

Removing your child's adenoids and/or tonsils



An adenotonsillectomy is the removal of the adenoids and tonsils. This may be necessary because of frequently recurring tonsillitis or sleep-disordered breathing during the night. The adenoids and tonsils are both removed through the mouth.

As with all procedures, unexpected complications can occur when removing the adenoids and tonsils. These are not common. The most important complication is that the wound area can become infected or bleed, which sometimes means a second operation is required. The mouth, nose and throat will be sore after the operation. Sometimes food or drink can come back out through the nose, especially when the adenoids have been removed. There is also a risk of damage to the teeth. Lastly, there is a small risk of infection and fever.

As discussed with your Ear, Nose and Throat ENT (KNO in Dutch) doctor, it has been decided that your child must have an (adeno) tonsillectomy. Although this is a very low invasive procedure in medical terms, it may have a considerable impact on your child. It is therefore important to prepare your child by explaining him/her exactly what is going to happen. Being prepared will make the event seem less intimidating and will help you and your child to come to terms with the procedure. To prepare your child properly, it is important that you know exactly what this procedure entails. This will be explained in this leaflet. Should you have any further questions after reading the information, please do not hesitate to get in touch with your ENT doctor at your department.

Preparation by the anaesthetist

The anaesthetist will tell you about the anaesthetic sleep and pain relief medication during a consultation at the Pre-operative Outpatient Clinic (more information in the end of the leaflet). Your child's heart and lungs will also be examined. If you wish you can let your child play with the anaesthetic mask and balloon to help him/her get used to these medical devices. Your child has the possibility to get familiar with mask and balloon in a playful way, so it will be less intimidating at the procedure.

Preparations at home

The best way to prepare your child for having its tonsils and adenoids removed depends on the age and disposition of the child. It is often better not to tell toddlers and very young children too far in advance. Children have little perception of time, and so one or two days before surgery would be reasonable. You should choose the moment that seems best to you. Some children react better if they know exactly what to expect. Others have a vivid imagination and may find a long wait nerve-wrecking. It is important that your child is given the chance to think about the upcoming procedure and ask any questions that may occur to him/her. It may comfort your child to know that you will be at their side until he/she falls asleep, and that you will be there as soon as he/she wakes up. It is important to inform

your child that (when he/she wakes up after the operation) his/her throat will be sore, his/her nose could bleed slightly and it could be sore and it may be difficult to swallow.

Things to know

Please read the following instructions carefully as it is important for the procedure itself;

No food and restricted drinks before the operation

It is very important for the anaesthetist that your child fasts before the procedure. He/she may not eat anything after midnight on the night before surgery. Your child must not clean, brush his/her teeth on the morning of the surgery.

He/she may drink clear fluids up to two hours upon the agreed admission time. This includes:

- water
- tea without milk
- very diluted lemonade
- clear apple juice

No aspirin

Your child must not take any medication containing aspirin (Aspro, Dolviran, APC, Chefarine, etc) during the two weeks preceding the operation, as aspirin increases the chance of bleeding during and after the procedure. Paracetamol is allowed.

Regular medication

If your child is on any regular medication, please discuss this with the ENT doctor in advance, so that he/she can decide whether, and how this may affect the operation.

Illness

The operation cannot take place if your child is ill. It will also be cancelled if your child is likely to have contacted people with specific infectious diseases such as measles, whooping cough, German measles, mumps or

scarlet fever. If in doubt contact us on the following telephone number: 088 979 24 45.

Transport home

You should arrange transport to take you and your child after the procedure, so you do not have to drive the car yourself. Your child may feel sick or throw up blood and may need your help during the journey.

What should you bring at the day of admission

- your registration card
- any medication your child might need
- a soft toy/doll, (picture) book, toys for in the waiting room

Pain relief with paracetamol and diclofenac suppositories during your pre-operative appointment with the anaesthetist

You will be given three boxes of suppositories (paracetamol and diclofenac) to be used for pain relief during the first three days after the surgery. The dosage will be adjusted to your child's weight.

You may not use any other forms of pain relief while using these painkillers, particularly not Aspirin as it increases the risk of bleeding.

At 07.00 am. on the day of the operation, please give your child a paracetamol suppository and a diclofenac suppository. After the operation, you should administer suppositories depending on the child. You should also follow the instructions on the package, sometimes the nurse arranges the medication. This information will be provided at the appointment before the day of operation.

Day 2 and 3

Administer suppositories at intervals during the day, according to the child's pain and according to with the instructions on the package. Although your child has a sore throat, try to persuade him/her to drink sips of water and eat ice popsicles as this will give relief of pain.

If the pain has not eased within 5 days, please contact your GP.

The day of the operation

On arrival, you should take a seat in the POK waiting room. You and your child will be guided to the waiting area of the operation theatre. Your child will be given something to drink in preparation for the operation.

The drink will make him/her feel calm and relaxed. You can stay with your child the entire time.

