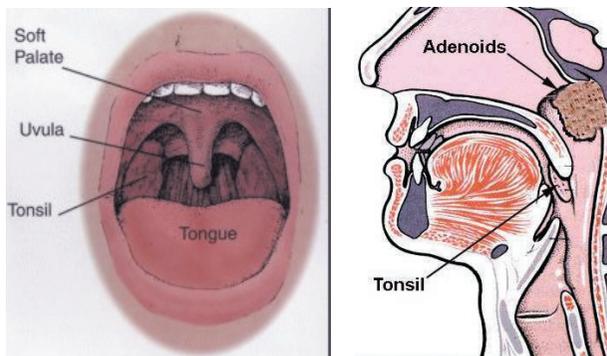


Fig. 1 View from through the mouth

Fig. 2 Side view

What are tonsils and adenoids for?

They help the body fight infection by forming antibodies to germs that enter the nose and mouth. Sometimes, tonsils and adenoids can get infected, or cause problems by being too large. Studies so far show that a child's immunity is not affected after removal of the tonsils and adenoids.

Common problems that require removal of the tonsils and/or adenoids (Tonsillectomy and/or adenoidectomy) include:

Recurrent Tonsillitis

Tonsillitis is an infection of the tonsils. Symptoms include high fever and severe sore throat.

Snoring/Obstructive Sleep Apnoea (OSA)

Enlarged tonsils and adenoids are the most common cause of snoring and obstructive sleep apnoea in children. If untreated, this may cause behavioural and learning issues. Over time, untreated OSA may also have (negative) effects on blood pressure and the heart.

Chronic Otitis Media with Effusion

Persistent fluid in the middle ear may be linked to enlarged or infected adenoids.

Chronic Sinusitis

Sinusitis is an inflammation of the sinuses. Removal of the adenoids may be beneficial for children with recurrent or persistent sinus infections not responding to antibiotic treatment.

Peritonsillar Abscess

A peritonsillar abscess occurs when pus forms around the tonsil.

Tumours

Asymmetry of the tonsils may be a sign of a tumour (e.g. lymphoma) of the larger side.

Risks of Tonsillectomy and Adenoidectomy

The surgery is done under general anaesthesia. Severe reactions to general anaesthesia are rare in children. An anaesthetist will discuss the risks of anaesthesia with you before the surgery. The surgery is done through the mouth and nose. No cuts will be made on the face or neck.

Potential risks during and after the surgery include:

- Injury to the teeth, tongue, lips, and jaw.
- Bleeding during the surgery, or up to 2 weeks after. This may require readmission and surgery to stop the bleeding.

- Dehydration from insufficient fluid intake due to pain.
- Leaking of fluids into the nose when drinking. This is usually temporary.
- Grisel's syndrome, a very rare condition which leads to instability of the neck.
- Persistent middle ear fluid due to scarring at the back of the nose. This is very rare.

Before surgery

Please tell your doctor if your child has any history or family history of bleeding disorders or any previous problems with general anaesthesia. Please inform your doctor about any medication your child is taking, including vitamins and ask what medication your child should and should not take leading up to surgery.

Your child's doctor will order blood tests to make sure he/she does not have any bleeding disorders and is fit for surgery.

If your child has fever or cough, please inform the ENT centre to reschedule the surgery as this will increase the surgical risk.

Your child will need to stop eating and drinking (fast) a few hours before the surgery. A nurse will contact you the day before to give you instructions for this.

After surgery

Your child may feel sleepy and vomit after general anaesthesia. This will wear off after a few hours. After which, he/she will be allowed to drink water and take sips of cool clear liquid when he/she is fully conscious. A cooled soft diet including ice cream is usually given following surgery. After surgery, it is normal to observe blood stains in the nose mucus and saliva.