Nasal tonsil removal in children
Information for parents and/or guardians

Admission day
The Admissions department will notify you of the date of admission later on.

Day before hospital admission
On the workday before the admission, you will receive the following information from us:

- What time your child is expected at the department;
- At what point your child will have to stop eating or drinking;
- What medications your child may take.

You are expected at: location Veldhoven.
Reception location Veldhoven (main entrance), Outpatient department, route number 020

Have at home
Make sure you have paracetamol (suppositories) for children at home.

Note the following on the day before the operation:
Your child's height and weight.

Note the following on the morning of the operation:
Your child's temperature.

Is your child's temperature 38 °C or higher? If so, call the Outpatient department:
+31 (0)40 888 92 80

The information in this leaflet is of a general nature and is meant to give you an idea of the care and information that you can expect. Other advice or procedures may apply depending on your situation. This leaflet supplements the specific information provided by your specialist or practitioner.

Your child will soon be admitted to the Outpatient Department of Máxima MC for the nasal tonsil removal. Nurses specially trained to work with children and adolescents work in the Outpatient department.

What is outpatient treatment?

Outpatient treatment means that your child comes to the clinic in the morning and Is treated the same day. If all goes well, your child can also go home that day. Parents (max. 2 people) can stay with the child all day. There is no possibility of visiting for others (siblings, etc.).

What we think is important

A hospital stay is a drastic event for your child, but also for yourself.
Together with you, we want your child's admission to be as pleasant as possible.
In addition to this information brochure, you have also received a colouring book for your child in the ENT Outpatient clinic. We wish your child a good stay at MMC and a successful recovery.

Reading guide

We have chosen to write "'parents" to improve readability. It refers to "'parent" or "caregiver(s)" as well. Where it says "he" or "him", we also mean "she" or "her".

Why remove the nasal tonsil?

The body has an elaborate system to fight infections, called the lymph node system. The transition from the mouth to the nose contains much of this lymph node tissue: the tonsils. These capture much of the invading pathogens, rendering them harmless.

The nasopharynx is the space behind the nose, above the soft palate. The thickened lymph node tissue in the roof of this cavity is called the nasal tonsil (adenoid), which is particularly evident in young children. From the eighth year, the nasal tonsil decreases in size.

An inflamed nasal tonsil usually causes an ongoing or recurrent cold with a running nose. Other complaints may include restless sleeping, snoring, breathing a lot through the mouth or repeated ear infections. When the complaints cannot be treated well with medication, the ENT physician usually suggests to remove inflamed portions of the nasal tonsil.

Practical preparation for admission

Day before hospital admission

On the workday before the admission, you will receive the following information from us:

- What time your child is expected at the department;
- At what point your child will have to stop eating or drinking;
- What medications your child may take.

Fasting
If your child receives anaesthesia, he or she must be fasting. This means that he/she may no longer eat or drink after a certain time. The rules for fasting are described in the information leaflet "Anaesthesia in Children". For your child's best interest, we ask that you follow these rules carefully.

Noting your child's height and weight
We ask that you note your child's height and weight the day before admission. You can make a note for this in MyMMC under "my information", remember this is not automatically viewable by the hospital! Or you can take a note with you to the hospital.

Is your child sick, was recently vaccinated or unable to attend?
Please contact the ENT Outpatient clinic as soon as possible by calling (040) 888 5670:

- If your child was admitted to a foreign hospital within 13 weeks prior to admission.
- If days before admission your child:
  - is ill (e.g. severe cold, cough with much phlegm discharge, diarrhoea, flu);
  - has a fever (38 °C or higher);
  - is recovering from a childhood illness;
  - has been in contact with a child who has a childhood illness.
- If your child is unable to attend for another urgent reason.

We can then help another child.

Please inform the treating specialist if your child has been vaccinated before admission. The procedure can only be performed 2 full days after a DKTP, HIB, MenC, aK or hepatitis B vaccination. This also includes vaccinations that are not included in the state vaccination programme, such as hepatitis A and pneumococcus. If your child has received a BMR vaccination, he cannot be operated on until 14 full days later.

