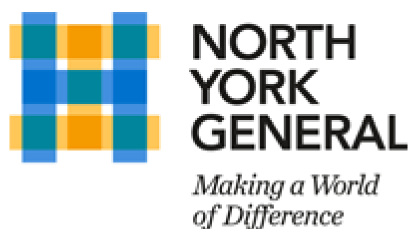

Paediatric Tonsillectomy Clinical Guidelines

With or without adenoidectomy

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Pre-procedure recommendations

Risk assessment for post-operative bleeding

Prior to operative intervention patients should undergo a risk assessment for post-operative hemorrhage. This should include:

- Both a patient history and family history of bleeding disorders. Patients without a bleeding history do not require routine coagulation screening prior to surgery.
- Medication history assessment to determine potential risks for increased post-operative hemorrhage in children who are taking over the counter (OTC), and/or natural health products, and/or prescription medications.

Diagnosis for Obstructive Sleep Apnea Syndrome

Obstructive Sleep Apnea Syndrome (OSAS) is one of the major risk factors contributing to the occurrence of post-operative respiratory complications. An overnight sleep study (polysomnography) is considered to be the gold standard for diagnosis of OSAS. In the absence of a sleep study, patient history and examination using physical markers and overnight oximetry monitoring can be used to determine the presence of risk factors.

The Clinical Practice Guideline for diagnosis and management of childhood OSAS from the American Academy of Paediatrics recommends:

History

- Frequent snoring (> 3 nights/week)
- Laboured breathing during sleep
- Gasps/snorting noises
- Observed episodes of apnea
- Sleep enuresis (especially secondary enuresis after at least 6 months of continence)
- Sleeping in a seated position or with the neck hyperextended
- Cyanosis
- Headaches on awakening
- Daytime sleepiness
- Attention deficit/hyperactivity disorder
- Learning problems

Physical Examination

- Under/over weight
- Tonsillar hypertrophy
- Adenoidal facies
- Micrognathia/retrognathia
- High-arched palate
- Failure to thrive
- Hypertension

Patients with suspected severe OSAS should be considered for admission to hospital for their surgery.

Indications for paediatric respiratory investigation

The following indications should be considered for paediatric respiratory investigations such as a sleep study, pulmonary function tests, overnight oximetry monitoring and an arterial blood gas:

- Diagnosis of OSAS unclear or inconsistent
- Down syndrome
- Cerebral palsy
- Hypotonia or neuromuscular disorders
- Significant Craniofacial anomalies
- Mucopolysaccharidosis
- Obesity (body mass index > 2.5 standard deviation scores or > 99th percentile for age and gender)
- Significant co-morbidity such as congenital heart disease, chronic lung disease
- Residual symptoms after adenotonsillectomy

Other indications based on the *Tonsillectomy QBP Clinical Expert Advisory Group:*

- Age < 2 years
- Failure to thrive
- Pulmonary hypertension
- Sickle cell disease

Fever

A patient presenting on day of surgery with a new onset of fever is an indication for cancelling the surgery.

The decision to go ahead with surgery or not is one that will be made by both the anesthesiologist and surgeon based on the child's medical history and condition.

The recommended guidelines for fever are:

- ≥ 37.5°C via axilla reading
- ≥ 38°C via temporal reading

Fasting guidelines

The pre-operative fasting guidelines for scheduled tonsillectomy surgery are as follows:

- Water and clear fluids permitted up to 2 hours before induction of anesthesia.
- Breast milk may be given up to 4 hours before induction of anesthesia.
- Formula or cow's milk may be given up to 6 hours before induction of anesthesia.
- Solid food may be given up to 8 hours before induction of anesthesia.

Clear fluids or any type of liquids that you can see through clearly when poured into a glass. Examples of clear fluids include water, apple juice, Pedialyte® and Gatorade**®.**

Prescription of intravenous (IV) fluids

- The use of isotonic fluid (e.g. Lactated Ringer's solution) is recommended in most circumstances to provide IV fluid maintenance requirements.

Parent/caregiver and patient education

Parental/caregiver anxiety is a common phenomenon and can be a significant predictor of a child's anxiety before surgery. Timely information, tailored to the needs and concerns of parents/caregivers and children, is recommended in order to decrease intraoperative stress for the child, improve patient compliance, improve outcomes and family satisfaction.

Medication

Discuss with the parent/caregiver which prescribed home medications their child should take on the day of surgery.

