

The Tonsil and Adenoid Recovery Roadmap™

A step-by-step guide to preparing for surgery, supporting recovery, and helping your child breathe, sleep, and thrive.



Functional Face

About Courtney



Hi, I'm Courtney.

First, thank you for trusting me to be part of your family's journey.

If you're reading this, chances are your child is preparing for tonsil and adenoid surgery—or you're already navigating recovery. I know this can feel overwhelming. As a parent, you want to make the best decisions possible and do everything you can to help your child heal comfortably and get the best long-term outcome.

That's exactly why I created this guide.

I'm a Registered Dental Hygienist (RDH), Certified Orofacial Myologist (COM®), and Certified Sleep Science Coach with a passion for helping children breathe, sleep, and thrive. Over the years, I've worked with many families navigating enlarged tonsils and adenoids, mouth breathing, sleep-disordered breathing, oral function challenges, and the recovery process that follows surgery.

One thing I noticed over and over again was that parents often left the hospital with excellent medical instructions—but still had countless practical questions once they got home.

Questions like:

- Is this normal?
- Why won't my child eat?
- How do I keep them hydrated?
- Why are they still mouth breathing?
- How do I know if the surgery actually worked?
- What happens next?



Many of those answers weren't found in a discharge packet. They came from experience, conversations with families, collaboration with healthcare professionals, and years of studying pediatric airway health, breathing, sleep, and oral function.

I created this guide to bring those pieces together into one organized, evidence-informed resource that I hope helps you feel more prepared, more confident, and less alone.

My hope is that this roadmap doesn't just help your child recover from surgery—it helps your family better understand the bigger picture of healthy breathing, quality sleep, and long-term airway health.

Welcome. I'm so glad you're here.

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Important Medical Information



Please Read Before Using This Guide

The information contained in this guide is intended for educational and informational purposes only.

It is designed to help parents better understand the recovery process after tonsil and adenoid surgery, organize helpful information in one place, and provide practical tips that may support a smoother recovery.

This guide is not intended to diagnose, treat, cure, or prevent any medical condition, nor should it replace the advice, diagnosis, or treatment recommendations of your child's surgeon, pediatrician, or other qualified healthcare professionals.

Every child is unique.

Recovery timelines, symptoms, medications, activity restrictions, and medical recommendations may differ based on your child's age, medical history, surgical procedure, and individual needs.

If any information in this guide differs from the instructions provided by your child's healthcare team,

always follow the recommendations of your child's surgeon or medical providers.

The information in this guide has been thoughtfully compiled from current research, established medical resources, clinical observations, and the common questions and experiences shared by families navigating tonsil and adenoid surgery. While every effort has been made to provide accurate and up-to-date information, medical knowledge continues to evolve, and no educational resource can account for every individual circumstance.

Throughout this guide, you may see suggestions for topics to discuss with your child's healthcare providers, including nutrition, allergies, airway development, breathing patterns, orthodontic evaluation, or myofunctional therapy. These are intended to support informed conversations with your child's medical team—not to replace their medical judgment or recommend a specific course of treatment.

Purchasing or reading this guide does not create a healthcare provider-patient relationship with Courtney Huffman, Functional Face, or any affiliated business or provider.

When to Contact Your Child's Healthcare Provider

Always contact your child's surgeon or healthcare provider if you have questions or concerns about your child's recovery.

Seek immediate medical attention or follow your surgeon's emergency instructions if your child experiences:

- Bleeding from the mouth or throat
- Difficulty breathing
- Signs of dehydration
- Uncontrolled pain despite following your surgeon's recommendations
- Persistent vomiting
- Fever that meets your surgeon's criteria for concern
- Any symptom that worries you or seems outside the expected recovery process

When in doubt, it is always appropriate to contact your child's healthcare provider.

Our Goal

My hope is that this guide helps you feel more informed, organized, and confident as you support your child through recovery. It is meant to complement—not replace—the care, expertise, and guidance of your child's medical team.



Your Child's Recovery Journey

From Surgery Prep to Long-Term Airway Health

Before Surgery

Prepare your home, ask questions, gather supplies, and support your child's health.



Surgery Day

Know what to expect and how to make the transition home as smooth as possible.



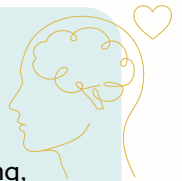
The First Two Weeks

Focus on pain management, hydration, food, sleep, rest, and watching for red flags.



After Healing

Begin watching for changes in breathing, sleep, energy, mouth posture, and symptoms.



Long-Term Airway Health

If symptoms continue, consider follow-up support such as ENT care, orthodontic evaluation, myofunctional therapy, allergy support, sleep evaluation, or other appropriate care.



REMEMBER THIS

Tonsil and adenoid surgery can be a powerful step toward better breathing and sleep, but recovery is a journey. Healing from surgery is one part. Supporting long-term airway health is the next layer.





Find What You Need

I'm getting ready for surgery...

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Recovery is over...now what?

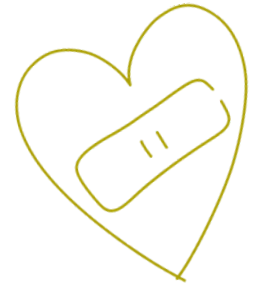
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Normal vs Call Doctor vs Emergency

See page 86 in the Recovery Roadmap and Workbook pp30-31

NOTE: WB = page in the accompanying Recovery Roadmap Workbook.

Part I • Before Surgery



Preparing for the Best Possible Recovery

When your child is scheduled for tonsil and adenoid surgery, it is completely normal to feel a mix of emotions. You may feel relieved that there is finally a plan. You may feel nervous about the surgery itself. You may be wondering how painful recovery will be, what your child will eat, how to keep them hydrated, and whether this will truly help them breathe and sleep better.

Those are all valid questions.

The goal of this section is to help you feel more prepared before surgery day arrives.

You cannot control every part of the process, and you do not need to. Your child's surgeon and medical team will guide the surgical and medical side of care.

But there are many things you can do ahead of time to make recovery feel calmer, more organized, and more manageable at home.

In this section, we'll walk through:

- What tonsils and adenoids are
- Why enlarged tonsils and adenoids may affect breathing, sleep, and overall health
- Common symptoms parents often notice before surgery
- How to prepare your home and recovery space
- Questions to ask your surgeon
- How to track your child's symptoms before surgery
- Ways to support your child's overall health before surgery
- When additional airway, orthodontic, allergy, or myofunctional support may be worth discussing

This section is not meant to overwhelm you.

It is meant to help you take one step at a time.

What You Can Control

Before surgery, focus on the things that are within your reach:

- Ask clear questions.
- Follow your surgeon's instructions.
- Prepare your home.
- Stock easy recovery foods and fluids.
- Know the red flags.
- Plan for rest.
- Track your child's symptoms before surgery so you have something to compare later.
- Keep communication open with your child's healthcare team.

A little preparation can make a big difference in how confident you feel once your child is home recovering.

CLINICAL TIP: One of the most helpful things parents can do before surgery is write down what they are seeing now. How is your child sleeping? Are they snoring? Mouth breathing? Waking often? Grinding their teeth? Wetting the bed? Tired during the day?

When you track symptoms before surgery, it becomes much easier to notice what improves afterward and what may still need attention.

REMEMBER THIS

You don't have to prepare perfectly. Writing down what you're seeing now — even just a few notes — is one of the most useful things you can do before surgery.





Understanding Tonsils & Adenoids

Why You're Here:

You're here because your child has been told they may need their tonsils and/or adenoids removed, and you want to understand what these tissues do, why they may become a problem, and how they can affect breathing and sleep.

What Are Tonsils?

Tonsils are two small pads of tissue located in the back of the throat.

They are part of the immune system and help the body recognize and respond to germs that enter through the mouth and nose.

In children, tonsils are often naturally larger than they are in adults. For some children, enlarged tonsils do not cause any major issues. For others, the tonsils can become large enough to interfere with breathing, swallowing, sleep quality, or overall comfort.

When Do Tonsils and Adenoids Become a Problem?

Tonsils and adenoids can become enlarged for different reasons. Some children naturally have larger tonsils or adenoids. Others may experience enlargement related to repeated infections, inflammation, allergies, or chronic congestion.

Not every child will have every symptom. Some children have very obvious signs, while others are more subtle.

What Are Adenoids?

Adenoids are also part of the immune system, but they are located higher up, behind the nose and above the roof of the mouth.

You cannot usually see the adenoids by looking in your child's mouth.

When adenoids become enlarged, they can block airflow through the nose. This may make it harder for a child to breathe comfortably through the nose, especially during sleep.

This is one reason some children begin breathing through their mouth.

Enlarged tonsils and adenoids may contribute to symptoms such as:

- Snoring
- Mouth breathing
- Restless sleep
- Pauses or gasping during sleep
- Nasal-sounding speech
- Chronic stuffy nose
- Frequent waking
- Daytime tiredness
- Behavioral or attention concerns
- Difficulty getting quality sleep



Why Surgery May Be Recommended

Tonsil and adenoid surgery may be recommended when these tissues are contributing to repeated infections, obstructed breathing, sleep-disordered breathing, or obstructive sleep apnea.

In simple terms, if the tonsils or adenoids are taking up too much space in the airway, removing them may help create more room for air to move.

For many children, this can make a meaningful difference in breathing and sleep.

What Surgery Can Help With

When enlarged tonsils and adenoids are a major part of the problem, surgery may help improve:

- Airflow
- Snoring
- Sleep quality
- Breathing during sleep
- Daytime energy
- Restlessness during sleep
- Symptoms related to obstructed breathing

Some parents describe the change as dramatic. Others notice gradual improvement over time.

What Surgery Does Not Automatically Change

This is an important piece to understand. Surgery can remove enlarged tissue that may be blocking the airway. But surgery does not automatically retrain how a child breathes, where the tongue rests, how the lips function at rest, how the jaws have grown, or whether other airway contributors are still present.

For some children, surgery is the main piece they needed. For others, surgery is one important step in a bigger airway picture. That does not mean the surgery was the wrong choice. It simply means there may be more layers to support as your child continues to grow, breathe, sleep, and heal.



CLINICAL TIP: One thing I often explain to families is this: If a child has had to work around enlarged tonsils or adenoids for months or years, their body may have developed compensations. They may be used to sleeping with their mouth open. Their tongue may rest low. Their lips may not naturally stay closed. They may have learned a breathing pattern that does not automatically change overnight. This is why it is so helpful to look not only at healing from surgery, but also at how your child breathes, sleeps, and functions after recovery.

REMEMBER THIS

Surgery can be the main piece some children need — and one important layer for others. Either way, the goal isn't just healing from surgery. It's helping your child breathe, sleep, and function well long-term.





Common Signs & Symptoms



Why You're Here:

You're here because you want to understand which symptoms may be connected to enlarged tonsils, enlarged adenoids, mouth breathing, or sleep-disordered breathing.

One of the most common things I hear from parents is:
"I had no idea all of these things could be related."

And that is exactly why this section matters.

Many parents think tonsil and adenoid problems only show up as sore throats, strep infections, or loud snoring. Sometimes they do. But for many children, the signs are more layered.

