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MACARTHUR ENT

Tonsil and Adenoid Surgery Recovery Guide

1. Going Home

Your child will go home only if they are comfortable, eating and/or drinking with no concerns from yourself or the nurses. Your child may feel sick or vomit after surgery, especially when eating or riding in the car. This is common and usually settles.

2. Pain Management

Tonsillectomy is painful. Keeping your child well hydrated helps reduce pain. The pain lasts for 14 days and often peaks around days 5 to 7. It might also be felt in the ears or jaw (it is not an ear infection). Give paracetamol every 6 hours. Ibuprofen can be given every 8 hours. Oxycodone may be prescribed for stronger pain, especially at night or before meals. Please see the example schedule of pain relief below.

3. Eating and Drinking

There are no strict food rules, but soft foods like ice cream, yoghurt, jelly and pasta are good choices. Encourage your child to return to normal foods with texture (like toast) as soon as they can—it helps healing. Generally avoid spicy or acidic foods like oranges and tomatoes – it hurts more. Drinking plenty of water is very important.

4. Appearance of the Throat & Bad Breath

A white or grey coating in the throat is normal, it may also appear more red that usual – it is all part of the healing. Bad breath is also common and should improve within three weeks – it is not a sign of infection.

5. Fever

Mild fever is common in the first few days. Use paracetamol to treat it. If the temperature is over 38.5°C for over 48 hours or associated with worsening work of breathing, coughing or a lethargic child – please bring your child back to the emergency department for assessment.

6. Voice Changes

A nasal or high-pitched voice is normal for a few weeks due to swelling. Some children take time to get their normal voice back. If the tonsils or adenoids are large, the vocal resonance may change (for the better) over the long term. Speech therapy is rarely needed.

7. Snoring & Sleep

Worse snoring and restless sleep are common for the first few weeks due to swelling. Use saline spray (like FESS or FLO) 2–3 times daily to help. Night terrors may occur but usually stop once sleep returns to normal.

8. Bleeding

Small streaks of blood in saliva can occur between days 5–10 – this is not concerning. If there is more than a tablespoon of bright red blood or old blood in vomit - go to the emergency department immediately or call an ambulance.

9. Daycare/School & Travel

Children need two weeks off daycare or school and need to avoid sport or physical activity for 2 weeks to reduce bleeding risk. Your child cannot travel greater than 30 minutes of a major hospital during the first 2 weeks after surgery – if your child has bleeding, they may need urgent care and travel out of Sydney during recovery can be very dangerous.

10. When to go to the Emergency Department

Call or come to your hospital if:

- Your child has heavy bleeding
- Your child isn't drinking or has dry lips and no urine
- There is ongoing vomiting or lethargic
- Fever goes above 38.5°C for >48 hours
- Pain is not controlled by medication

Example of Pain Relief Schedule – Check with your Surgeon or Anaesthetist:

Your ENT surgeon and your anaesthetist will go through this with you but this is an example pain schedule. You can stagger Paracetamol and Ibuprofen to give better pain coverage through the day. Use Oxycodone liquid (if prescribed) 30 minutes before meals when extra pain relief is needed.

Time	Paracetamol	Ibuprofen	Optional Oxycodone
06:00	✔		✔ (before breakfast)
08:00		✔	
12:00	✔		✔ (before lunch)
14:00		✔	
18:00	✔		✔ (before dinner)
20:00		✔	
22:00	✔		

✔ = Give medication at this time. Use Oxycodone only if prescribed and as directed by your doctor.