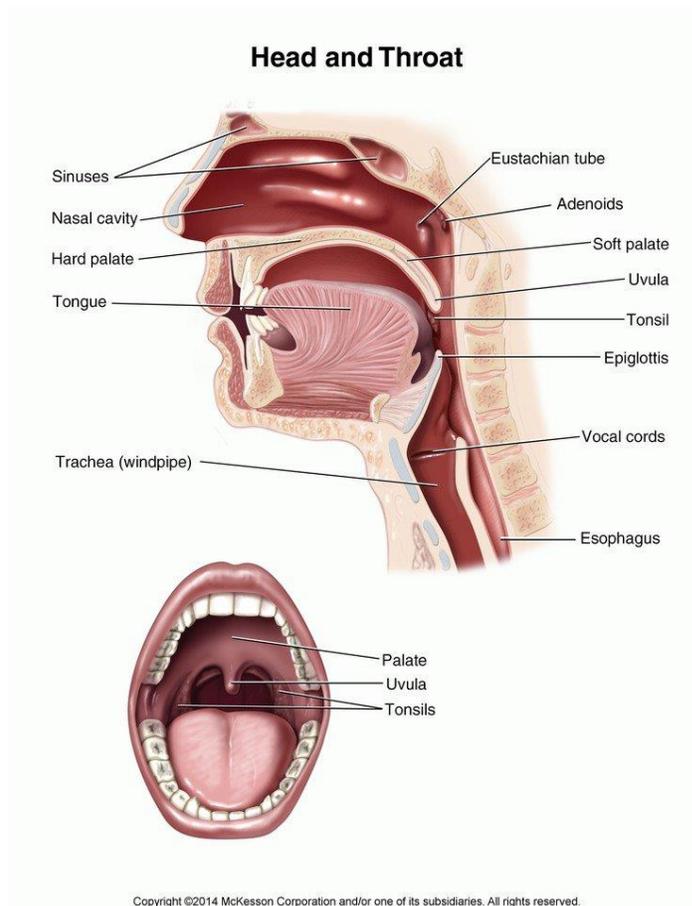


Post-Operative Tonsil Bed Inspection

The **tonsils** are collections of lymphoid tissue located in the oral cavity; **adenoids** contain similar tissue and are in the nasopharynx behind the palate. **Tonsillectomy** is the surgical removal of the palatine tonsils. **Adenoidectomy** is the removal of the adenoids. In young children the two procedures are often performed at the one operation, but sometimes the child has just tonsillectomy or just adenoidectomy. Post-operative complications include: pain, ongoing obstruction/desaturation, nausea and vomiting, and post-operative bleeding which can occur in the first 24 hours, but also up to two weeks post operatively.



Tonsillectomy +/- Adenoidectomy is currently one of the Clinical Tools available for Criteria Led Discharge (CLD). A review of the operative site, especially the tonsil bed, must be checked for eligibility for discharge.

Required Equipment

- Headlight/Pen Torch
- Tongue depressor

Inspection

- Ask patient to open mouth widely
- Ask patient to poke the tongue out, then poke it out a little more
- If you still cannot see the tonsil beds, place the tongue depressor in the midline; this may give the chance for a quick glimpse as the patient may gag
- If you still cannot see then place the tongue depressor on the sides of the tongue to see each tonsil bed individually
- This can be quite painful, so it is important to look quickly and try not to repeat the inspection

What to Check

Using the light check for:

- Fresh blood in either nostril
- Tonsil beds for signs of bleeding
- Fresh blood in the saliva
- Fresh blood on the posterior pharyngeal wall (indicates bleeding from the adenoids)

Additionally, consider other clinical signs including excessive swallowing or vomiting FRESH blood. Usually it will be obvious if there is bleeding from the tonsil, but if there is an adenoid bleed there may be only excessive swallowing until there is a large enough volume in the stomach to make the patient vomit.

If there are clots or there is an acute bleed, the patient should be fasted and the ENT surgeon notified immediately

Depending on the surgeon and the method of removal, there can be differences in appearance of the tonsil bed; however in general they will appear white and 'sloughy'. The child will also have bad breath. In order to be considered competent to complete a CLD and tonsil bed inspection in this patient group, staff members are required to observe 3 tonsil bed inspections being undertaken by ENT and then undertake 3 tonsil bed inspections themselves under the supervision of ENT. After this if there is any doubt seek assistance from ENT. The following pictures depict what you might expect to see:

Discharge Information

Remember to provide parents with a copy of the Kids Health Info Factsheet

Day Surgery: T and A - Discharge Care

As well as appropriate analgesia information (Celecoxib and/or Tramadol)

Important things to highlight to parents

- Risk of bleeding for up to 14 days
- Pain gets worse at between day four to seven and then it should improve
- Most children require analgesia 3-4 times a day for a week
- It is normal to have sore ears, mouth and neck , pain when talking, bad breath and 'gunky' mouth if you look
- Patients should be encouraged to have a normal soft diet; if they are struggling to eat it is important to maintain adequate hydration and calories, and this may be achieved with jelly, ice cream, cordial and fruit juice
- Parents should monitor their child's breathing at home, by either sleeping in the same room or checking on them several times a night for the first few post-operative nights.

STRESS THAT IF BLEEDING OCCURS AT HOME PARENTS SHOULD BE ADVISED TO CALL AN AMBULANCE AND RETURN TO HOSPITAL OR THE NEAREST APPROPRIATE FACILITY IMMEDIATELY

References:

McKesson Corporation (2014) Viral Sore Throat, Available at

https://www.summitmedicalgroup.com/library/adult_health/aha_viral_sore_throat/ Retrieved on June 03, 2019.