A child may not say, "I'm not breathing well at night."
Instead, they may show you through their sleep, their breathing, their mood, their energy, their eating, or even their behavior.

This section is not meant to diagnose your child. It is meant to help you notice patterns so you can have better conversations with your child's healthcare team.

A Quick Note Before We Begin

Not every symptom listed here means your child needs surgery. Not every child with enlarged tonsils or adenoids will have all of these symptoms.

And not every symptom is caused by the tonsils or adenoids alone.

These signs are simply clues.

When several clues show up together, especially when they involve breathing and sleep, they are worth paying attention to.



Common Breathing Signs

You may notice your child:

- Breathes through the mouth during the day
- Sleeps with the mouth open
- Has trouble breathing comfortably through the nose
- Sounds congested even when they are not sick
- Has a chronic stuffy nose
- Has noisy breathing
- Sounds “nasal” when speaking
- Has dry lips or a dry mouth
- Drools more than expected for their age
- Has bad breath, especially in the morning

Mouth breathing is one of the biggest signs parents notice, but it is often dismissed as “just how they breathe.”

It is worth bringing up with your child’s healthcare provider, especially if it is happening often or during sleep.

Common Sleep Signs

Sleep is often where enlarged tonsils, enlarged adenoids, or airway concerns become most obvious.

You may notice:

- Snoring
- Loud breathing during sleep
- Restless sleep
- Tossing and turning
- Sleeping in unusual positions
- Neck extended while sleeping
- Sweating at night
- Pauses in breathing
- Gasping, choking, coughing, or snorting during sleep
- Frequent waking
- Nightmares or night terrors
- Bedwetting, especially if it starts after your child had already been dry at night
- Waking up tired
- Difficulty waking in the morning



Some children with sleep-disordered breathing snore loudly. Other children do not. That is important. A child can still have disturbed sleep or breathing effort at night even if they are not the loudest snorer in the house.

Common Daytime Signs

Poor sleep does not always look like sleepiness in children. In adults, poor sleep often looks like exhaustion. In children, it can look like dysregulation.

You may notice:

- Trouble focusing
- Hyperactivity
- Irritability
- Emotional meltdowns
- Mood swings
- Anxiety-like behavior
- Aggressive or impulsive behavior
- Difficulty sitting still
- Falling asleep in the car
- Waking unrefreshed
- Morning headaches
- Daytime fatigue
- Poor school performance
- Poor growth or weight gain concerns



This does not mean every child with behavior concerns has an airway problem.

But if behavior concerns are happening along with snoring, mouth breathing, restless sleep, or chronic congestion, it is worth asking whether sleep and breathing are part of the picture.



Common Oral, Dental, and Facial Clues

Because breathing, oral posture, tongue position, and facial growth are connected, there may also be clues in the mouth and face.

You may notice:

- Open-mouth posture
- Lips apart at rest
- Low tongue resting posture
- Tongue thrust
- Difficulty keeping lips closed comfortably
- Crowded teeth
- Narrow palate
- Crossbite
- Teeth grinding
- Forward head posture
- Messy eating
- Picky eating or strong texture preferences
- Gagging easily
- Difficulty chewing with lips closed

These signs do not diagnose a tonsil or adenoid problem by themselves.

But they can help tell a bigger story.

If a child has been breathing through the mouth for a long time, the muscles of the mouth, face, tongue, lips, and airway may adapt around that pattern.

This is one reason we do not only look at the throat. We look at the whole child.

Common Illness, Allergy, and Ear/Nose/Throat Clues

Some children also have a history of:

- Frequent sore throats
- Recurrent tonsillitis
- Recurrent strep throat
- Frequent sinus congestion
- Chronic nasal drainage
- Allergies
- Postnasal drip
- Ear infections
- Fluid in the ears
- Hearing concerns
- Chronic cough or throat clearing



These symptoms may have multiple causes, so it is important to work with your child's healthcare team to understand what is contributing.

For some children, enlarged adenoids, chronic inflammation, allergies, or infections can all be part of the picture.

What Parents Often Say

Parents may describe their child as:

- "Always congested"
- "A loud breather"
- "A restless sleeper"
- "A mouth breather"
- "A picky eater"
- "Always tired"
- "Wired but tired"
- "Hard to wake up"
- "Always sleeping with their mouth open"
- "Snoring like an adult"
- "Never really rested"

These phrases are worth writing down. Sometimes the way you describe your child's daily life gives the provider important clues.



What You Can Do

Before surgery, start paying attention to patterns.

You do not need to become obsessive. You simply want to create a clear picture of what your child is experiencing now so you have something to compare after surgery.

You can:

- Watch your child sleep for a few minutes before you go to bed.
- Notice whether their mouth is open or closed during sleep.
- Listen for snoring, gasping, pauses, choking, or restless breathing.
- Notice whether they wake up tired or refreshed.
- Track bedwetting, grinding, night waking, or unusual sleep positions.
- Write down daytime symptoms like fatigue, mood, focus, or behavior concerns.
- Take short sleep videos to share with your child's healthcare provider if you notice concerning breathing patterns.

A short video can sometimes explain what you are seeing better than words can.

If you see pauses in breathing, gasping, choking, or anything that worries you, contact your child's medical provider.



What the Research Shows

Children do not always show sleep and breathing problems the same way adults do.

While adults with sleep apnea are often very sleepy during the day, children may be more likely to show behavior, attention, learning, growth, or mood-related concerns.

This is why it is so important to look beyond snoring alone.

Sleep quality affects the whole child.

Clinical Tip:

If you are trying to decide what to track before surgery, start with these five things:

1. How your child breathes during sleep
2. Whether your child snores or sleeps restlessly
3. Whether your child mouth breathes during the day
4. How your child wakes up in the morning
5. How your child functions during the day

Those five areas will give you a strong baseline.

Later, after surgery and healing, you can come back and ask:

“What improved?”

“What stayed the same?”

“What still needs attention?”

That is how we begin to understand whether surgery helped the bigger picture, not just whether the throat healed.



REMEMBER THIS

Symptoms are clues, not conclusions.

Your job is not to diagnose your child. Your job is to notice patterns, ask good questions, and work with your child's healthcare team to understand what those patterns may mean.



Before Surgery Symptom Tracker

Why You're Here:

You're here because you want a clear picture of what your child is experiencing before surgery, so you have something to compare after recovery.

This tracker is not meant to make you worried or hyper-focused. It is meant to help you notice patterns.

Before surgery, many parents are so used to their child's symptoms that they start to feel "normal." Snoring, mouth breathing, restless sleep, bedwetting, grinding, congestion, or daytime meltdowns may have been happening for months or years.

Writing things down before surgery can help you answer an important question later:

"What actually improved?"

Use this page as a baseline. You do not need to track everything perfectly. Just record what you are seeing now.



Child's Name: _____

Surgery Date: _____

Date Completed: _____



Sleep & Breathing Symptoms



Check anything you commonly notice before surgery.

SYMPTOM	NEVER	SOMETIMES	OFTEN	NOT SURE
Snores during sleep	☐	☐	☐	☐
Sleeps with mouth open	☐	☐	☐	☐
Breathes through mouth during the day	☐	☐	☐	☐
Restless sleep / tosses and turns	☐	☐	☐	☐
Sleeps in unusual positions	☐	☐	☐	☐
Neck extended while sleeping	☐	☐	☐	☐
Pauses, gasps, chokes, coughs, or snorts during sleep	☐	☐	☐	☐
Sweats during sleep	☐	☐	☐	☐
Wakes frequently at night	☐	☐	☐	☐
Wakes up tired	☐	☐	☐	☐
Difficult to wake in the morning	☐	☐	☐	☐
Bedwetting	☐	☐	☐	☐



Daytime Symptoms

Check anything you commonly notice before surgery.



SYMPTOM	NEVER	SOMETIMES	OFTEN	NOT SURE
Tired during the day	☐	☐	☐	☐
Falls asleep in the car	☐	☐	☐	☐
Trouble focusing	☐	☐	☐	☐
Hyperactivity / always “on the go”	☐	☐	☐	☐
Irritability or mood swings	☐	☐	☐	☐
Emotional meltdowns	☐	☐	☐	☐
Anxiety-like behavior	☐	☐	☐	☐
Morning headaches	☐	☐	☐	☐
Poor school performance or learning concerns	☐	☐	☐	☐
Poor growth or weight gain concerns	☐	☐	☐	☐



Nose, Throat & Ear Symptoms

Check anything you commonly notice before surgery.



SYMPTOM	NEVER	SOMETIMES	OFTEN	NOT SURE
Chronic nasal congestion	☐	☐	☐	☐
Sounds congested when not sick	☐	☐	☐	☐
Chronic runny nose or drainage	☐	☐	☐	☐
Nasal-sounding speech	☐	☐	☐	☐
Bad breath, especially in the morning	☐	☐	☐	☐
Frequent sore throats	☐	☐	☐	☐
Frequent strep or tonsillitis	☐	☐	☐	☐
Ear infections or fluid in ears	☐	☐	☐	☐
Hearing concerns	☐	☐	☐	☐
Allergies or chronic inflammation concerns	☐	☐	☐	☐



Oral, Dental & Facial Clues



Check anything you commonly notice before surgery.

SYMPTOM	NEVER	SOMETIMES	OFTEN	NOT SURE
Lips rest apart during the day	☐	☐	☐	☐
Difficulty keeping lips closed comfortably	☐	☐	☐	☐
Low tongue posture	☐	☐	☐	☐
Tongue thrust	☐	☐	☐	☐
Teeth grinding	☐	☐	☐	☐
Crowded teeth	☐	☐	☐	☐
Narrow palate	☐	☐	☐	☐
Crossbite	☐	☐	☐	☐
Forward head posture	☐	☐	☐	☐
Messy eating	☐	☐	☐	☐
Difficulty chewing with lips closed	☐	☐	☐	☐
Strong texture preferences or picky eating	☐	☐	☐	☐



Parent Observations



What are the top 3 symptoms you most hope improve after surgery?

- ① _____
- ② _____
- ③ _____

Notes:

What worries you the most right now?

What has your child's provider said is the reason for surgery?

Have you recorded a short video of your child's sleep to share with their healthcare provider?

☐

Yes

☐

No

☐

Not yet, but I plan to

If you notice snoring, pauses, gasping, choking, struggling to breathe, or very restless sleep, a short video may be helpful to share with your child's healthcare provider.



Baseline Snapshot

Circle or mark where your child is right now.



Sleep Quality

Very Poor 1 2 3 4 5 Excellent



Breathing During Sleep

Very Concerning 1 2 3 4 5 Peaceful



Daytime Energy

Very Low 1 2 3 4 5 Great Energy



Mood / Regulation

Very Difficult 1 2 3 4 5 Very Steady



Nasal Breathing

Rarely Nasal Breathes 1 2 3 4 5 Nasal breathes well

REMEMBER THIS

This tracker is simply a snapshot of where your child is starting. You do not need to fill it out perfectly or track every detail. Just capture what you are noticing now, so later you can look back and see what improved, what changed, and what may still need follow-up.