Be sure to include and discuss any over-the-counter medications as well as any natural health products. These medications will need to be stopped two weeks prior to surgery and two weeks after surgery as these products may affect bleeding.

Nutrition

Reinforce the above mentioned pre-operative fasting guidelines for their child on day of surgery.

Discuss the importance regarding appropriate nutrition for parent/caregivers on the day of surgery. It is important to remember and care for their nutritional needs.

Parent stressors

Realize that helping their child through the experience of surgery can be exhausting for the parent/caregiver. Help them think about what will assist them to be at their best for their child. Finding out who can support them with tasks like picking other children up from school can be a great stress reducer.

Remind the parent/caregiver to bring something they can do for themselves while waiting for their child's surgery to be done or when they get home. Reducing the parent/caregivers stresses and anxieties will go a long way in reducing their child's anxieties.

Most children go home after the procedure; however, instruct the parent to bring items the child may need overnight in case the child has to stay. Inform the parent/caregiver that their child will be monitored closely by nurses in the recovery room, but if there is a concern with how their child is breathing or if the child is not taking in enough fluids, then their child may need to stay overnight for observation.

Parents/caregivers may be anxious about what happens to their child during surgery. Let parents/caregivers know that the health care team (surgeon, anaesthetist, nurses) are focused on their child, at all times, to ensure the best possible outcome of the procedure. They can expect a visit from the surgeon in the waiting area directly following the operation.

Management of anxiety in children

Surgery has been shown to cause anxiety in children, which in turn may result in short and long term negative outcomes. The surgical team will provide resources to facilitate patient comfort and to reduce perceived and actual psychological anxiety and behavioural issues in children preparing for surgery.

Toys and other distractions

Instruct the parent/caregiver to bring the child's favourite toy. Familiar objects help children feel more comfortable in a strange place. These items can serve as a security blanket and can accompany the child into surgery and the recovery room. A favorite pillow or blanket may also offer comfort.

Grace's Place Paediatric Surgery Waiting Room is upgraded and has a television and video games to play, but as there are many children using them, let the parent/caregiver know that they are welcome to bring in iPads or other hand-held gaming devices to use while waiting for surgery.

Information and resources

Direct the parent/caregiver to North York General Hospital's (NYGH) external website (www.nygh.on.ca) for information pertaining to our pre, intra and post-operative care for tonsillectomy with/out adenoidectomy. Give the parents the one page handout that includes pre-operative instructions (Appendix A).

From the NYGH website, families will have access to other external links i.e. SickKids Hospital and Children's Hospital of Eastern Ontario for more information.

Talking to children about the procedure

It's important to prepare children and youth for the anesthetic and upcoming surgery. Knowing what to expect on the day of surgery will help the child or teen cope.

Encourage the parent/caregiver to tell the truth about what will happen and provide information based on the child's age.

Talking to pre-school children (3-6 years)

Preschool children may not fully understand why surgery is needed. The parent/caregiver can help by:

- Talking about the surgery 2-3 days ahead of time using a calm and relaxed voice
- Talking about the hospital and explaining that it is a safe place and the staff are there to help
- Using play to help the child understand the surgery (toy medical kits or books)
- Avoiding bribes or negative feedback.

Talking to school aged children (6-12 years)

School aged children have a basic understanding of how their bodies work. Start preparing your child a week or more ahead of time. They need time to ask questions and talk about their feelings. The parent/caregiver can help by:

- Encouraging the child to ask questions and express feelings.
- Avoiding bribes or negative feedback.

Talking to youth (12-18 years)

Youth are more independent and should become involved in their health care. They may ask for detailed explanations. They are often worried about privacy. The parent/caregiver can help by:

- Being honest. Teens have a right to know about everything that will happen.
- Encouraging the teen to ask questions of you or hospital staff.
- Giving space so the teen can speak to the doctor or nurse alone.
- Reminding the teen that it's OK to feel angry or worried.

Children with special needs

It is important to find out how best to communicate and interact with a child with special needs. Discuss this with the parent/caregiver so that this can be added to the patient's history. Then those caring for the child day of surgery will understand how the child reacts and the health care team will be better able to respond to whatever fears or worries the child may have.

If the child wears hearing aids or glasses, etc., let the parent/caregiver know that these items can stay with the child and accompany them into the operating room. These items will be returned soon after the operation.

