

ENT operation program children

Your child is expected to attend the Ear, Nose and Throat (ENT) operation program in the children's and youth ward (1B) (kinder- en jeugdafdeling) soon. This program starts at 08.00 (you may be called earlier) and most children go home between 12.00 and 14.00. Specific information about tonsils, adenoids and ear ventilation tubes can be found in the appendix to this leaflet.

Find out more here about:

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The planning office

Operations are planned at the planning office. After seeing a specialist, your child will be put on a waiting list for an operation if required. There are two lists: an emergency waiting list and a regular waiting list. The order of operations is determined by the registration date and the relevant specialist's waiting list. The order of the program depends on the procedure and your child's age. The order of admission is as follows: 1. removal of tonsils, 2. removal of adenoids, 3. children having ear ventilation tubes inserted and children undergoing other procedures. The order of this proceeds according to age: from young to old.

What can the planning office do for you?

The planning office holds consulting hours in which you may, for example, ask about the operation date. Other reasons for phoning during consulting hours may be:

- Your child's symptoms have worsened since seeing the ENT doctor.
- Your child's operation must be postponed due to illness, for example (you may also phone about this outside consulting hours).
- You are going on holiday and you want to tell us when you will be unavailable.
- You would like to know when your child's operation is scheduled, so that you can plan your work, school or other business.

Phoning the planning office will not affect the operation date; calling frequently will not mean that you will be given an earlier operation date. The planning office can be reached daily from 09.30 - 11.30 and from 13.30 - 15.00 by calling telephone number 0513 - 685

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Preoperative screening

If it has been decided that your child will be operated, you will receive a digital health questionnaire via Mijntjongerschans that you must complete and return to us. Depending on the completed questionnaire, the preoperative screening staff will schedule a appointment by telephone or a appointment in the hospital.

Operations on children are usually performed under general anesthesia. Here you can read about how to prepare your child for general anesthesia, how anesthesia is administered and how to reduce pain after the operation.

To be able to administer anesthesia, the anesthesiologist will need to know everything about your child's health and if there are any medicines he/she is using. If your child has been under anesthesia before, the anesthesiologist would like to hear about your child's experiences with anesthesia. The anesthesiologist also wants to know whether your child is allergic or hypersensitive to certain medications such as antibiotics or latex, plasters, etc. Your child's height and weight are used to determine the dose of the medication required for the anesthesia. The administration of anesthesia will be explained during a talk with the anesthesiologist or nurse anesthetist.

Face mask

Breathing into a face mask allows the child to inhale in anesthetic vapor and fall asleep quickly. Uncontrolled movements may occur when falling asleep. Once your child is asleep, a medical pedagogical worker will show you where you can wait until the operation is done.

Injection

When an injection is given, the child will have a patch with an anaesthetic cream placed on one of his/her hands one hour before the operation. Then, in the OR, an intravenous catheter will be inserted through which the anesthetic will be administered. Children up to 30 kg and/or 10 years of age qualify for the program and they are, in principle (unless otherwise indicated), put under anesthesia using a face mask.

Visiting the children's and youth ward

If you and your child would like more information about the ward's activities or would like to get an impression of it, you are welcome to visit the children's and youth ward. You can make an appointment via telephone number 0513 – 685 834.

The operation

We explain to you and your child how the operation takes place using a photo album and attributes. It is important that you and your child know what is going to happen, so that the visit to the hospital is less scary. There are a few videos on our website that you can watch with your child in advance. The videos are at the bottom of this page:

www.tjongerschans.nl/specialismen/kindergeneeskunde/opname-in-het-ziekenhuis/opname-in-het-ziekenhuis.htm

Medical Treatment Contracts Act (WGBO)

The Medical Treatment Contracts Act (WGBO) stipulates that a medical examination and/or treatment may only be performed after the patient concerned has given his/her consent. Consenting to an examination and/or treatment is difficult for a patient if he/she does not know what it involves. For this reason, the law imposes an obligation on the practitioner to ensure that the patient receives all the information he/she needs to make such a decision. You can find more information on:

<https://www.dwangindezorg.nl/rechten/wetten/wgbo>

Children up to 12 years old

An examination and/or treatment of a child under the age of 12 requires the consent of the parents/guardians. The child does not have to consent, but does have the right to information. Healthcare providers must adapt the content of the information provided and the way in which it is given according to the child's ability to understand it.