Your child will be given a wrist band showing his/her name. After about 30 minutes, you (one parent) and your child will be guided and taken to the operation theatre. The medical team will be waiting for you. They are wearing operation uniforms. Your child will lie down on the operation table. You can stand or sit beside your child. The anaesthetist will place a mask over his/her face and ask him/her to blow into it. Your child will fall asleep within a minute or two. Some children roll their eyes or wave their arms or legs at this point. This is normal.

Once your child is asleep, you will be asked to leave the room and you will be guided to the waiting room. Your child will be given an infusion once under anaesthesia is given and this will be removed in the recovery room before you go home. After the operation, your child will be brought back to where you are waiting.

A nurse will be in constant attendance in the recovery room. Most children cry as they wake up and you may see a little blood sipping from his/her mouth/hand/nose. It is best if your child is lying down for a while so do not try to wake him/her up.

The specialist treating your child will come to the recovery room to tell you how the operation was carried out. He/she will also inspect that your child is recovering as expected. You and your child will then be taken to the children's ward, where you will remain for observation for about three hours. You will not be seen by a doctor, but the children's nurse will keep a close eye on your child for these three hours and in consultation with the doctor say when he/she is fit enough to return home.

If everything goes well, your child will be discharged after these three hours.

At home

It is advisable that your child has time to recover peacefully. Give him/her lots of regular, cold drinks as soon as you get home, such as water and squash, ice lollies are allowed too. Cold drinks will sooth his/her throat. Do not be alarmed if your child brings up (old) blood after the first sip.

The second day

Encourage your child to drink in the same way as on the first day. You can also give him/her some smooth porridge or cold custard. The nurse from the recovery room will telephone you to ask how your child is doing.

The third day

Your child can get up on the third day. He/she could also try eating other smooth puddings and tepid soup.

The fourth day

Offer your child mashed potato, pureed vegetables and meat, bread without crusts and/or a soft boiled egg.

The fifth day

Your child can go outside.

The eighth day

Your child can go back to school.

The schedule shown above is just a rough guideline. In theory, your child can eat and drink anything he/she wants and can cope with. This will not interfere with the healing process of the wound.

Once you are at home, pay particular attention to the following:

High temperature and earache

It is quite normal for your child to have a slight temperature during the first two days. Pain of the ears is also a common side-effect. However, if his/her

temperature is still high after 38.5 a couple of days, get in touch with the hospital via 088 979 24 45.

Letting off some steam

Your child may need to let off a little steam after the stress of operation. He/she may even be a little hard to handle during the first days. This will soon pass if you are understanding and patient. A bit of extra attention will do no harm for a while, and he/she will certainly appreciate some tender love and care.

When to call a doctor

Your child may spit slime streaked with blood the day after the operation. He/she will probably have a sore throat and possibly ear pain. Some children even vomit old blood which colours black. This is blood they have swallowed after the operation, if your child repeatedly vomits fresh blood or vomits excessively, you should get in touch with the hospital. During office hours, call the ENT Outpatient Clinic: 088 979 24 45.

Outside office hours and at the weekend, you should call the Accident & Emergency Department SMASH 070 346 96 69.

If your child's temperature is still above 38.5 C after two days contact your GP.

Finally

If you have any questions after reading this leaflet, please contact the ENT Outpatient Clinic, which is open on weekdays and can be reached by telephone number 088 979 24 45

We would be interested to hear your opinion.

If you have any comments or suggestions relating to this leaflet or the treatment, please let us know.

Additional information

Right to information and consent

Every child has the right to be fully informed about the course of treatment or medical procedure. This has been laid down in the Dutch Medical Treatment Contracts Act (Wet op de Geneeskundige Behandelingsovereenkomst) In this respect child's rights are no different from those of an adult. However, the aspect of granting consent is different. In very general terms, the statutory regulations on giving consent to treat a child are as follows.

In the case of children younger than twelve years of age, consent must be given by the child's legal representative (usually the parents).

Children between twelve and sixteen years of age

The decision about treating a child between twelve and sixteen years old is made jointly by the parents and the child. This means that both the child and the parents must give consent.

Children of sixteen years of age or older

The Dutch Medical Treatment Contracts Act considers children over the age of sixteen to be adults, and capable of making their own decision about their treatment. All information is aimed directly at the young person concerned. The parents or guardians will only be involved in decisions on which he/she agrees upon.

Treatment may not be given without the specific consent of a patient or his/her legal representative. Exceptions to this rule include: acute situations or situations in which failure to treat could endanger the child's life.

National Child and Hospital Association

The National Child and Hospital Association (landelijke Vereniging Kind en Ziekenhuis) awarded HMC Bronovo a Smiley for its children's department. This national association is responsible for awarding Smiley quality marks

to hospitals with outstanding facilities for children and parents.

The National Child and Hospital Association aims to help parents by: boosting children's well being before, during and after being admitted to the hospital. The association publishes various leaflets and runs a useful website.

National Child and Hospital Association

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