Anaesthesia consult

Pediatric patients identified as requiring an anesthetic consult prior to surgery will receive their consult in the Pre-Operative Clinic at a scheduled time before the day of surgery. All other patients will receive their consultation with the anaesthesiologist on the day of surgery.

The parent/caregiver and child will meet the anesthesiologist in Grace's Place Pediatric Surgery Waiting Room before surgery. This time will be used to talk about the child's medical history, condition, and to provide suggestions for helping the child through surgery. The anesthesiologist will discuss the anesthesia plan with the parent/caregiver. This is also the time when there will be discussion about the post-operative plan of care including, but not limited to, possibility for hospitalization and pain management at home.

Pain management counselling

Examine the parent/caregiver's level of anxiety in relation to post-operative pain their child will experience. It is recommended to reinforce the guidelines for type, dosing and timing of post-operative medications mentioned later in this booklet.

Intra-operative recommendations

Topical anaesthetics for IV placement

Topical anesthetic is recommended for IV placement prior to anesthesia induction in patients where an inhalational induction is not planned in order to minimize pain associated with line insertion. The use of anesthetic cream/ vapocoolant spray before IV insertion has been shown to be both safe and effective in decreasing pain during IV placement.

Local anaesthesia

Topical Application of:

- Bupivacaine 0.5% plain applied directly on the Tonsillar/adenoid bed.

Steroids

Based on available evidence, a single intra-operative dose of IV steroids (Dexamethasone) is strongly recommended as a safe and effective treatment for reducing morbidity from paediatric tonsillectomy/adenoidectomy.

Based on available literature, Dexamethasone 0.1mg/kg dose IV is recommended, up to a maximum of 8mg/dose.

Acetaminophen

Administration of Acetaminophen is strongly recommended for management of post-operative pain. The intraoperative dose of Acetaminophen is 40 mg/kg suppository dose per rectum. The next dose will be 15 mg/kg PO q6h around the clock for 24 hours (the maximum dose in the first 24hrs is 90 mg/kg including the intra-operative dose). After the first 24 hours, the maximum dose per day is 75 mg/kg.

EXCLUSION criteria for a maximum of 90 mg/kg/ 24 hour dosing:

- Hepatic impairment, underlying metabolic problems.
- Concomitant drugs that induce CYP450 enzymes (e.g. Phenobarbital, phenytoin, rifampin, isoniazid, dexamethasone).
- Chronic malnutrition.

Ketamine

Ketamine is not recommended for intraoperative pain control in paediatric tonsillectomy/ adenoidectomy patients.

NSAIDS

Ketorolac is safe to use and will be used intraoperative after hemostasis has been attained. The recommended IV dose is 0.5 mg/kg up to a maximum 30 mg/kg.

Analgesia for patients with known or suspected OSAS

Evidence indicates increased sensitivity to narcotics and other anesthetic drugs with central respiratory and sedating effects, among patient with OSAS and obesity. An individualized anesthesia plan may involve a reduction in opioid analgesic dose e.g. Morphine 0.025 or 0.03 mg/kg IV, reducing doses or avoiding Gravol or other sedation medications, and relying on non-sedating methods of pain control such as Acetaminophen, NSAIDs, and other topical local anaesthetics.

Post-operative recommendations

Pain management

Acetaminophen and Morphine are recommended as primary pharmacologic agents for treatment of post-operative pain.

Ibuprofen may be used if there are intolerance issues with Morphine or if pain control is inadequate with Acetaminophen and Morphine.

Morphine: Start low and titrate up with small increments.

- Intravenous: Suggested maximum starting dose is 0.05 mg/kg/dose IV q 2-4 hours as needed with a usual maximum starting dose of 2.5 to 5 mg/dose.

  **For patients with OSAS the suggested maximum starting dose is 0.025 mg/kg/dose.

- Oral: Maximum starting dose is 0.1 to 0.2 mg/kg/dose PO q4-6h as needed with a maximum starting dose of 10 mg/dose.

Acetaminophen: 15 mg/kg/dose PO or PR every 4 to 6 hours as needed (not to exceed 90 mg/kg/ day or 4 grams / day, whichever is less).

Ibuprofen: 5-10 mg/kg/ dose PO every 6 to 8 hours as needed (not to exceed 40 mg/kg/ day or 2.4 grams / day, whichever is less).