Preparing for Surgery

What You Can Do Before Surgery Day

Why You're Here:

You're here because your child's surgery is scheduled, and you want to know what you can do now to help recovery feel calmer, smoother, and more organized. Once surgery is on the calendar, it is normal for parents to go into planning mode.

You may be thinking:

"What foods should I buy?"
"What if my child won't drink?"
"How do I explain this to them?"
"What if I forget something?"
"What can I do now to help this go better?"

The truth is, you cannot control every part of surgery or recovery. But you can prepare for the parts that happen at home.

And that matters.

A little preparation before surgery can help you feel less overwhelmed once your child is home, tired, sore, and needing you.

This page will help you focus on what is actually useful.

Start With Your Surgeon's Instructions

Your child's surgeon's instructions come first.

Every surgeon and surgical center may have slightly different recommendations based on your child's age, health history, procedure, medications, and risk factors.

Before surgery, make sure you understand:

- When your child needs to stop eating and drinking before surgery
- What medications your child can and cannot take before surgery
- What to do if your child becomes sick before surgery
- What pain management plan your surgeon recommends after surgery
- What bleeding signs require urgent care
- When your child can return to school, daycare, sports, or normal activity
- Who to call after hours if you are worried

If anything feels unclear, call the office and ask.

You are not bothering them. You are preparing well.



Create a Simple Recovery Plan



Think through the first few days after surgery before you are in the middle of them.

You may want to plan for:

- Who will drive to and from surgery
- Who will stay with your child the first few days
- Who can help with siblings, pets, meals, or errands
- Where your child will rest at home
- Where you will keep medications and trackers
- What foods and drinks you will have ready
- How you will track fluids and medications
- What number to call if you have concerns

This does not need to be complicated.

You are simply reducing the number of decisions you have to make when everyone is tired.

Prepare Your Recovery Space

Choose one comfortable area of your home where your child can rest after surgery.

This may be the couch, a recliner, your bedroom, or their bed.

Helpful items may include:

- Extra pillows
- Favorite blanket
- Comfort item or stuffed animal
- Humidifier, if recommended or helpful in your home
- Water bottle or cup
- Popsicles or ice chips nearby
- Medication log (see workbook for printable log)

- Hydration tracker (see workbook for printable log)
- Tissues
- Trash bag or small bin
- Quiet activities
- Books, movies, or simple crafts

The goal is not to create a Pinterest-perfect recovery station. The goal is to make the first few days easier.

For a more complete list of comfort items, hydration tools, quiet activities, and recovery supplies, see the Recommended Resources section near the end of this guide.

Stock Fluids First

In the early recovery period, hydration is usually more important than food.

Many children do not want to eat much at first, especially if their throat hurts. That can feel scary for parents, but fluids are the priority.

Before surgery, have several hydration options ready. Ideas may include:

- Water
- Ice chips
- Popsicles
- Electrolyte drinks recommended or approved by your provider
- Diluted juice, if tolerated
- Broth
- Smoothies, if your child tolerates them
- Crushed ice or slush-style drinks



Choose options your child already likes.

This is probably not the time to introduce a brand-new “healthy” drink your child has never accepted before. Recovery goes better when we work with the child in front of us.



Prepare Easy Recovery Foods

Your child may not want much food at first, and that can be normal.

When they are ready, soft, cool, bland, and easy-to-swallow foods are often the easiest place to start.

Before surgery, consider having options like:

- Applesauce
- Yogurt
- Pudding
- Smoothies
- Popsicles
- Scrambled eggs
- Mashed potatoes
- Soft noodles
- Oatmeal
- Broth
- Blended soups
- Mac and cheese
- Soft cooked vegetables
- Soft protein options your child already accepts



Avoid making this harder than it needs to be.

The best recovery foods are not always the most impressive foods. They are the foods your child will actually eat and drink while healing.

Prepare Your Child Emotionally

Children often do better when they have a simple, honest explanation of what to expect.

Keep it age-appropriate.

You might say:

“The doctor is going to help your throat and breathing. You’ll be asleep during the surgery, and when you wake up, I’ll be there. Your throat may feel sore for a while, and we’ll help you rest, drink, and feel as comfortable as we can.”

Avoid over-explaining every detail.

Avoid promising that it will not hurt.

Instead, reassure them that:

- They will be cared for.
- You will be nearby.
- The doctors and nurses know how to help.
- Their job afterward is to rest, sip, and heal.
- You will help them one step at a time.

For younger children, simple is better.

For older children, allow space for questions.

Recommended Support

Some children feel more comfortable when they know what to expect before surgery day.

Depending on your child’s age and personality, it may be helpful to read a simple book about surgery, hospitals, anesthesia, bravery, or big feelings.

The goal is not to give every detail.

The goal is to help your child feel safe, prepared, and supported.

For recommended children’s books, comfort items, quiet activities, and recovery supplies, see the Recommended Resources section near the end of this guide.



Prepare Yourself, Too

This part matters.

Recovery can be emotionally harder for parents than they expect.

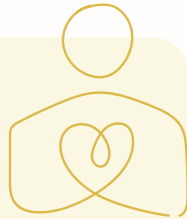
It is difficult to watch your child feel uncomfortable, refuse food, cry, wake at night, or resist medication. Before surgery, remind yourself:

- Recovery is a process.
- Some days may be harder than others.
- You do not have to do everything perfectly.
- Staying calm helps your child feel safer.
- You can call the medical team if you are worried.

If possible, clear your schedule as much as you can for the first few days.

This is not the week to plan extra commitments if you can avoid it.

If You Want to Go a Layer Deeper



Some families have extra time before surgery and want to support their child's overall health as much as possible.

This can be helpful, but it should be done thoughtfully. These are not requirements, and they should not replace your surgeon's instructions.

They are simply topics you may want to discuss with your child's healthcare provider if you have time before surgery.

Nutrition

Ask yourself:

- Is my child eating enough protein?
- Are they drinking enough fluids?
- Are they getting a variety of foods?
- Are there major picky eating or texture concerns that may make recovery harder?

You do not need to overhaul your child's diet before surgery.

Focus on steady, realistic support.

Iron and Vitamin D

Some families may want to discuss iron status, ferritin, or vitamin D with their child's pediatrician, especially if their child has fatigue, restless sleep, picky eating, restricted diet, frequent illness, or other concerns.

Do not start supplements right before surgery without guidance.

If labs or supplements are appropriate, your child's medical provider can guide that decision.

Allergies and Nasal Inflammation

If your child is chronically congested, mouth breathing, or struggling to breathe through the nose, it may be worth asking whether allergies, nasal inflammation, or other nasal airway issues should be addressed.

For some children, removing tonsils and adenoids helps a lot, but ongoing nasal congestion can still make nasal breathing difficult.



DO- practical action steps

Sleep

As much as possible, protect your child's sleep before surgery.

A well-rested child may cope better with stress, discomfort, and changes in routine.

This does not need to be complicated.

Keep bedtime predictable, reduce late-night screens when possible, and create a calm routine.

Supplements, Herbs, Essential Oils, and Homeopathic Remedies

Using supplements, herbs, or essential oils? Tell your surgical team before surgery day — see "Optimizing Health Before Surgery" on page 33 for what to know.



What Not to Do Before Surgery

Avoid making big changes right before surgery unless your child's healthcare provider recommends it.

Before surgery, do not:

- Start new supplements without medical guidance
- Give medications your surgeon told you to avoid
- Ignore illness, fever, or new symptoms before surgery
- Wait until the night before to buy recovery supplies
- Assume you will remember medication timing without writing it down
- Promise your child recovery will be easy or painless
- Panic if everything is not perfect

Your goal is steady preparation, not perfection.

What You Can Do Today

If surgery is coming up, start here:

- Read your surgeon's instructions.
- Write down your questions.
- Save the surgeon's office number and after-hours number.
- Complete the Before Surgery Symptom Tracker.
- Choose a recovery space.
- Make a simple grocery list.
- Pick up any recommended medications or supplies.
- Arrange help with siblings, school, work, or pets if needed.
- Talk with your child in a calm, age-appropriate way.
- Print the trackers you want to use after surgery.
- Review the Recommended Resources section if you want help choosing child-prep books, comfort items, recovery supplies, or quiet activities.

Small steps count.





Clinical Tip:

One of the best things you can do before surgery is reduce decision fatigue.

When your child is hurting, tired, and refusing to drink, you do not want to be searching for the doctor's phone number, guessing when medicine was last given, or trying to figure out what foods are safe.

Prepare the basics now:

Where will they rest?

What will they drink?

How will you track medication?

Who will you call if you are worried?

That simple preparation can make recovery feel much more manageable.



REMEMBER THIS

You do not need to prepare perfectly.

You need a plan, clear instructions from your medical team, a few trusted supplies, and a calm place for your child to rest and heal.



Questions to Ask Your Surgeon

Before Surgery

Why You're Here:

You're here because you want to leave your child's appointment with clear instructions, fewer unanswered questions, and a plan you feel confident following at home.

It is easy to forget what you wanted to ask once you are sitting in the doctor's office.

Use this page as a guide.

You do not have to ask every question. Choose the ones that fit your child, your concerns, and the instructions you have already been given.

The goal is not to challenge your surgeon.
The goal is to understand the plan.

- Will my child go home the same day?
- How long does the procedure usually take?
- What should I expect when my child wakes up from anesthesia?
- Will there be stitches?
- What is normal to see in the throat during healing?
- Will the white or gray scabs be normal?

Pain Management Questions



Pain management is one of the most important topics to understand before you go home.

Ask:

Surgery & Procedure Questions

- Are you removing the tonsils, the adenoids, or both?
- How enlarged are my child's tonsils and/or adenoids?
- What symptoms are we hoping this surgery will improve?
- Are there any factors that make my child's case more complex?



- What pain medications do you recommend after surgery?
- Should we use acetaminophen, ibuprofen, or both?
- If both are recommended, how should we space them?
- What exact dose should my child receive based on their weight?
- How often can each medication be given?
- How many days should we expect to stay on a schedule?
- Should we wake my child for pain medication?
- What should we do if pain is not controlled?
- Are there any medications my child should avoid?
- What should we do if my child refuses medication?
- Who do we call if pain is severe or we cannot keep medication down?



IMPORTANT NOTE

Do not guess medication doses.
Always follow the dosing instructions from your child's surgeon, pediatrician, pharmacist, or medical team.



Hydration Questions

Hydration is one of the biggest parts of recovery.

Ask:

- How much should my child drink after surgery?
- What fluids do you recommend?
- Are popsicles, ice chips, smoothies, or electrolyte drinks okay?
- What are the signs my child is not getting enough fluids?
- How long can my child go without drinking before I should call?
- What should I do if my child refuses fluids?
- When should dehydration be considered urgent?

Food & Diet Questions

Every surgeon may have slightly different preferences, so ask what your child's team recommends.

Questions to ask:

- What foods are okay after surgery?
- Are there foods you want us to avoid?
- How long should we avoid crunchy, sharp, spicy, or acidic foods?
- Are dairy foods okay for my child after surgery?
- Are smoothies okay?
- Can my child use a straw?
- Are red foods or drinks okay, or should we avoid them so bleeding is easier to recognize?
- When can my child return to a more normal diet?
- What should we do if my child will not eat?