Preoperative policy

Your child's stomach should be empty when going under general anesthesia. This is very important during the operation, as this helps prevent vomiting, which may result in food or stomach acid getting into the lungs. This can cause severe pneumonia. To prevent this serious complication, your child's stomach must be empty before the operation. If this is not the case, the operation cannot take place and it will be postponed.

Infants

- Baby (soluble) milk up to 3 hours before the time of admission.
- Breastfeeding up to 2 hours before the time of admission.
- Up to 0 hours before surgery: until the moment of departure to the OR centre, the child may drink 10 ml/kg every hour with a maximum of 100 ml of clear liquid drinks with or without added sugar. Clear drinks are liquids that you can see through, such as water, tea with/without sugar, lemonade and apple juice.

Children up to and including 14 years old

- Up to 5 hours before admission: your child may eat 1 cracker with jam.
- If your child is on a tube diet, stop it 5 hours before the time of admission.
- Up to 0 hours before surgery: until the moment of departure to the OR centre, the child may drink 10 ml/kg every hour with a maximum of 100 ml of clear liquid drinks with or without added sugar. Clear drinks are liquids that you can see through, such as water, tea with/without sugar, lemonade and apple juice. No carbonated soft drinks or alcoholic beverages.

During admission, the ward nurse will regulate the amount of drink your child can have until the time he/she goes to the OR.

Admission

What your child should bring with him/her:

- A clean set of clothes
- Slippers
- A soft toy/toy
- Own medication (in consultation with the anesthesiologist)
- Pyjamas or nightdress (not a onesie/jumpsuit due to the possible administration of a suppository in the operating room)
- Hair elastics (tying up long hair due to anesthesia cap)
- Diaper or nappy pants

You and your child are expected at the hospital's children's and youth ward (1B) at the time and on the date indicated. You can check in at the counter of ward 1B (route 46) and you will then be taken to the playroom. The nurse will come to you and admit your child. Be sure to remove any jewelry and nail polish from your child before surgery. The parent who accompanies the anesthesia must also remove the jewelry.

Before the procedure

First your child will have his/her temperature taken (ear thermometer/rectal) and will be prepared using a photo album. Your child will be given 1 or 2 paracetamol suppositories in preparation for the operation, which you may give to your child yourself. Your child will also receive a bracelet with his/her name on it. After this you may undress your child and he/she may put on his/her own pajamas.

Accompanying your child to the OR

When it is your child's turn, you and your child will be picked up from the playroom to go to the OR. One parent/guardian may enter the OR with the child. You will be given an apron, hat and slippers and you must wait in the hallway outside the OR. A medical pedagogical worker will show you into the OR.

After your child is under anesthesia, you will be taken back to the hallway where you can wait. One parent/guardian will be called by the pediatric nurse to return to your child after the operation. Afterwards, you and your child will be taken back to the children's and youth ward.

When it is your child's turn, your child will be picked up with a bed to go to the OR. One parent/guardian may enter the OR with the child. You will be given an apron, hat and slippers and then wait before you enter the OR. If your child is under anaesthesia, you will be accompanied to a place where you can wait. The medical pedagogical care provider will guide you when you can return to your child and also when you return to the children's and youth department with your child.

After the operation

When your child is back at the children's and youth ward, he/she will usually be restless and tearful. This is an effect of the anesthetic and lasts only a short time. If your child has had tonsils or adenoids removed, he/she should drink after waking up. Drinking a few

small sips is enough. Swallowing is painful, so your child may not want to drink, but it is important to do so because of possible bleeding. After that, give more sips to drink regularly. If your child got ear ventilation tubes inserted, he/she may eat and drink as usual after the operation.

Pain

Pain can slow down healing. So the medical specialists and pediatric nurses have instructions on how to treat pain. Read more on [children and pain](#).

Eating and drinking

The ward will provide food and drinks for the child when your child is allowed to eat and drink. You need to make your own arrangements for your own food and drink. The restaurant is open from 12.00 to 13.30. You can pay here using a PIN card. You can also get something downstairs in the hall. Coffee and tea are available on the ward.

Having breakfast yourself on the morning of the operation is important. There is a chance that you may become unwell if you do not have breakfast. We recommend eating your breakfast without your child seeing, as your child must have an empty stomach before the operation!

Returning home

At what time you can take your child home depends on which procedure was performed. Only children under the age of 2 who have had their tonsils removed have to remain in hospital overnight. As a parent, you may, of course, stay the night with your child. A day admission may mean spending the whole day in hospital with your child, but in most cases you and your child will be able to go home again between 12.00 and 14.00. Before taking your child home, the nurse will advise you on the rules and pain relief. These rules will also be described in the letter you will receive at that time.

