



T & A PostOp

The tonsils are two pads of tissue located on both sides of the back of the throat. Adenoids sit high on each side of the throat behind the nose and the roof of the mouth. Tonsils and adenoids are often removed when they become enlarged and block the upper airway, leading to breathing difficulty. They are also removed when recurrence of tonsil infections or strep throat cannot be successfully treated by antibiotics.

The procedure to remove the tonsils is called a tonsillectomy; excision of the adenoids is an adenoidectomy. Both are usually performed concurrently; hence the procedure is known as a tonsillectomy and adenoidectomy or T&A.

T&A is an outpatient surgical procedure lasting between 30 and 45 minutes and performed under general anesthesia. Normally, the young patient will remain at the hospital or clinic for about four hours after surgery for observation. An overnight stay may be required if there are complications such as excessive bleeding or poor intake of fluids.

When the tonsillectomy patient comes home

Most children require seven to ten days to recover from the surgery. Some may recover more quickly; others can take up to two weeks for a full recovery. The following guidelines are recommended:

Drinking: The most important requirement for recovery is for the patient to drink plenty of fluids. Milk products should be avoided in the first 24 hours after surgery. Offer juice, soft drinks, popsicles, and Jell-O (pudding, yogurt, and ice-cream after 24 hours). Some patients experience nausea and vomiting after the surgery caused by the general anesthetic. This usually occurs within the first 24 hours and resolves on its own. Contact your physician if there are signs of dehydration (urination less than 2-3 times a day or crying without tears).

Specific instructions: MINIMAL fluid intake for the first 24 hour period is:

Weight of Patient	Minimal Fluid Intake
Over 20 pounds	34 Ounces
Over 30 pounds	42 Ounces
Over 40 pounds	50 Ounces
Over 50 pounds	58 Ounces
Over 60 pounds	68 Ounces

Eating: Generally, there are no food restrictions (other than milk products) after surgery. The sooner the child eats and chews, the quicker the recovery. Tonsillectomy patients may be reluctant to eat because of sore throat pain; consequently, some weight loss may occur, which is gained back after a normal diet is resumed.

Fever: A low-grade fever may be observed several days after

AAO-HNS Resources

Secondhand Smoke and Children

Video News Release

Does your child have a cold, the flu, or allergies?

Other Resources

Tonsils and Adenoids Surgery

animated movie

Ear Tube Surgery

animated movie

Robby Goes to the Hospital

animated movie

Coblation Tonsillectomy

WARNING: *This video clip shows live surgery.*

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surgery. Contact your physician if the fever is greater than 102°.

Activity: Bed rest is recommended for several days after surgery. Activity may be increased slowly, with a return to school after normal eating and drinking resumes, pain medication ceases, and the child sleeps through the night. Travel away from home is not recommended for two weeks following surgery.

Breathing: The parent may notice abnormal snoring and mouth breathing due to swelling in the throat. Breathing should return to normal when swelling subsides, 10-14 days after surgery.

Scabs: A scab will form where the tonsils and adenoids were removed. These scabs are thick, white, and cause bad breath. This is not unexpected. Most scabs fall off in small pieces five to ten days after surgery and are swallowed.

Bleeding: With the exception of small specks of blood from the nose or in the saliva, bright red blood should not be seen. If such bleeding occurs, contact your physician immediately or take your child to the emergency room. Bleeding is an indication that the scabs have fallen off too early, and medical attention is required.

Pain: Nearly all children undergoing a tonsillectomy/adenoidectomy will have mild to severe pain in the throat after surgery. Some may complain of an earache (because stimulation of the same nerve that goes to throat also travels to the ear), and a few may incur pain in the jaw and neck (due to positioning of the patient in the operating room).

Pain control: Your physician will prescribe appropriate pain medications for the young patient such as codeine, hydrocodone, Tylenol with codeine liquid, or Lortab (hydrocodone with Tylenol). Generally, an acetaminophen (Tylenol, Tempra, Panadol) teaspoon solution is recommended for regular administration to the patient for three or four days after surgery.

If you are troubled about any phase of your child's recovery, contact your physician immediately.

-Back to top-