Parent Reminder

Early in recovery, fluids are usually more important than food.

If your child is not eating much but is drinking well, that may be less concerning than a child who is refusing fluids.

Always follow your surgeon's instructions.

Bleeding & Red Flag Questions



This is one of the most important sections to understand clearly.

Ask:

- What amount of bleeding is considered normal, if any?
- What does concerning bleeding look like?
- What should we do if we see bright red blood?
- What should we do if my child vomits blood?
- What if my child is swallowing frequently?
- What if bleeding starts and then stops?
- Should we call your office first or go straight to the ER?
- Which hospital or emergency department should we use if needed?
- What time period has the highest bleeding risk?
- Who do we call after hours?



DO- practical action steps

IMPORTANT NOTE

Before you leave the surgical center, make sure you know exactly what to do if bleeding occurs. Do not wait until you are scared at home to figure out the plan.



Activity & Return-to-School Questions



Ask:

- How many days should my child rest at home?
- When can my child return to school or daycare?
- When can my child return to sports, PE, recess, dance, gymnastics, swimming, or rough play?
- Are there lifting, running, jumping, or travel restrictions?
- Should my child avoid crowds or sick contacts during recovery?
- Is it okay to travel during the recovery period?
- When is it safe to resume normal activity?

Sleep & Breathing Questions

Because many children have this surgery to improve breathing and sleep, it is helpful to ask what to expect afterward.



Questions to ask:

- How soon might snoring improve?
- Is it normal for breathing to sound worse at first because of swelling or congestion?
- When should mouth breathing improve?
- What symptoms should we watch for after healing?
- If snoring, mouth breathing, or restless sleep continues, when should we follow up?

- Would a repeat sleep study ever be recommended?
- Should we follow up with ENT if symptoms continue?
- Are there other airway factors we should evaluate if symptoms do not improve?

Medication, Supplements & Medical History Questions

Ask:

- Should my child stop any medications before surgery?
- Are there medications my child should continue?
- Should we stop vitamins, herbs, supplements, homeopathic remedies, or essential oils before surgery?
- When is it safe to resume supplements or natural products?
- What should we do if my child gets sick before surgery?
- What symptoms would cause surgery to be postponed?
- Should we update you if my child has a fever, cough, congestion, or new illness before surgery?



Parent Reminder

Tell your surgical team about everything your child takes.

This includes prescriptions, over-the-counter medications, vitamins, supplements, herbs, homeopathic remedies, and natural products.



Follow-Up Questions

Before surgery day, make sure you know:

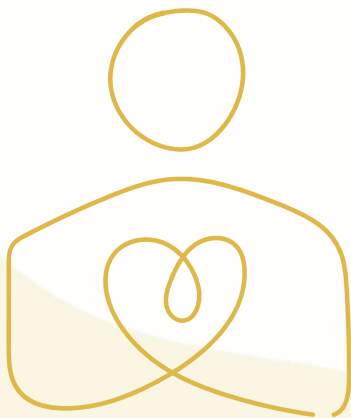
- Will there be a follow-up appointment?
- When should we schedule follow-up?
- What should we expect by that appointment?
- What symptoms should be improved by then?
- What symptoms might take longer?
- Who do we contact if recovery does not seem to be going well?
- What should we do if symptoms return later?

Questions About Long-Term Airway Health

Not every child needs every kind of follow-up care.

But if your child had surgery because of mouth breathing, snoring, sleep-disordered breathing, or airway concerns, these questions may be helpful:

- If symptoms continue after healing, what would be the next step?
- Should we evaluate allergies or nasal inflammation?
- Should we consider orthodontic or jaw development concerns?
- Should we consider a myofunctional therapy evaluation if mouth breathing continues?
- Should we involve a sleep physician if symptoms continue?
- Are there signs that would suggest my child needs more airway follow-up?





My Top Questions for the Surgeon

Use this space to write the questions that matter most to you.

1. _____
2. _____
3. _____
4. _____
5. _____

Surgeon's Instructions / Notes

Important Contact Info

Surgeon's Office: _____

After-Hours Number: _____

Surgical Center: _____

Emergency Department Recommended by Surgeon: _____

Pharmacy: _____



Clinical Tip:

Bring a notes app or notebook to this appointment. It's easy to remember every question you meant to ask — and forget every answer once you're anxious and half-listening in the room. Jot down answers as you go, even in just a few words.



REMEMBER THIS

You are allowed to ask questions.

A prepared parent is not a difficult parent. A prepared parent is a safer, calmer, more confident parent.



Optimizing Health Before Surgery

Supporting Your Child's Body Before Recovery Begins

Why You're Here:

You're here because you want your child going into surgery as supported, rested, nourished, and prepared as possible.

This section is not about doing everything perfectly. It is not meant to make you feel guilty if surgery is already scheduled soon.

Think of this section as a “support the body” checklist. Some families have weeks or months before surgery. Others have only a few days. Either way, there are simple, practical things you can do to help your child feel as ready as possible.

Your child's surgeon and medical team are still the guide for all medical instructions. The suggestions in this section are meant to support that care, not replace it.

Start With the Basics

Before you worry about labs, supplements, special foods, or anything more advanced, start with the basics.

The basics matter.

Focus on:

- Hydration
- Protein
- Regular meals and snacks
- Sleep
- Managing congestion or allergies if your provider recommends it
- Following your surgeon's pre-op instructions
- Avoiding last-minute changes unless your medical team advises them
- These simple things may not feel fancy, but they create a strong foundation.

Hydration Before Surgery

Hydration becomes a major focus after surgery, but it is helpful to start thinking about it before surgery.

In the days leading up to surgery, encourage your child to drink regularly, unless your surgeon has given specific fluid restrictions.



DO- practical action steps

This does not mean forcing fluids all day long.

It simply means helping your child get into the habit of drinking enough before recovery begins.

Helpful ideas:

- Offer water throughout the day.
- Practice small frequent sips if your child tends to gulp or avoid drinking.
- Let your child choose a favorite cup or water bottle.
- Have hydration options ready for after surgery.
- Follow all fasting instructions exactly on surgery day.



IMPORTANT NOTE



Before anesthesia, your child will receive specific instructions about when to stop eating and drinking.

Always follow those instructions.

Do not give food or fluids outside the instructions from your child's surgical team.

Protein and Nourishing Foods

Your child's body needs building blocks for healing. Protein is one of those building blocks.

Before surgery, it may be helpful to think about whether your child is getting enough protein and nutrient-dense foods in a way that is realistic for your family.

Protein options may include:

- Eggs
- Greek yogurt
- Cottage cheese
- Chicken
- Turkey
- Fish
- Beans



- Lentils
- Nut or seed butters, if safe for your child
- Protein smoothies
- Soft meats or soups
- Protein-rich pasta or oatmeal options

This does not mean your child needs a perfect diet. It means that in the days or weeks before surgery, you can gently support their body with foods they already tolerate and accept.

If your child is a very selective eater, do not try to overhaul their diet right before surgery. Focus on familiar foods that provide some nutrition and comfort.



If Your Child Is a Picky Eater

If your child has strong food preferences, texture aversions, gagging, or a very limited diet, it is worth planning ahead.

Recovery may temporarily narrow their food choices even more.

Before surgery, ask yourself:

- What soft foods does my child already accept?
- What fluids will they reliably drink?
- Do they tolerate smoothies?
- Do they like popsicles?
- Do they accept soups or broths?
- Are there protein options they already eat?
- Are there textures that trigger gagging or refusal?

This is not the time to force new foods.

This is the time to work with what your child can actually manage.

A child who feels safe and successful is more likely to keep drinking and eating during recovery.

Sleep Before Surgery

As much as possible, protect your child's sleep before surgery.



Many children having tonsil and adenoid surgery are already struggling with sleep quality. You may not be able to fully fix that before surgery, but you can still support the routine around sleep.

Helpful steps:

- Keep bedtime as consistent as possible.
- Create a calm bedtime routine.

- Reduce late screens when you can.
- Avoid overscheduling the days before surgery.
- Give your child time to wind down.
- Try to keep the household rhythm predictable.

A well-rested child may be better able to cope with stress, changes in routine, and the discomfort of recovery.

And a rested parent matters too.

If possible, try not to go into surgery week completely depleted.

Allergies, Congestion, and Nasal Inflammation



If your child is chronically congested, mouth breathing, or struggling to breathe through the nose, it may be worth asking your child's healthcare provider whether allergies, nasal inflammation, or other nasal airway concerns should be addressed before surgery.

This may be especially important if your child:

- Sounds congested even when they are not sick
- Has seasonal or environmental allergies
- Has chronic runny nose or postnasal drip
- Has frequent sinus symptoms
- Struggles to breathe through the nose
- Mouth breathes during the day
- Sleeps with the mouth open

For some children, tonsil and adenoid surgery can make a big difference. But if nasal inflammation, allergies, or other airway issues are still present, nasal breathing may still be difficult even after healing.

This does not mean you need to solve everything before surgery. It simply means it may be worth asking better questions.



Iron and Ferritin

Some families may want to ask their child's pediatrician whether iron status or ferritin should be checked before surgery, especially if there are concerns such as:

- Fatigue
- Restless sleep
- Restless legs
- Picky or restricted diet
- Low meat intake
- Heavy periods in teens
- Pale appearance
- Frequent illness
- Poor growth or nutrition concerns

Iron plays an important role in the body, including oxygen transport and overall health.

Ferritin is one marker providers may use to understand iron stores.

This does not mean every child needs iron testing before tonsil and adenoid surgery.

It means that if your child has symptoms or risk factors, it may be a reasonable topic to discuss with their healthcare provider.

IMPORTANT NOTE

Do not start iron supplements without medical guidance.

Too much iron can be harmful, and dosing should be based on your child's needs and your provider's recommendations.



Vitamin D

Vitamin D is important for bone health, immune function, and overall wellness.

Some families may want to ask their child's provider whether vitamin D status is worth checking, especially if their child has limited sun exposure,

limited dietary variety, frequent illness, or other health concerns.

This is not a requirement before surgery.

It is simply one possible piece of the bigger wellness picture.

IMPORTANT NOTE

Do not start high-dose vitamin D or other supplements right before surgery unless your child's healthcare provider recommends it.

If testing or supplementation is appropriate, your child's provider can help guide the safest plan.





Supplements, Herbs, Essential Oils, and Homeopathic Remedies

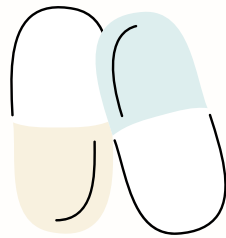
If your family uses supplements, herbs, homeopathic remedies, essential oils, or other natural products, tell your child's surgical team before surgery.

This is important.

Natural does not automatically mean safe around anesthesia or surgery.

Some products can affect:

- Bleeding
- Sedation
- Blood pressure
- Blood sugar
- Heart rate
- Medication interactions
- Anesthesia response



Your child's surgeon or anesthesia team may recommend stopping certain products before surgery.