Antibiotics: Antibiotics will not be given in paediatric tonsillectomy / adenoidectomy patients. Individual consideration should be taken into account in instances where other co-morbidities may require the use of antibiotics in facilitating post-tonsillectomy recovery.

Discharge planning and complication management

Management of post-operative bleeding

If patient presents to the Emergency Department for bleeding, they will be seen by the emergency physician who will then consult with the ENT surgeon. The ENT surgeon will then consult the paediatrician if required. (Appendix D).

Management of post-operative fever

If patient presents to the Emergency Department for fever/dehydration, they will be seen by the emergency physician who will then consult with the paediatrician if required. (Appendix D).

Guidelines for potential extended observation / hospital admission due to complications postoperatively

- Age < 2
- Obesity (body mass index > 2.5 standard deviation scores or > 99th percentile for age or gender)

- OSAS without pulmonary hypertension or co-morbidities
- If a patient continuously desaturates without O_2
- Signs and symptoms of stridor, noisy breathing or apneas during sleep
- Periods of shallow breathing
- Uncontrolled pain
- Post-op bleeding

Information for parents/caregivers with pre- and post-operative instructions

Pamphlets and a one page, easy to read handout have been created with input by both the Tonsillectomy Quality Based Procedures Committee, including review by a Patient and Family Advisor. (Appendix A, B & C).

The handout/ pamphlet can be given to parents/caregivers at the physician's office, Day Surgery Unit, Child and Teen Unit or by accessing the electronic version on North York General Hospital website.

Information in the Pre-operative Pamphlet includes:

- Talking to children about the procedure
- Importance of bringing a toy or other distractions
- Child presenting day of surgery with a fever
- Fasting guidelines prior to surgery
- It is important that the parent/caregiver take care themselves
- Information on location and parking at NYGH

The pre-operative one page handout includes much of the same information as on the pre-operative pamphlet but has been designed with pictures and is intended for families where English is not their first language.

Information on the Post-operative Pamphlet includes:

- Nutrition and fluids
- Nausea and vomiting
- Mouth care
- Bleeding
- Activity
- Fever
- Pain
- Medications and side effects
- Next dose of medication once they arrive home

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Appendix A

Medication

Make sure to discuss all prescription, over the counter medications and any natural health products (vitamins, supplements etc.) with your child's doctor and surgeon.

Some medications need to be stopped a few weeks before and after surgery because they can interfere with medication prescribed for surgery.

Taking care of yourself

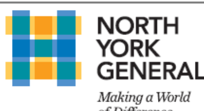
HELPING YOUR CHILD THROUGH SURGERY CAN BE STRESSFUL. SOME STRESS CAN BE ALLEVIATED BY PREPARING YOURSELF FOR THE DAY OF SURGERY BY:

- Arranging for child care of your other children at home.
- Having your school aged children picked up from school by a friend or relative.
- Making sure to eat breakfast.
- Bringing something to do or a book to read while you wait for your child's surgery to be done.

Please do not eat or drink in both the child and adult waiting rooms out of respect for our patients who cannot eat the day of their surgery

Extended family and friends

We kindly ask that only the child's immediate caregivers (parents and legal guardians) visit before, during and immediately after surgery because space is limited in our waiting areas.



PARKING AND PUBLIC TRANSPORTATION

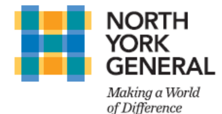
Visitor and patient parking is available at the General site near the main or south entrance. Hourly and daily rates are available and posted on our website.

The hospital is located just south of Leslie Station on the Sheppard subway line. The 51 Leslie bus and 85 Sheppard bus also make stops at the hospital.

On arrival please go to Patient Registration on the ground floor located opposite the Gift Shop.

You will then be directed to the first floor to report to the Day Surgery front desk.

North York General Hospital
4001 Leslie Street
Toronto, ON M2K 1E1
T 416.756.6000
F 416.756.6743



Preparing your child for surgery

Talking to your child about surgery

It is important to prepare your child for all parts of their surgery, including the use of anaesthesia. Knowing what to expect on the day of surgery will help your child or teen cope.

Infants and toddlers (less than 3yrs of age)

Wait until a day or two before the surgery date to talk to your toddler. They are not able to understand the concept of time and may begin to worry if told too soon.

Your infant/toddler may become fussy when waiting for their surgery. Provide comfort and support to your child, while remaining calm. This will help your child stay calm.