The date of admission
Preparation at home

- On the morning of admission, note your child's temperature. Is the temperature 38 °C or higher? If so, please call the Outpatient department: (040) 888 92 80.
- It would be nice if your child is showered. Remove nail polish and leave jewelry at home.

What to bring for your child?

- any medications your child may be taking;
- notes on height, weight, temperature;
- small bag, backpack (no suitcase);
- 2 pajamas, (extra) underwear and slippers;
- possibly a favorite toy (with child's name on it);
- for younger children:
  - own baby bottle or sippy cup (with child's name on it);

- baby formula (if your baby is receiving it);
- diapers;
- pacifier.

And for yourself
We recommend bringing a lunch for yourself. You can also get something at the restaurant or coffee bar. Coffee and tea are available on the ward.

Leave valuables at home
The hospital is a public building where people walk in and out. Large sums of money, cards, precious jewelry and other valuables are therefore best left at home. The hospital is not liable for any losses or theft.

Intervention

Intake
After receiving you at the pediatric outpatient department, a nurse will conduct an admission interview with you and your child. If you or your child have any questions, please feel free to ask. If your child has specific behaviours, habits, fears or a diet, it is important to mention them. We can then respond to it as best as we can. In preparation for the operation, your child will receive painkillers in advance in the form of suppositories or lozenges. Your child will wear a bracelet with his name and date of birth.

Intervention
A nurse will walk your child and you to the surgical complex. You may be present during the initiation of anaesthesia. When your child is asleep, return to the outpatient department. During the procedure, the nasal tonsil is loosened with a special instrument, and removed through the mouth.

After the procedure, your child will be taken to the recovery room. Naturally, you can be with your child when he wakes up. When your child is well awake, a nurse will take you and your child back to the outpatient department. There your child will stay for about another half hour.

Facilities in the Outpatient department

- Your child can have fun in the recreation room;
- There is a free Wi-Fi connection;
- You can use your own cell phone. Please consider other patients while talking on the phone.

Other provisions
Visitor restaurant and shop

Going Home

Discharge

After the procedure, your child will remain in the hospital for one hour for observation. If everything is fine, you and your child may return home after this hour. You will be given information and instructions for home. In rare cases, your child may need to stay in the hospital longer. Your child then goes to the paediatric ward. One parent can stay overnight with your child.

Follow-up appointment

After approximately 8 weeks, your child will have a follow-up appointment at the outpatient clinic. You will receive an email at a later time to schedule the appointment yourself.

Transportation by car is necessary

After admission, your child will need to go home by car. Bring someone with you to accompany your child in the car on the return trip.

Advice for at Home

- If your child has no more symptoms for a day, he can go outside and attend school the next day.
- Give your child soft cold or lukewarm food for the first few days.
- Let your child drink regularly, but avoid acidic and carbonated drinks.
- We recommend giving the occasional ice pop.
- If your child starts to feel pain, give him paracetamol (suppository).
- Your child should not go swimming for the first week after the procedure.
- There is a risk of subsequent bleeding for up to two weeks after the operation. We recommend avoiding going on vacation within these two weeks.

Pain relief after the operation

We recommend that you give your child a paracetamol suppository or tablet at set times for at least **the first 48 hours** after the procedure. Give painkillers on a regular schedule so that your child is pain-free as much as possible. This schedule will be explained to you by a nurse from the outpatient department. If necessary, you will be given other painkillers. These are provided by the hospital for 3 days.

Risks and complications

With any surgical intervention, there are some risks. With this surgery, there is a chance of:

A post-bleeding

If your child has bright red blood, it is a case of post-bleeding. If so, contact the hospital immediately.

Vomiting blood

Your child may have swallowed blood during the procedure. The vomit is then dark red/brownish (this is normal). Usually this is a one-time thing. If your child continues to vomit old blood, contact the hospital for consultation.