Please do not hide this information because you are worried they will judge you.

Your team needs the full picture to keep your child safe.

If Surgery Is Coming Up Soon

If surgery is only days away, do not panic.

You do not need to suddenly fix nutrition, order labs, start supplements, overhaul bedtime,

and solve every airway issue before surgery.

Focus on the basics:

- Follow your surgeon's instructions.
- Prepare fluids and soft foods.
- Set up the recovery space.
- Know the medication plan.
- Know who to call with concerns.
- Avoid starting new supplements unless cleared.
- Keep your child's routine calm and predictable.

That is enough.

If You Have More Time Before Surgery

If surgery is weeks or months away, you may have more time to explore supportive steps with your child's healthcare team.

You may consider asking about:

- Nutrition concerns
- Picky eating or limited diet
- Iron/ferritin if symptoms or risk factors are present
- Vitamin D if risk factors are present
- Allergies or chronic congestion
- Nasal breathing concerns
- Sleep quality
- Whether a sleep study is needed before surgery
- Whether orthodontic or airway development concerns should be evaluated
- Whether myofunctional therapy may be helpful before or after surgery

Not every child needs all of this. The point is not to create a long list of things to worry about.

The point is to help you understand what questions may be worth asking.



What You Can Do Today

Choose one or two steps that fit your timeline.

You might:

- Offer water more consistently.
- Make a list of accepted soft foods.
- Identify protein foods your child already eats.
- Write down allergy or congestion concerns.
- Ask your provider whether any labs are appropriate.

- Tell the surgical team about all medications and supplements.
- Protect bedtime as much as possible.
- Avoid starting anything new without medical guidance.
- Complete the Before Surgery Symptom Tracker.

Small, steady steps are enough.

Clinical Tip:

Parents sometimes feel pressure to do everything before surgery.

But the most helpful preparation is often simple:

Know the plan.

Support hydration.

Keep nutrition realistic.

Protect sleep.

Be honest with the surgical team about medications and supplements.

And write down your child's symptoms before surgery so you can compare later.

You do not need a perfect wellness plan to support your child well.



REMEMBER THIS

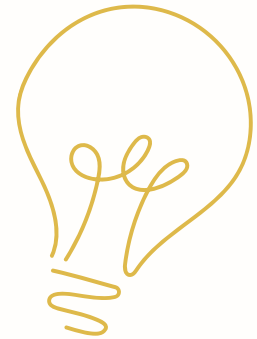
The goal is not perfection.

The goal is to help your child go into surgery as supported as possible, while following the guidance of the medical team who knows your child best.



Building Your Child's Healthcare Team

Who Helps With What?



Why You're Here:

You're here because tonsil and adenoid surgery may involve more than one provider, and you want to understand who does what without feeling like you suddenly need to schedule ten appointments.

Not every child needs every provider on this list.

Some children have surgery, heal well, breathe better, sleep better, and do not need much additional support.

Other children benefit from a broader team, especially if symptoms continue after healing, if there are ongoing airway concerns, or if there are signs that structure, function, allergies, or sleep still need attention.

The goal of this section is to help you understand the roles of different providers so you know who may be helpful and when.

Start With the Surgical Team

ENT / Otolaryngologist

The ENT is usually the main specialist involved in evaluating enlarged tonsils and adenoids.

They may assess:

- Tonsil size
- Adenoid size

- Nasal obstruction
- Snoring
- Mouth breathing
- Recurrent infections
- Sleep-disordered breathing symptoms
- Whether surgery is recommended





UNDERSTAND- Educational Explanation

The ENT is also the provider who gives your child's surgical and post-operative instructions.

For surgery-related questions, the ENT's instructions come first.

Ask the ENT about:

- Why surgery is being recommended
- What tissue is being removed
- Expected recovery timeline
- Pain management
- Bleeding precautions
- Food and activity restrictions
- When to follow up
- What symptoms should improve
- What to do if symptoms continue

Your Child's Primary Medical Home

Pediatrician / Primary Care Provider

Your child's pediatrician or primary care provider helps look at the whole child.

They may help with:

- Overall health history
- Growth and development
- Illness before surgery
- Medication questions
- Nutrition concerns
- Lab discussions, if appropriate
- Referrals to specialists
- Ongoing symptoms after surgery



If you are not sure whether a symptom needs ENT, allergy, sleep, orthodontic, myofunctional, or another type of care, the pediatrician can often help guide the next step.

Your pediatrician may be especially helpful if your child has:

- Fatigue
- Frequent illness
- Growth concerns
- Nutrition concerns
- Behavioral or attention concerns
- Ongoing sleep concerns
- Complex medical history

The Dental and Oral Development Team

Dentist / Pediatric Dentist

A dentist or pediatric dentist may notice oral and facial clues that relate to breathing and airway health.

They may observe:

- Open-mouth posture
- Dry mouth
- Crowded teeth
- Narrow palate
- Crossbite
- Teeth grinding or tooth wear
- High cavity risk related to mouth breathing
- Tongue posture concerns
- Signs of oral habits



The dentist does not replace the ENT or pediatrician.

But they can be an important part of the screening and referral team, especially when mouth breathing, dental crowding, grinding, or oral development concerns are part of the picture.



UNDERSTAND- Educational Explanation

Questions to ask your child's dentist:

- Do you see signs of mouth breathing?
- Is my child's palate narrow?
- Is there crowding or a crossbite?
- Do you see signs of grinding or tooth wear?
- Are there oral habits affecting growth or function?
- Should we consider an orthodontic evaluation?
- Should we consider a myofunctional evaluation?



Orthodontist / Airway-Focused Orthodontist

An orthodontist evaluates tooth alignment, bite, jaw growth, palate shape, dental arch development, and how much room the tongue has inside the mouth.

This matters because the airway is not only about tonsils and adenoids. Many children with enlarged tonsils and adenoids, mouth breathing, snoring, restless sleep, or sleep-disordered breathing also show signs of altered oral and facial development. This may include a narrow or high palate, crowded teeth, crossbite, small or recessed jaws, limited tongue space, open-mouth posture, or difficulty keeping the lips closed comfortably.

This does not mean every child needs orthodontic treatment right away. It means jaw growth, palate width, bite, and tongue space deserve attention, especially in a child with airway symptoms.

When parents hear “orthodontist,” they often think “braces.” But for a child with airway concerns, the evaluation may need to look beyond straight teeth. The bigger questions are whether the palate

is narrow, whether there is enough room for the tongue, whether the bite is affecting function, and whether growth patterns may be contributing to mouth breathing, snoring, or sleep concerns.

Not every orthodontic evaluation looks at airway, tongue space, palate width, oral function, and sleep-related symptoms in the same way. Some orthodontic care is focused primarily on straightening teeth and correcting the bite. That can be important, but for a child with a history of enlarged tonsils and adenoids, mouth breathing, snoring, restless sleep, or sleep-disordered breathing, parents may need a broader evaluation.

An airway-aware orthodontic evaluation can help you understand whether your child should simply be monitored or whether early treatment may be helpful.



UNDERSTAND- Educational Explanation

Questions to ask may include:

- Does my child have a narrow or high palate?
- Is there enough room for the tongue?
- Is there crowding or a crossbite?
- Are the jaws growing in a balanced way?
- Do you screen for sleep-disordered breathing symptoms?
- Do you consider mouth breathing, snoring, grinding, restless sleep, or low tongue posture when evaluating growth?
- Do you only recommend expansion when there is a crossbite, or do you also consider tongue space, palate width, nasal breathing support, and airway-related symptoms?
- Would early orthodontic treatment or expansion ever be appropriate?
- Is the goal only straight teeth, or also supporting growth, function, tongue space, and airway health?
- If extraction or retraction is recommended, how are you considering tongue space, airway support, facial growth, and long-term function?
- Do you collaborate with ENTs, dentists, myofunctional therapists, allergists, or sleep providers when needed?

The goal is not to assume your child needs orthodontic treatment.

The goal is to make sure jaw growth, palate width, tongue space, bite, and airway-related symptoms are being thoughtfully considered.



If You Feel Unsure

If your child has mouth breathing, snoring, crowded teeth, a narrow palate, or ongoing sleep symptoms and you feel like your concerns were brushed off, it is okay to ask more questions or seek another opinion.

This does not mean the first provider was wrong.

It simply means your child may benefit from a provider who is comfortable looking at teeth, jaws, palate development, oral function, and airway-related clues together.

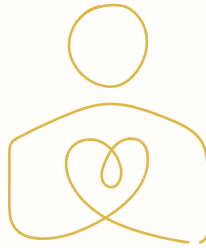
You are allowed to ask for clarity.

You are allowed to understand the plan.

You are allowed to ask whether the goal is simply straight teeth — or whether growth, function, and airway are also being considered.



The Functional Recovery Team



Myofunctional Therapist / Certified Orofacial Myologist

A myofunctional therapist works with the muscles, patterns, and habits of the mouth, tongue, lips, cheeks, swallowing, chewing, and breathing.

This is especially important for children who have had enlarged tonsils and adenoids for a long time.

When a child has spent months or years mouth breathing, sleeping with the mouth open, resting the tongue low, thrusting the tongue forward, or using altered swallowing patterns, the body adapts to those patterns.

Surgery may remove a major obstruction.

But removing the obstruction does not automatically teach the body how to return to healthy function.

This is where myofunctional therapy is helpful.

A myofunctional therapist helps evaluate and retrain:

- Nasal breathing and mouth breathing patterns
- Lip seal
- Tongue resting posture
- Oral rest posture
- Swallowing and chewing patterns
- Oral habits
- Tongue strength, tone, and coordination
- Breathing mechanics and coordination
- Functional patterns before and after orthodontic or airway treatment

For some children, tonsil and adenoid surgery leads to a significant improvement in breathing and sleep.

For others, symptoms can continue or return because the obstruction was only one part of the problem.

A child may still have:

- Mouth breathing
- Lips apart at rest
- Low tongue posture
- Tongue thrust
- Open-mouth chewing
- Messy eating
- Difficulty chewing with the lips closed
- Teeth grinding
- Restless sleep
- Snoring
- Difficulty with nasal breathing
- Narrow palate or limited tongue space
- Oral habits such as thumb, finger, pacifier, nail biting, or object chewing

This does not automatically mean surgery failed.

It may mean the child needs help retraining the oral and breathing patterns that developed while the airway was obstructed.



Why a Myofunctional Evaluation Is So Valuable

In my clinical opinion, children who have tonsil and adenoid surgery benefit from a myofunctional evaluation as part of the bigger recovery picture.

That does not mean every child needs therapy.

It means someone trained in oral function is looking closely at whether the child's breathing, resting posture, tongue position, lip seal, chewing, swallowing, and oral habits are supporting healthy function after surgery.

This matters because some children look better on the surface after surgery, but still have subtle patterns that can keep affecting breathing, sleep, dental development, and long-term airway health.

A child may stop snoring loudly, but still sleep with the mouth open. A child may breathe better, but still rest the tongue low. A child may have more airway space, but still lack room for the tongue because of a narrow palate.

A child may seem improved, but still grind, mouth breathe, use altered swallowing patterns, or struggle to keep the lips closed.