It is important to bring familiar items from home such as a blanket or toy.

Preschool children (3-6 years)

Preschool children may not fully understand why surgery is needed.

YOU CAN HELP YOUR CHILD BY:

- Talking about the surgery 2-3 days before, using a calm and relaxed voice.
- Explaining that the hospital is a safe place and the nurses and doctors are there to help.
- Using play to help your child understand the surgery (toy medical kits or books).
- Avoiding bribes or negative feedback.

School aged children (6-12 years)

School aged children have a basic understanding of how their bodies work. Start preparing your child a week or more ahead of time. They need time to ask questions and talk about their feelings.

YOU CAN HELP YOUR CHILD BY:

- Encouraging your child to ask questions and express feelings.
- Avoiding bribes or negative feedback.

Teens (12-18 years)

Teens are more independent and may ask for detailed explanations. They are often worried about privacy.

YOU CAN HELP YOUR CHILD BY:

- Being honest. Teens have a right to know about everything that will happen.
- Encouraging your teen to ask you and hospital staff questions.
- Giving them time and space to speak to the doctor or nurse alone.
- Reminding your teen that feeling angry or worried is normal.

Toys and other distractions

Familiar objects will help your child feel more comfortable. A toy, pillow, or blanket can be taken with them into surgery and the recovery room.

Grace's Place Paediatric Surgery Waiting Room has a television and a limited number of video game consoles. You are welcome to bring iPods or other hand-held gaming devices for your child to use while waiting for surgery.

Children with special needs

On arrival let the nurses know how your child may react during their stay at the hospital so the staff and physicians can provide the best care for your child.

If your child wears hearing aids or glasses, etc., these can stay with your child and go into the operating room. These items will be returned soon after the operation.

Fever

If your child has a new fever on the day of surgery, there is a possibility that your child's procedure will be canceled.

This decision is made by both the anesthesiologist and surgeon based on your child's condition.

A fever is considered to be a temperature greater than 37.5°C

Eating before surgery

FOLLOW THESE RULES FOR FEEDING YOUR CHILD BEFORE THEY COME FOR SURGERY:

- Plain water and clear fluids* are allowed up to 2 hours before leaving home.
- Breast milk is allowed up to 4 hours before leaving home.
- Formula or cow's milk is allowed up to 6 hours before leaving home.
- Solid food may be given up to 8 hours before leaving home.

*Examples of clear fluids include water, apple juice, Pedialyte®, and Gatorade®.

Appendix B

Important instructions before surgery

Rules for feeding your child

Stop solid foods 8 hours before leaving for the hospital

Stop formula or cow's milk 6 hours before leaving for the hospital

Stop breast milk 4 hours before leaving for the hospital

Stop clear fluids 2 hours before leaving for the hospital

It is very DANGEROUS for your child to have any food or liquid in their stomach while going to sleep under anesthesia. The food can flow up into their mouth and pass down into their lungs.

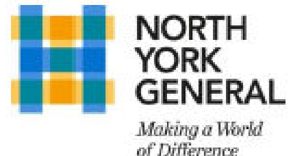
Fever: If your child comes on the day of surgery with a new fever there is a possibility that your child's procedure may be canceled. This decision will be made by both the anesthesiologist and surgeon based on your child's condition.

Talking to your child about surgery
It's important to prepare your child for the anesthetic and upcoming surgery. Knowing what to expect on the day of surgery will help your child cope.

Start preparing your child a week or more ahead of time. They need time to ask questions and talk about their feelings.

Toys and other distractions
Familiar objects will help your child feel more comfortable in a strange place. A toy, pillow, or blanket can be taken with them into surgery and the recovery room.

Grace's Place Paediatric Surgery Waiting Room has a TV and video games to play, but as there are many children using them, it is a good idea to bring your own iPod or other hand-held gaming devices for your child to use while waiting for surgery.



Appendix C

SIDE EFFECTS CONTINUED

- You may see a white coating around your child's tonsil area. This is normal. Do not be concerned.
- Your child's voice may sound different. His/her voice will start to go back to normal within two weeks.
- If your child's breathing was noisy before surgery, it may take a couple of weeks for this to disappear.

Important

If your child shows signs of:

- difficulty breathing,
- a barking sounding cough,
- congestion,
- excessive drooling, and
- an inability to swallow

Bring your child to the nearest Emergency Department.