Fever
Your child's temperature may be somewhat elevated in the evening on the day of the procedure and the next day. The temperature should not be higher than 38.5 °C.

If, despite the paracetamol you give your child, the temperature is still higher than 38.5 °C, please contact us.
Contact the hospital in case of fever (temperature higher than 38.5 °C) and complications or other problems after the procedure:

- During office hours (till 7.00 p.m) with the ENT Outpatient clinic (040) 888 92 80.
- Outside office hours with the emergency department (first aid) of Máxima MC (040) 888 88 11.

Telephone consultation on the working day after admission
If you wish, the nurse from the outpatient department will call you on the first working day after admission (between 9 am and 12 noon) to hear how your child is doing and to answer any questions you may have.

Preparing your child for admission

Parents in the lead role
We know from experience that good preparation helps children to get through the admission and cope well. A well-prepared child usually has fewer problems when he is back home. He has experienced that the information given beforehand corresponds with his own perceptions. As a result, trust in parents and caregivers is maintained.
Part of the preparation is done in the hospital. However, the most important part of the preparation takes place at home. There, children ask their questions. We therefore place great importance on informing parents. You know your child better than anyone else. Therefore, you are in the best position to convey the information, guide your child and answer your child's questions.

How do you prepare your child?
Every child is unique. Therefore, preparation is also different for each child. We offer some advice below. All this, of course, depends on your child's age and character.

Make sure you are well informed yourself
Make sure you yourself are well informed about what is going to happen. If something is not clear to you, please ask.

When to start preparing?
For young children, begin preparation two to three days before admission; earlier is not helpful. With older children, however, you can talk about the procedure earlier. Involve the other children in the family as well.

Take your time and choose a convenient time
Take your time and choose a convenient time. Preferably not right before sleeping. Keep explanations as simple as possible and try to empathize with your child's experience.

Talk about the hospital and what is going to happen. Also indicate that you will be with your child (as much as possible).

Repeat the story several times
Repeat the story several times. Young children especially need this. But even older children do not process everything at once. Therefore, return to it regularly.

What do you tell your child?
With young children, do not go into too much detail about surgery or treatment. In fact, chances are they will fantasize about it. Above all, tell them what they will see, feel, hear, smell and taste. You can do this using booklets about the hospital or by turning it into a game.
Older children usually want to know exactly what is going to happen to them and why. You can go deeper into the procedure with them. Do not emphasize the unpleasant things, but do tell about them honestly.

Have your child retell the information to yourself or others. You then notice what your child has and has not understood and can respond with further explanation.
If your child may be in pain as a result of the procedure or treatment, you should inform them beforehand. Always reassure your child that the pain will subside. Point out that your child can ask for a painkiller. Also tell your child that it is okay to cry and be angry. Just do not dwell on it too long.

Also during the hospital stay, talk to your child about his experience. Always tell honestly what remains to be done.

Answer your child's questions honestly
Do not beat around the bush, but do not make it harder either. Write down unanswered questions from your child and yourself so you can ask them later to someone at the hospital.

Give your child choices
Give your child choices. For example, which parent goes with him or which stuffed toy gets to go with him. Pack your child's belongings together. Think favorite stuffed toy, favorite music, videos or DVDs (labeled with name). Your child will certainly have support from this later.

Dealing with different behaviour
Your child may exhibit different behaviours than you are used to before admission due to tension or anxiety. Children are more likely to express their fear, anger and confusion to their parents than to a stranger. It is important to respond to those reactions. Discuss with your child how best to support him in pain or anxiety. What are you helping him with?

And finally
Let your child know that they do not have to go to hospital for punishment, that they cannot do anything about it themselves. And very important: always tell your child that they will be coming home soon!

Come to the hospital well prepared

Children and adolescents must be properly prepared for their hospital visits to know what to expect and feel less anxious.
Through our website: www.kindenjeugdmmc.nl, your child can prepare for the hospital visit, possibly with you, at home.
Here, children and young people of all ages can find out about the paediatric outpatient clinic, operating theatre, paediatric outpatient treatment and paediatric department, among other things, with videos and photos.