These are the patterns that can easily be missed if no one is looking for them.

A myofunctional evaluation can help answer:

- Is my child actually nasal breathing well?
- Are the lips resting closed comfortably?
- Is the tongue resting where it should?
- Is my child still mouth breathing during the day or night?
- Are swallowing or chewing patterns still altered?
- Are oral habits still present?
- Is there enough room for the tongue?
- Are there signs that orthodontic, airway, allergy, dental, sleep, or ENT follow-up may be needed?
- Does my child need therapy, or are they functioning well after surgery?

The goal is not to assume something is wrong.

The goal is to make sure nothing important is missed.

Without an evaluation, parents may not know whether the child's function has truly changed or whether the old patterns are still quietly present.





What If My Child Seems Fine?

If your child seems to be breathing, sleeping, eating, and functioning beautifully after surgery, that is wonderful. A myofunctional evaluation can still be valuable as a screening tool.

It can confirm that things are moving in the right direction and help identify subtle patterns before they become bigger concerns.

This is especially important because children do not always complain about airway or oral function problems. They may not know that mouth breathing, low tongue posture, open-mouth sleep, messy chewing, grinding, or difficulty keeping the lips closed are signs worth paying attention to.

Parents may also be told, “They’ll grow out of it,” or “Everything looks fine,” even when functional patterns are still present.

A myofunctional evaluation gives you a clearer picture. It helps you know whether your child is truly transitioning into healthier breathing and oral function after surgery — or whether they need additional support to get there.

The goal is simple:

Remove the obstruction.

Restore the function.

Support the child’s long-term breathing, sleep, growth, and oral health.





The Nose and Inflammation Team

Allergist

An allergist may be helpful when chronic congestion, allergies, or nasal inflammation are part of the picture.

Even after tonsils and adenoids are removed, a child may still struggle to breathe through the nose if the nasal passages are inflamed or congested.

An allergist may help evaluate:

- Environmental allergies
- Seasonal allergies
- Chronic nasal congestion
- Postnasal drip
- Frequent sneezing
- Itchy eyes or nose
- Allergy-related sleep disruption
- Possible allergy treatment options



Questions to ask an allergist or medical provider:

- Could allergies be contributing to my child's mouth breathing?
- Could nasal inflammation still be affecting sleep?
- What treatment options are appropriate for my child?
- Are there environmental changes that may help?
- Should allergy testing be considered?

The Sleep Team

Sleep Physician / Sleep Medicine Provider



A sleep physician may be involved if there are concerns about obstructive sleep apnea, persistent sleep-disordered breathing, or symptoms that continue after surgery.

This may be especially important if your child:

- Had a sleep study before surgery
- Had moderate or severe obstructive sleep apnea
- Has continued snoring after healing
- Still has pauses, gasping, choking, or restless sleep
- Has significant daytime fatigue or behavioral concerns
- Has medical risk factors that make sleep-disordered breathing more complex
- Has symptoms that do not match what was expected after surgery

A sleep physician may help determine whether additional testing, such as a sleep study, is appropriate.

Questions to ask:

- Does my child need a sleep study?
- Should a sleep study be repeated after surgery?
- How will we know if sleep-disordered breathing has resolved?
- What symptoms should we keep watching?
- What are the next steps if symptoms continue?



UNDERSTAND- Educational Explanation

You Do Not Need Everyone at Once

Do not read this section and feel like you now need to book appointments with every provider listed.

That is not the goal.

The goal is to know who may help if certain concerns show up.

A simple way to think about it is:

- The ENT addresses obstruction from tonsils and adenoids.
- The pediatrician looks at overall health.
- The dentist and orthodontist look at oral and jaw development.

The myofunctional therapist helps with oral function and breathing patterns.

The allergist helps with allergy and inflammation contributors.

The sleep physician helps evaluate persistent sleep-disordered breathing.

Your child may only need one or two of these providers.

Or, if symptoms are more complex, they may benefit from a team approach.

What You Can Do Today

You can start by writing down:

- Who is currently involved in your child's care?
- Who recommended surgery?
- What symptoms are you hoping improve?
- Who should you call during recovery?

- Who should you follow up with if symptoms continue after healing?

You may also want to keep a list of provider names, phone numbers, and appointment dates in the Recovery Roadmap Workbook.

Clinical Tip:

When parents feel overwhelmed, focus on the next right provider, not the whole team at once. If your child is in the immediate surgery or recovery phase, your surgeon is the lead. After healing, if symptoms continue, then you can start asking:

“Is this still an ENT issue?”

“Is this a nasal or allergy issue?”

“Is this a sleep issue?”

“Is this a growth or orthodontic issue?”

“Is this a function or mouth breathing pattern issue?”



That helps you move forward without feeling like you have to solve everything at once.

REMEMBER THIS

You do not need a huge team. You need the right support at the right time. If your child improves beautifully after surgery, celebrate that. If symptoms continue, knowing who can help next gives you a clearer path forward.





UNDERSTAND- Educational Explanation

Who Should I Call First?

Use this as a general starting point. If your child is in the immediate surgery or recovery window, your surgeon's instructions come first.



CONCERN	GOOD STARTING POINT
Surgery instructions, pain control, bleeding, hydration concerns, fever, vomiting, activity restrictions, or medication questions after surgery	Surgeon / ENT
Illness before surgery, nutrition concerns, growth concerns, fatigue, labs, or general health questions	Pediatrician / Primary Care Provider
Crowding, narrow palate, crossbite, bite concerns, tooth wear, facial growth concerns, expansion, or orthodontic timing	Dentist / Orthodontist
Mouth breathing, low tongue posture, lips apart at rest, tongue thrust, open-mouth chewing, messy eating, oral habits, swallowing concerns, or functional recovery after surgery	Myofunctional Therapist / Certified Orofacial Myologist
Chronic congestion, suspected allergies, nasal inflammation, postnasal drip, sneezing, or difficulty breathing through the nose	Allergist or medical provider
Continued snoring, gasping, choking, pauses in breathing, restless sleep, persistent daytime fatigue, or concern that sleep-disordered breathing is still present	Sleep physician or medical provider



Surgery Preparation Checklist

Before Surgery Day



Why You're Here:

This checklist brings the most important preparation steps into one place.

You do not need to memorize everything. Use this page to help you prepare your child, your home, and yourself before surgery day arrives.

If your surgeon's instructions are different from anything listed here, always follow your surgeon's instructions first.

Surgery Details

Write down the basics so you are not searching for them at the last minute.

Child's Name: _____
Surgery Date: _____
Surgery Time: _____
Arrival Time: _____
Surgery Location: _____
Surgeon / ENT: _____
Phone Number: _____
After-Hours Number: _____
Pharmacy: _____
Pharmacy Phone Number: _____

Medical Instructions



Check these off once you understand them.

- ☐ I know when my child needs to stop eating before surgery.
- ☐ I know when my child needs to stop drinking before surgery.
- ☐ I know which medications my child can take before surgery.
- ☐ I know which medications, vitamins, supplements, herbs, or natural products need to be stopped before surgery.
- ☐ I have told the surgical team about all prescriptions, over-the-counter medications, vitamins, supplements, herbs, essential oils, homeopathic remedies, and natural products my child uses.
- ☐ I know what to do if my child gets sick before surgery.
- ☐ I know who to call if I have questions before surgery day.
- ☐ I understand the pain management plan for after surgery.
- ☐ I understand what bleeding signs require immediate medical attention.
- ☐ I know when my child should follow up after surgery.



Questions to Ask Before Surgery

Use this space for any last questions you want to ask the surgeon or surgical team.

1. _____
2. _____
3. _____
4. _____
5. _____

Recovery Space

Prepare a calm place for your child to rest after surgery.

- ☐ Choose where your child will rest.
- ☐ Set up pillows, blankets, and comfort items.
- ☐ Keep a trash bin nearby.
- ☐ Keep tissues nearby.
- ☐ Keep water or approved fluids within reach.
- ☐ Keep medication instructions and trackers nearby.
- ☐ Have quiet activities ready.
- ☐ Plan where your child will sleep the first few nights.
- ☐ Remove anything that may encourage rough play or too much activity.
- ☐ Make the space easy for you to monitor your child.

Fluids to Have Ready

Hydration is one of the biggest priorities after surgery.

Choose options your child already likes and will usually accept.

- ☐ Water
- ☐ Ice chips or crushed ice
- ☐ Popsicles
- ☐ Electrolyte drink, if approved by your provider
- ☐ Diluted juice, if tolerated
- ☐ Broth
- ☐ Smoothie ingredients, if tolerated
- ☐ Slush-style drinks or soft frozen options



Other fluids my child likes: _____



DO- practical action steps

Soft Foods to Have Ready

Appetite may be low after surgery. Start with soft, gentle foods your child already accepts.

- ☐ Applesauce
- ☐ Smoothies
- ☐ Soft noodles
- ☐ Mac and cheese
- ☐ Yogurt
- ☐ Scrambled eggs
- ☐ Oatmeal
- ☐ Soft cooked vegetables
- ☐ Pudding
- ☐ Mashed potatoes
- ☐ Broth or blended soup



Other foods my child usually accepts:

Things to Avoid Unless Your Surgeon Says Otherwise

Use your surgeon's instructions first.

In general, ask before offering:

- ☐ Crunchy foods
- ☐ Sharp foods
- ☐ Spicy foods
- ☐ Acidic foods or drinks
- ☐ Very hot foods or drinks
- ☐ Straws
- ☐ Red-colored foods or drinks, if your surgical team advises avoiding them
- ☐ New supplements or natural products
- ☐ Medications your surgeon has not approved



Trackers and Printables

Print or prepare the pages you want to use during recovery.

- ☐ Medication Log
- ☐ Sleep Tracker
- ☐ Getting Back to Everyday Life Checklists
- ☐ Hydration Tracker
- ☐ Daily Recovery Tracker
- ☐ Questions for Follow-Up Appointment
- ☐ Food Tracker
- ☐ Caregiver Handoff Sheet
- ☐ Important Phone Numbers



Home and Schedule Planning

Think through the practical details before surgery day.

- ☐ Arrange time off work, if needed.
- ☐ Arrange school or daycare absence.
- ☐ Notify school, daycare, or caregivers about the surgery.
- ☐ Arrange help with siblings, if needed.
- ☐ Arrange help with pets, if needed.
- ☐ Plan simple meals for the household.
- ☐ Pick up groceries before surgery day.
- ☐ Pick up any prescribed or recommended medications, if applicable.
- ☐ Make sure you have a thermometer.
- ☐ Make sure you have a way to track medication times.
- ☐ Save important phone numbers in your phone.
- ☐ Know which emergency department or facility your surgeon recommends, if needed.



Prepare Your Child

Use simple, honest, age-appropriate language.

- ☐ I have explained the surgery in a way my child can understand.
- ☐ I have let my child choose a comfort item, blanket, stuffed animal, or quiet activity.
- ☐ I have reassured my child that they will be cared for.
- ☐ I have answered questions calmly and simply.
- ☐ I have avoided promising that it will not hurt.
- ☐ I have avoided over-explaining scary details.
- ☐ I have explained that their job after surgery is to rest, sip, and heal.