Home

Some children are shocked and/or frightened by the operation or the events surrounding it. They may be unusually very affectionate or even dismissive. They may sleep badly and/or restlessly. Being upset is not unusual. Be considerate and show that you understand.

Check-up

In the event that ear ventilation tubes have been inserted, your child must return to the ENT doctor for a check-up after about seven weeks. You will receive this appointment by email. If you cannot come on that date or at the scheduled time, please phone to arrange a new appointment as soon as possible. You can phone the ENT Outpatient Clinic (Polikliniek KNO) for this.

No standard check-up is necessary after tonsil/adenoid surgery. If you need a check-up, you can always make an appointment with the ENT doctor.

Protocol for the parent/guardian when the child is put under anesthesia and/or after

administering anesthesia

Our hospital offers one parent/guardian of a child older than one year the opportunity to be present when their child is put under anaesthesia and after administering anaesthesia.

To be present when your child is put under anaesthesia, you must go with your child to the OR. To ensure that everything goes smoothly for you and without disruption in the OR, you are asked to observe the rules of conduct described in the following protocol:

- Please accompany your child to the OR reception area, where your child will be welcomed by one of our staff members.
- To help distract and reassure your child, he/she may choose a small gift here.
- You will be given an overall or apron after which you will accompany your child to the OR.
- In the OR, the nurse anesthetist will prepare your child for the anesthesia procedure. The anesthesiologist will then start putting your child under anesthesia. He/she will ask you to stand in such a way that he/she is not disturbed in his/her work.
- If necessary, you can talk to your child quietly until he/she is asleep.
- If, for any reason, you are asked to leave during the preparation or after the anesthesia has been administered, you should do so immediately. The reason for this request will be explained to you as soon as this is possible.
- Your presence in the OR is entirely at your own risk. The hospital, specialists and/or staff are not liable for any damage resulting from this (e.g. fainting).

Control over your care with Mijntjongerschans

Mijntjongerschans.nl is the patient portal of hospital Tjongerschans. This portal is accessible to all patients registered with Tjongerschans. You can access your medical data after logging into www.mijntjongerschans.nl with your DigiD and SMS verification or via the DigiD app. Here you can also make appointments, ask questions, fill in questionnaires and view results.

DISCLAIMER

We advise you to bring as little money, jewellery, expensive clothing and other items of (emotional) value with you as possible to the hospital when you visit the outpatient clinic and when you are admitted. The hospital accepts no liability for damage to or loss of such items.

Appendix 1

What are tonsils and adenoids and what is their function?

Tonsils and adenoids are nodules located at the back of the throat and nose. Under normal circumstances, the tonsils capture invading pathogens as much as possible and render them harmless. This increases resistance. However, sometimes the tonsils are unable to destroy germs and become inflamed themselves. When your general practitioner and the ear, nose and throat specialist believe that it would be better to remove your child's tonsils, the decision to do so will be made in consultation with you.

One of the following operations is performed:

- Adenoidectomy: removal of the adenoids
- Tonsillectomy: removal of the tonsils
- Adenotonsillectomy: removal of the adenoids and tonsils

What kind of symptoms can the tonsils cause?

Infected tonsils generally become very swollen. If the tonsils become infected it generally involves recurring periods of sore throat with swallowing difficulties and a raised temperature. The tonsils may also be in a more or less constantly inflamed state, in which case fatigue, drowsiness, loss of appetite and bad breath are most evident. The tonsils and adenoids are often inflamed at the same time. Swollen lymph nodes can often be present in the neck. Very large tonsils can to some degree even obstruct breathing, which can cause night-time restlessness with irregular snoring. The duration, severity and frequency of the complaints determine whether the tonsils must be removed. Especially if the complaints cannot be treated with medication on a permanent basis.

What kind of symptoms can the adenoids cause?

Inflamed adenoids can lead to a continuous or recurrent cold and a stuffy nose. Other complaints may include: poor sleep, snoring, excessive breathing through the mouth or recurrent inflammation. The adenoids cannot be completely removed; only the middle, most thickened part is removed. Consequently, the adenoids may grow back from the edges.