Your child's next dose of Tylenol is:

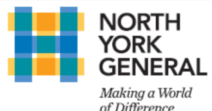
____

Your child's next dose of Morphine is:

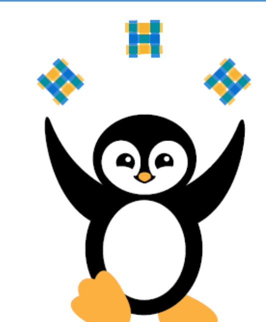
____

Your child's next dose of Advil is:

North York General Hospital
4001 Leslie Street
Toronto, ON M2K 1E1
T 416.756.6000
F 416.756.6743



Caring for your child after a Tonsillectomy and/or Adenoidectomy



Eating and drinking

IN HOSPITAL:

- While in Day Surgery your child will be given cold liquids (popsicles, juice or water). Once your child is drinking well and there are no signs of bleeding, you may be discharged.
- If your child is admitted to the Child and Teen Unit, they may start to eat soft foods 4 – 6 hours after surgery (soup, ice cream etc.).
- While on the Child and Teen Unit your child will be assessed around the clock for pain management and fluid intake.

AT HOME:

- Encourage liquids. Drinking lots of liquids will keep your child hydrated and minimize their pain.
- **Do not force your child to eat.** It may take several days before your child wants to eat.
- On the **day your child goes home after surgery**, we recommend eating soft foods and warm liquids. If your child is able to they can return to eating their normal diet the **day after surgery.**
- Avoid hot liquids and foods that are red in colour, spicy or dry (ex. crackers and toast).
- Avoid foods that may irritate the throat (ex. orange juice, lemonade, tomatoes etc.).

NAUSEA AND/OR VOMITING

- Both are common in the first 12 hours after general anesthesia.
- Watch for bright red blood in your child's vomit. If this happens go to the nearest Emergency Department.
- Gravol suppositories can help if your child's nausea and vomiting persists.

Mouth care

- Gentle brushing of teeth or rinsing of your child's mouth with water should be done three times a day.
- Avoid gargling for 2 weeks after surgery.

BLEEDING

- It is recommended to be within one hour driving distance of a hospital for two weeks after surgery in case of bleeding.
- Don't be concerned if you see a small amount of blood from your child's nose or in their saliva or spit-up.
- If you see large amounts of bright red blood go to the nearest Emergency Department.

ACTIVITY

- Shower or bathe your child as normal.
- Keep your child at home, quiet, and well rested for the first 7 days after their surgery.
- Avoid contact with other children (except brothers and sisters) to prevent the chance of getting an infection.
- Avoid any sports or physical activity for 14 days (ex. swimming, hockey, football, dance, soccer, baseball etc.).
- If your child feels well enough, they can return to school 7 to10 days after a tonsillectomy, and 4 to 5 days after an adenoidectomy. Some children may require extra time.

FEVER

- Your child may have a mild fever (less than 38.3°Celcius or 101°Fahrenheit) for the first 4 or 5 days. If this happens, give your child Tylenol or Advil.
- Drinking lots of liquids can help a fever go back down to normal.
- If your child has a fever greater than 38.3°C (101°F) for 3 days in a row, visit your family doctor, pediatrician, or nearest walk-in clinic.
- If you are unable to be seen by any of the above, take your child to the nearest Emergency Department.

Pain

- Provide pain medication as prescribed by your physician to ensure you child's pain is under control.
- For some children their pain increases 3 to 9 days after surgery. If this happens use Tylenol or Advil to help ease their pain.
- Morphine may also be prescribed by your doctor. The dose of morphine prescribed for your child is safe.
- Do not give your child pain medication with food because this can prevent the pain medication from working.

Medications and side effects

PAIN MEDICATIONS THAT MAY BE PRESCRIBED BY YOUR DOCTOR INCLUDE:

- Tylenol (acetaminophen)
  - Usually has no side effect.
- Advil (ibuprofen)
  - May cause nausea, stomach upset, mild heartburn, diarrhea, ringing in the ears and dizziness.
- Morphine
  - May cause nausea, vomiting, abdominal pain, loss of appetite, slower breathing and drowsiness.

*Morphine is safe to give to children, even infants.

If your child is experiencing any side effects consult your family doctor, walk-in clinic, or go to your nearest Emergency Department.

Appendix D