Surgery Day Bag

Pack what you need before the morning of surgery.



- ☐ Insurance card
- ☐ Medication list
- ☐ Extra clothes
- ☐ Book, headphones, or quiet item for parent
- ☐ ID
- ☐ List of allergies
- ☐ Phone charger
- ☐ Any items the surgical center specifically asked you to bring
- ☐ Surgery paperwork, if needed
- ☐ Comfort item for child
- ☐ Water/snack for parent or caregiver, if allowed in waiting area

Other items to pack: _____



The Night Before Surgery

- ☐ Review fasting instructions.
- ☐ Confirm arrival time.
- ☐ Confirm location.
- ☐ Pack surgery day bag.
- ☐ Set out comfortable clothes for your child.
- ☐ Charge your phone.
- ☐ Set alarms.
- ☐ Keep bedtime as calm and predictable as possible.
- ☐ Remind yourself that you have prepared.



The Morning of Surgery

Follow your surgical team's instructions exactly.

- ☐ Follow all food and drink restrictions.
- ☐ Give only approved medications, if instructed.
- ☐ Dress your child in comfortable clothes.
- ☐ Bring surgery day bag.
- ☐ Arrive on time.
- ☐ Ask any final questions before discharge.
- ☐ Make sure you understand the pain plan before leaving.
- ☐ Make sure you understand bleeding precautions before leaving.
- ☐ Make sure you know who to call after hours.



Before You Leave the Surgery Center

Before going home, make sure you know:

- ☐ When the next medication dose is due.
- ☐ How often to offer fluids.
- ☐ What symptoms are expected.
- ☐ What symptoms are concerning.
- ☐ What to do if your child refuses fluids.
- ☐ What to do if pain is not controlled.
- ☐ What to do if bleeding occurs.
- ☐ Who to call during office hours.
- ☐ Who to call after hours.
- ☐ When your child should be seen for follow-up.



Clinical Tip:

The three most important things to understand before leaving the surgery center are:

1. Pain management plan
2. Hydration expectations
3. Bleeding instructions

If those three things are clear, recovery usually feels much more manageable.



REMEMBER THIS

You do not have to prepare perfectly.

You just need the essentials in place:

Clear instructions.

Fluids ready.

A calm recovery space.

Medication and hydration tracking.

And a plan for who to call if you are concerned.



Part 2 · Surgery Day

What to Expect

Surgery day can feel like a lot.

Even when you know the surgery is needed, it is normal to feel nervous, emotional, distracted, or unsure of what to expect.

This part of the guide is here to help you move through the day with more clarity.

You do not need to remember everything from memory. You just need to know what to bring, what questions to ask before leaving, and what to focus on when your child comes home.

Your child's surgical team will guide the medical details of the day.

Your role is to:

- Follow the fasting and arrival instructions
- Bring what your child needs
- Ask questions before discharge
- Understand the pain management plan
- Understand hydration expectations
- Know what bleeding signs require immediate attention
- Help your child transition home calmly
- Begin tracking medication, fluids, and symptoms once you are home

Surgery day is not the day to figure everything out from scratch.

That is why you prepared ahead of time.

In this section, we will walk through:

- What surgery day may look like
- What to bring with you
- What to ask before leaving the surgery center
- How to handle the first few hours at home
- What to focus on first: comfort, fluids, medication timing, rest, and observation

The goal is not to make surgery day feel easy.

The goal is to make it feel less chaotic.

You may still feel emotional.

Your child may still feel scared, groggy, uncomfortable, or upset.

That does not mean anything is going wrong. It means you are moving through a big day one step at a time.



What Matters Most on Surgery Day

By the time you leave the surgery center, make sure you understand three things clearly:

#1. Pain plan

What to give, when to give it, and who to call if pain is not controlled.

#2. Hydration plan

How often to offer fluids, what fluids are allowed, and what signs of dehydration to watch for.

#3. Bleeding plan

What bleeding signs are concerning and exactly what to do if they happen.

If those three things are clear, the first day at home will feel much more manageable.

Parent Reminder

You do not have to be perfectly calm to be a good parent on surgery day.

You just need to be prepared enough to take the next step.

Read the instructions.

Ask the questions.

Write down medication times.

Offer fluids.

Watch your child.

Call the medical team if something concerns you.

That is the work of surgery day.

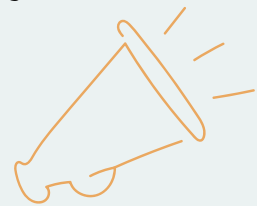
Clinical Tip:

Before leaving the surgery center, pause and ask:

“Can you please walk me through exactly what I should do for pain, fluids, and bleeding concerns once we get home?”

Even if the instructions were already given, it is okay to ask again.

Surgery day is emotional, and parents do not always absorb everything the first time.



REMEMBER THIS

Surgery day is a bridge.

You are moving from preparation into recovery.

Take it one step at a time, follow your child's surgical instructions, and focus on the basics: comfort, hydration, medication timing, rest, and knowing when to call for help.



Surgery Day- What to Expect

A General Walkthrough

1. Arrival and Check-In

When you arrive, you will usually check in at the front desk or registration area.

You may be asked to confirm:

- Your child's name and birthdate
- Insurance or payment information
- Consent forms
- Allergies
- Medications
- Medical history
- When your child last ate or drank
-

This is a good time to speak up if anything has changed.

Tell the team if your child has:

- A fever
- Cough
- Vomiting
- New congestion
- New illness symptoms
- A change in medications
- A new supplement, herb, or natural product
- Any new health concern

Even if it seems minor, let the team know.
They need the full picture to keep your child safe.

Why You're Here

You're here because surgery day can feel easier when you have a general idea of what may happen.

Every hospital, surgery center, surgeon, and anesthesia team has its own process, so your child's day may not look exactly like this. That is okay.

This section is meant to give you a simple overview so you feel less surprised by the flow of the day.

2. Pre-Op Area

After check-in, your child will usually go to a pre-op area.

This is where the team prepares your child for surgery.

They may check:

- Temperature
- Heart rate
- Oxygen level
- Blood pressure
- Weight
- Medical history
- Allergies
- Fasting status

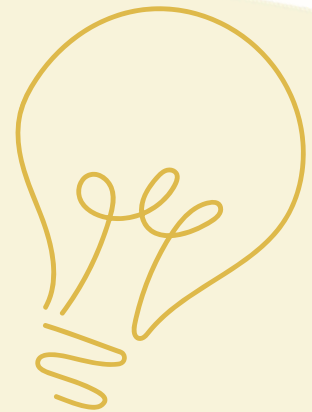
Your child may change into a gown.

You may meet nurses, the anesthesia team, and possibly the surgeon before the procedure.

This is your time to ask final questions.

You can ask:

- What should I expect when my child wakes up?
- When will I be able to see my child after surgery?
- What pain medication schedule should I follow at home?
- What fluids should I offer first?
- What bleeding signs are concerning?
- Who do I call after hours?
- What would make you want my child to stay longer before going home?





3. Meeting the Anesthesia Team

Your child's anesthesia team is responsible for keeping your child asleep, comfortable, and monitored during surgery.

They may ask about:

- Past anesthesia experiences
- Family history of anesthesia problems
- Allergies
- Medications
- Loose teeth
- Recent illness
- Snoring or sleep apnea
- Other medical conditions

If you have concerns about anesthesia, tell them.

If your child has obstructive sleep apnea, breathing concerns, asthma, a heart condition, a complex medical history, or a history of reactions to anesthesia, make sure the team knows.

Do not assume it is already in the chart.

5. Waiting During Surgery

Once your child is taken back, you will usually wait in a waiting area.

The amount of time can vary.

Your surgical team may give you updates, or the surgeon may speak with you after the procedure is finished.

Waiting can feel long, even when everything is going normally.

4. Saying Goodbye Before Surgery

At some point, your child will be taken back for surgery.

This can be one of the hardest moments for parents.

Your child may be calm.

Your child may cry.

You may cry.

That does not mean you are doing anything wrong.

Keep your words simple and reassuring.

You might say:

"You are safe. The doctors and nurses are going to take good care of you. I will see you when you wake up."

Try not to give long explanations in that moment.

Your calm presence matters more than perfect words.



6. Recovery Room

After surgery, your child will wake up in a recovery area.

Some children wake up calmly.

Some wake up crying, confused, angry, restless, or disoriented.

Some children are very sleepy.

Some may complain of throat pain, ear pain, nausea, or feeling strange.

This can be hard to see, but it is not always a sign that something is wrong.

Children can react strongly as anesthesia wears off.

The recovery team will monitor your child and help manage pain, nausea, fluids, and readiness to go home.

7. What Your Child May Be Like Waking Up

Your child may:

- Cry
- Seem confused
- Ask the same question repeatedly
- Refuse to talk
- Sound different
- Be very sleepy
- Be irritable or emotional
- Complain of throat pain
- Complain of ear pain
- Have bad breath
- Drool or not want to swallow
- Feel nauseated

- Vomit
- Refuse fluids at first

This part can feel upsetting for parents.

Try to stay close, calm, and steady.

Your job is not to make everything perfect immediately.

Your job is to help your child feel safe while the medical team monitors recovery.

8. Before Going Home

Before your child is discharged, the team will usually make sure your child is stable enough to leave.

They may want to see that your child is waking appropriately, breathing safely, and able to begin taking fluids, depending on your facility's policy and your child's needs.

Before you leave, make sure you understand:

- When the next medication dose is due
- How to rotate or schedule medications, if instructed
- How often to offer fluids
- What fluids and foods are allowed
- What symptoms are expected
- What symptoms are concerning
- What bleeding signs require urgent care
- What to do if your child vomits
- What to do if your child refuses fluids
- What to do if pain is not controlled
- Who to call during office hours
- Who to call after hours
- Where to go if urgent care is needed
- When your child should follow up

If you are unsure, ask again. It is better to ask before you leave than to wonder later.



9. Going Home

The ride home may be quiet, emotional, or uncomfortable.

Your child may sleep.

Your child may cry.

Your child may feel nauseated.

Your child may not want to talk.

Have a plan for getting your child settled as soon as you arrive home.

When you get home, focus on the basics:

- Help your child rest.
- Write down medication times.
- Offer small sips of approved fluids.
- Watch for bleeding.
- Keep activity calm.
- Follow your discharge instructions.
- Call the medical team if something concerns you.

Do not worry about doing everything perfectly in the first hour.

Start with comfort, fluids, medication timing, and observation.

Parent Reminder

Surgery day can feel emotional even when everything is going as expected.

You may feel relieved one minute and overwhelmed the next.

That is normal.

If Your Child Needs to Stay Longer

Some children go home the same day.

Some children may need to stay longer for observation.

This can depend on age, sleep apnea severity, oxygen levels, hydration, nausea, medical history, distance from the hospital, or the surgical team's judgment.

If your child needs more monitoring, that does not automatically mean something went wrong.

It may simply mean the team wants to watch your child more closely before sending you home.

Focus on the next step in front of you:

Check in.

Ask questions.

Comfort your child.