Complications

There is some risk during any surgery, including the removal of tonsils and adenoids. In this specific case, the risk is principally the possibility of bleeding afterwards. So normal blood coagulation is very important after this procedure. For this reason, no medication that might adversely affect clotting should be taken beforehand or for the first few days after the operation. In particular, do not take painkillers containing acetylsalicylic acid. The child may have so-called hyper nasal speech after the operation, especially if the tonsils and adenoids were very large. Sometimes the voice is a bit higher. This change in voice is almost always temporary. However, a short period of speech therapy may be necessary in a few cases.

Home

Once home, your child will still feel ill after having his/her tonsils removed. Eating and

drinking will probably be painful, and speaking may be difficult. This is all temporary. It usually takes 7 to 10 days for your child to feel completely normal again. It is important that your child receives painkillers during the first few days. You will be given a prescription for this when you go home.

In the beginning, give your child cold drinks only. An ice-cream is good, as it helps the blood vessels in the throat close more quickly. You will quickly be able to expand the diet with soft foods such as yoghurt, vla (custard), apple sauce. Your child may already eat this in the evening if he/she is hungry. The next afternoon, your child may try a sandwich with the crusts removed. On the second day, stick to cold and lukewarm food. If your child does not eat well in the first few days, that is not a problem, but drinking is important. Your child should rest and take it easy for seven days after the procedure. During the three days that follow these seven days, gradually returning to school and resuming normal activities is allowed. Swimming is not allowed until two weeks after the operation.

Your child will feel normal again fairly quickly if only the adenoids are removed. However, your child may still need painkillers, for which you will receive a prescription when you go home. In this case, your child may eat and drink again as usual. If all goes well, your child may play outside again in the afternoon and possibly return to school the next day.

When should you contact us?

Does your child's nose or mouth bleed fresh (bright red) blood a few hours after surgery or on any of the following days? Please contact the Pediatric Ward (Kinderafdeling).

Appendix 2

The ear and how it works

The ear is divided into three parts: the outer ear, the middle ear and the inner ear. The outer ear consists of the auricle and the external auditory canal, which ends at the eardrum.

The middle ear is a small air-filled cavity containing three small bony ossicles: the hammer, anvil and stirrup. The hammer is attached to the eardrum, the stirrup is connected to the cochlea, and the anvil is the middle bone between the hammer and the stirrup. Sound waves that vibrate the eardrum via the auditory canal are transmitted via these bones to the inner ear. The inner ear contains the so-called cochlea. The cochlea contains sensitive nerve endings, which transmit auditory information via the acoustic nerve to the brain, where the sound sensation originates. The middle ear is connected to the back of the nasal cavity by the Eustachian tube. During swallowing, the Eustachian tube opens briefly to let some air through, so that the air pressure in the middle ear can remain the same as the air pressure outside.

The mechanism of opening and closing can be disturbed by inflammation of the nose or by an enlarged adenoids. This creates negative pressure in the middle ear. The middle ear is lined with a thin layer of mucous membrane. Negative pressure results in the overproduction of mucus. The cavity then slowly fills up with liquid, which eventually turns into a thick slimy substance. This thick mucus hampers the vibration of the eardrum, such that sound is no longer optimally transmitted.

What are the symptoms?

There are few symptoms in the beginning: sometimes a reduced ability to concentrate or some may feel that their child refuses to listen properly. But in actual fact, their child just hears everything badly. Hearing is often impaired during a cold, with varying degrees of hearing loss. If the hearing loss lasts longer, it can cause problems at school. The parents or the school doctor are often the first to notice a hearing impairment.

Treatment

First, medication can be used to restore the middle ear's air-retaining ability. However, if the hearing is bad for a long time, there is a risk of speech or language delays and poor school performance. Problems can also occur at home. In these cases, tubes inserted into the eardrum may offer a solution.

The operation

Under anesthesia, a small hole is made in the eardrum into which a small plastic tube is inserted. The mucus is then sucked out of the middle ear.

The restoration of normal air pressure in the middle ear allows the mucous membrane and the Eustachian tube to function normally again (air is able to enter and exit through the tube). The tube is pushed out as the eardrum heals after a few months, sometimes a year. The hole in the eardrum will then close by itself. If symptoms reoccur, repeating the treatment may be necessary.

Advice

We advise keeping the ear dry for two weeks after the tubes have been inserted. Swimming is permitted after that. If needed, you could have a custom-fit earplug made, but this is not always necessary. If your child's ear is still running on the second day after surgery, please contact the ENT Outpatient Clinic (Polikliniek KNO).