



Dr. Yalamanchili Tonsillectomy/ Adenoidectomy Pain Management Instructions

Vocabulary

Motrin = Advil = ibuprofen

Tylenol = acetaminophen

Roxicodone = oxycodone - liquid narcotic pain medication that does not contain acetaminophen

Prednisolone – a steroid given to decrease swelling and pain

REMEMBER – when you are counting days – count the day of surgery as Day Zero.

Recommend Pain Medication Schedule:

- During the first 5 days your child should consistently alternate ibuprofen and acetaminophen.
 - Give acetaminophen – wait 3 hours – Give ibuprofen – wait 3 hours Give acetaminophen – wait 3 hours Give ibuprofen – etc...
- If this does not adequately control your child's pain, your physician may give you a prescription for a narcotic pain medication such as oxycodone.
- ***Never wake your child up to give narcotic pain medication.*** If their pain is controlled sufficiently that they are sleeping, their next dose of pain medication can be given after they wake up.

Aspirin

Never give your child aspirin for 2 weeks before and 2 weeks after any surgical procedure, unless otherwise specified by your physician.

Ibuprofen Precaution

Ibuprofen should be given every 6 hours for the first 5 days. If your child is still taking ibuprofen on days 7-10, when the scabs come off, there is a slightly increased chance of bleeding. Therefore, we recommend only taking ibuprofen as needed for pain after the 5th day. If any bleeding is seen ibuprofen should be discontinued immediately for 2 days.

Oxycodone Precautions

- ***Never wake your child up to give narcotic pain medication.*** If their pain is controlled sufficiently that they are sleeping, their next dose of pain medication can be given after they wake up.
- Narcotic pain medications may cause nausea and vomiting. To decrease this risk, it is better if given after eating or drinking. If your child continues to have nausea or vomiting use the Zofran prescription provided by your physician.
- Narcotic pain medications and/or Zofran may cause constipation. Encouraging fluid intake is the best thing you can do to limit the potential for constipation. If possible, adding fiber to your child's diet (prunes, apricots, plums, raisins, peas, beans, broccoli, and whole grains) may help to prevent constipation. In more severe cases your primary care physician may recommend or prescribe a mild laxative or enema. Never give your child a laxative or other types of stool-softening medications without first consulting with your primary care physician. If your child

has a history of constipation and has previously been recommended a stool softener by their primary care physician, we recommend restarting this prior to surgery.

Prednisolone

- A steroid that is prescribed on Day #1, Day #3 and Day #5 after surgery.
- Decreases swelling and helps significantly with pain management.

NARCOTIC DISPOSAL

It is very important to safely dispose of narcotic or opioid pain medications that are left over when your child has recovered after surgery. The FDA recommends 2 options for disposal of the types of narcotic pain medications your child may be prescribed:

1. The best disposal option is to find a “drug take back location” – this FDA site can help you to locate the site closest to your home: <https://www.fda.gov/drugs/disposal-unused-medicines-what-you-should-know/drug-disposal-drug-take-back-locations>
2. Narcotic pain medications that your child may be prescribed are Roxicodone or oxycodone. Both medications are on the FDA “flush list”. It is safe to flush either of these medications down the toilet.

972-745-8400 or 817-337-3339