What you can do for your child during admission

Staying with your child
If your child has to be hospitalised, he will be in a strange environment. Moreover, he must sometimes undergo painful and frightening procedures. Your presence makes your child feel safer and better able to process everything.

Taking care of your child yourself
If you wish, you can care for your child on the ward yourself as much as possible. This care involves taking temperatures, changing and feeding, among other things. Of course, this depends on the severity and nature of your child's illness and what you yourself want. You may also be involved in your child's nursing care and treatments. As parents, you can specify what you are willing or unable to do and in what way. We take this into account as much as possible.

Your child's behaviour in the hospital
Even in the hospital, your child may begin to behave differently than you are used to seeing him. For example, cross, aggressive or just very affectionate. These are often ordinary reactions to unusual situations, which your child shows precisely to those with whom he feels most comfortable. Some children behave angrily and dismissively toward parents. It is a form of protest. Children who express their emotions are often less upset afterwards than children who endure everything without protest.
If you are still concerned about your child's behaviour, feel free to talk about it with the nurse. Together we will look at how we can best help your child with this.

Your child's behavior after admission
Despite proper preparation and guidance, your child may have difficulty processing the hospitalisation.
With young children, this may manifest itself by them crying more than you are used to or by them crying when you leave the room. Your child may also demand more attention than usual, or get angry faster than you are used to from him.

Older children may sometimes sleep worse and wake up crying at night because they dream of the procedure or the hospital. They may also "relapse" into younger behaviours, such as bedwetting, peeing their pants or thumb-sucking.
You can help your child by comforting him and talking about it. With young children, reenacting with a doll or cuddly toy to help get to the hospital can be helpful. You can also use read-aloud books about the hospital (see Appendix) to talk about it that way. With patience, warmth and attention, the change in your child's behaviour will pass again. It sometimes takes a few weeks for your child to get back to his old self.
If you have any problems with your child's behaviour after admission or would like to ask any questions, please contact the nurses in the outpatient department on the day of admission and the day after. After that, you can see your GP.
If you have any suggestions or ideas that could make your child's stay in hospital more pleasant, these are also always welcome.

Stay in the Outpatient department
If you have any questions about your child's stay in the department, you as parents can contact the outpatient department: (040) 888 92 80.

Website MMC
If you would like to learn more, please visit www.mmc.nl or the website of the Outpatient clinic ENT: www.mmc.nl/kno.

Books
The library and (children's) bookstore have many books about the hospital that you can use in preparing for admission. Some suggestions:

For children aged 2 and older (in Dutch):

- **Miffy in hospital - Dick Bruna, publisher: Mercis. ISBN 9789073991873**
  Miffy has to have her tonsils cut.
- **Bobbi to the hospital, Monica Maas, Publisher: Kluitman ISBN 9789020684636**
  Going to the hospital is quite exciting and surgery even more so!
  Bobbi has trouble with his throat and ear, and he needs surgery.
  In this book, Bobbi shows readers how everything works.
  A fine preparation for when your child has to go to the doctor or hospital.

For children aged 4 and older (in Dutch):

- **Ice Cream for Matthijs, Christine Kliphuis, publisher Sjaloom, ISBN 9789062492060**
  In Ice Cream for Matthijs, the visit to the hospital, the examination by the ENT doctor, the cutting of the tonsils and the recovery period afterwards are discussed in detail.
- **To the hospital, Netty van Kaathoven, Publisher: Clavis ISBN 9789044819441**
  Want to know all about the hospital? In this book you will learn all about it.
  When do you have to go to the hospital? And who will you meet there?
  You will discover what different departments and doctors there are.

More information and advice on your child's preparation, admission and aftercare can be found on the Internet site of the Child and Hospital Foundation: www.kindenziekenhuis.nl.

Also visit www.jadokterneedokter.nl, for more information on the rights and obligations of the young patient.