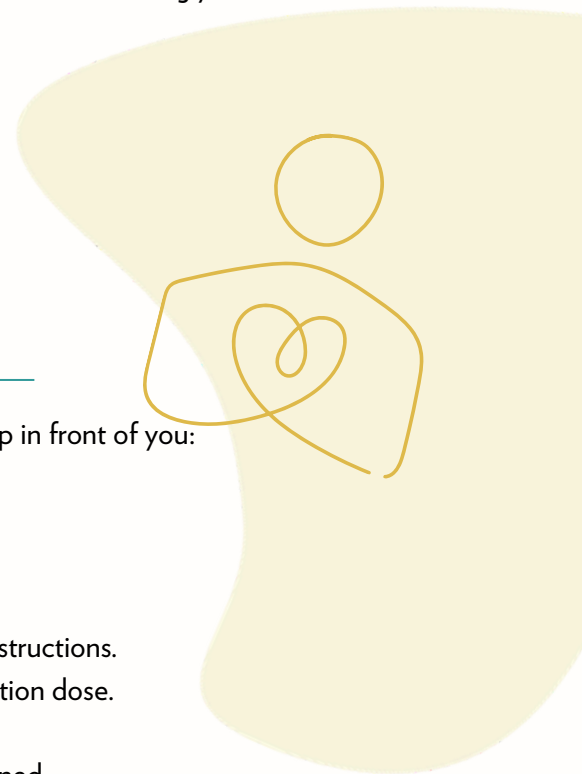
Listen to discharge instructions.

Track the first medication dose.

Offer fluids.

Call if you are concerned.

One step at a time.





Clinical Tip:

Before you leave, ask the nurse or surgical team:

“Can you show me exactly where the emergency instructions are on these papers?”

Then highlight or circle:

- After-hours phone number
- Bleeding instructions
- Medication schedule
- Hydration concerns
- When to seek urgent care



When you are tired later, you will be glad those instructions are easy to find.

REMEMBER THIS

Surgery day has many steps, but your focus is simple:

Follow the instructions.

Ask questions before leaving.

Help your child rest.

Offer fluids.

Track medication.

Watch for bleeding.

And contact the medical team if something does not feel right.





What to Bring

Surgery Day Packing List

Important Paperwork and Information

Bring anything your surgery center asked you to bring.

Common items include:

- Photo ID for parent or caregiver
- Insurance card
- Surgery paperwork, if required
- Medication list
- Allergy list
- List of supplements, vitamins, herbs, essential oils, homeopathic remedies, or natural products your child uses
- Any forms the surgical center requested
- Contact information for your child's pediatrician, ENT, or other relevant providers

You may also want to have:

- Your pharmacy name and phone number
- Your surgeon's office number
- After-hours number
- Emergency instructions, if already provided



Why You're Here

You do not need to bring your whole house with you.

The goal is to bring the essentials: paperwork, comfort items, practical supplies, and anything your child may need to feel safer and more settled.

Every surgery center has its own rules, so follow the instructions given by your child's surgical team.

Use this list as a simple guide

Comfort Items for Your Child

Choose one or two simple comfort items.

You do not need to bring everything.

Helpful options may include:

- Favorite stuffed animal
- Small blanket
- Comfort toy
- Book
- Headphones
- Tablet or device, if allowed
- Quiet activity
- Pacifier, if your child still uses one and the surgical team allows it
- Extra shirt or comfortable outfit for going home

For younger children, a familiar item can make the surgery center feel less scary.

For older children, headphones, a device, or a comfort item they choose may help them feel more in control.



Clothing

Dress your child in comfortable clothes that are easy to take on and off.

Good options:

- Loose shirt
- Soft pants or pajamas
- Slip-on shoes
- Socks
- A light jacket or sweater



Avoid clothing that is tight, complicated, or uncomfortable.

Your child may be groggy, sore, nauseated, or emotional after surgery, so keep clothing simple.

Parent or Caregiver Items

Bring what you need to stay organized and comfortable while you wait.

Helpful items may include:

- Phone
- Phone charger
- Water bottle for parent or caregiver, if allowed
- Snack for parent or caregiver, if allowed
- Book, headphones, or something quiet to do while waiting
- Notebook or notes app
- Pen
- Medication tracker or printed recovery logs
- Folder for discharge papers
- A bag that is easy to carry

Try to keep your bag simple.

You want to be able to find discharge instructions, medication notes, and important phone numbers quickly.

For the Ride Home

The ride home may be quiet, emotional, or uncomfortable.

Your child may sleep, cry, feel nauseated, or not want to talk.

Helpful things to have ready:

- Small trash bag or vomit bag
- Tissues or wipes
- Towel or small blanket
- Water or approved fluids, if allowed after discharge
- Comfort item
- Medication instructions within reach
- A plan for helping your child settle as soon as you arrive home

If your child tends to get carsick, mention this to the medical team before discharge.

What Not to Bring

Unless your surgery center specifically tells you otherwise, avoid bringing:

- Valuables
- Large toys
- Too many activities
- Messy snacks
- Foods or drinks for your child before surgery
- Items that encourage running, climbing, or rough play
- Anything that would be difficult to clean or keep track of

Keep the bag simple and practical.



Quick Surgery Day Bag Checklist

Use this as your final packing check.



- ☐ Parent/caregiver photo ID
- ☐ Insurance card
- ☐ Surgery paperwork, if needed
- ☐ Medication list
- ☐ Allergy list
- ☐ Supplement/vitamin/herb/natural product list
- ☐ Phone
- ☐ Phone charger
- ☐ Pen
- ☐ Folder for discharge papers
- ☐ Comfort item for child
- ☐ Comfortable clothes for child
- ☐ Extra shirt or outfit, if needed
- ☐ Quiet activity, book, headphones, or device if allowed
- ☐ Parent snack or water, if allowed
- ☐ Small trash bag or vomit bag for ride home
- ☐ Tissues or wipes
- ☐ Medication tracker or recovery logs
- ☐ Surgeon's phone number
- ☐ After-hours number



Before You Leave the House

Before heading to the surgery center, check:



- ☐ My child has followed all food and drink restrictions.
- ☐ I have followed the medication instructions from the surgical team.
- ☐ I have the arrival time and location.
- ☐ I know where to park or check in.
- ☐ I have the surgery day bag.
- ☐ I have my phone and charger.
- ☐ I have important paperwork.
- ☐ I know who is driving home.
- ☐ I know who to call if something changes on the way.

Parent Reminder

You do not need a perfect bag. You need the essentials.

Most of surgery day is about following instructions, staying organized, asking questions before discharge, and helping your child transition home safely.



UNDERSTAND- Educational Explanation

Clinical Tip:

Bring a folder or large envelope for discharge papers.

Before you leave, place all instructions, prescriptions, medication schedules, and emergency contact information in one spot.

When you are tired later, you will not want to search through a messy bag for the paper that tells you what to do.



REMEMBER THIS

Pack light, but pack intentionally.

The most important things to bring are the information your medical team needs, one or two comfort items for your child, and a way to keep discharge instructions organized once recovery begins.





Before You Leave the Surgery Center

What to Confirm Before Going Home



Why You're Here:

Before you leave the surgery center, you may feel relieved, emotional, tired, or ready to get your child home as quickly as possible. That is completely understandable.

But this is an important moment to pause. Before discharge, make sure you understand the instructions for pain, fluids, bleeding, medication timing, and who to call if something feels wrong.

You do not need to remember everything perfectly. You do need to know where the instructions are, what matters most, and who to contact if you are concerned.

The Three Things to Confirm First

Before you leave, make sure you clearly understand:

Pain Plan



Hydration Plan

Bleeding Plan





1. Pain Plan

Ask:

- What medication should I give?
- What dose should I give?
- What time is the next dose due?
- Should medication be given on a schedule or only as needed?
- Should I wake my child for medication?
- What should I do if my child refuses medication?
- What should I do if pain is not controlled?
- Who do I call if pain feels unmanageable?

Write the next medication time here:

Next dose due at: _____

Medication: _____

Dose: _____

2. Hydration Plan

Ask:

- How often should I offer fluids?
- What fluids are best to start with?
- Are popsicles or ice chips okay?
- Are electrolyte drinks okay?
- What if my child refuses to drink?
- How long is too long without drinking?
- What are the signs of dehydration?
- When should I call?

Write the hydration instructions here:

3. Bleeding Plan

Ask:

- What bleeding, if any, is expected?
- What bleeding is concerning?
- What should I do if I see bright red blood?
- What should I do if my child vomits blood?
- What should I do if my child keeps swallowing repeatedly?
- Should I call the office, the after-hours number, or go directly to urgent/emergency care?
- Which emergency department or facility does your team recommend?

Write the bleeding instructions here:





Medication Instructions

Before you leave, make sure you understand the medication plan.

Ask the nurse or surgical team to walk you through it slowly.



Confirm:

- ☐ Which medication to give
- ☐ Exact dose
- ☐ How often to give it
- ☐ When the next dose is due
- ☐ Whether medications should be alternated, if instructed
- ☐ Whether medication should be given with food or fluids
- ☐ What to do if your child vomits after medication
- ☐ Any medications to avoid
- ☐ Who to call with medication questions

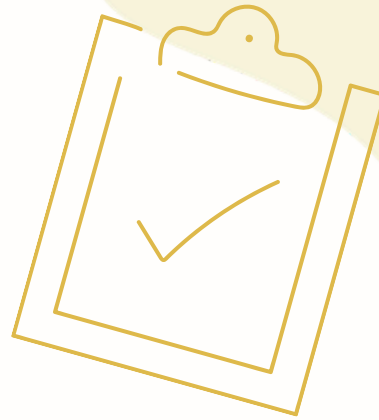


Do not guess medication doses.
If anything is unclear, ask before you leave



Fluids and Food

Before going home, ask what your child should start with.



Confirm:

- ☐ What fluids are allowed
- ☐ Whether dairy is okay for your child
- ☐ How often to offer fluids
- ☐ Whether straws should be avoided
- ☐ Whether popsicles, ice chips, or slush-style drinks are okay
- ☐ What to do if your child refuses food
- ☐ When to start soft foods
- ☐ What to do if your child refuses fluids
- ☐ What foods to avoid



REMEMBER THIS

In the early recovery period, fluids usually matter more than food.



What Is Expected After Surgery?

Ask what symptoms are common so you are not surprised.

Your child may have:

- Throat pain
- Ear pain
- Bad breath
- A different voice
- Sleepiness
- Irritability
- Nausea
- Vomiting
- Low appetite
- Refusal to talk
- More drooling
- White or gray patches where the tonsils were removed
- More discomfort before they start feeling better

Ask your team what is expected for your child and what would be concerning.

Activity Instructions

Ask what your child should and should not do after surgery.

Confirm:

- ☐ How much rest is expected
- ☐ When your child can return to school or daycare
- ☐ When your child can return to sports, gym, dance, swimming, recess, or rough play

Write activity instructions here:

What Should Make Me Call?

Before you leave, ask the team to point out the “call us” instructions.

Confirm what to do for:

- ☐ Bleeding
- ☐ Breathing difficulty
- ☐ Signs of dehydration
- ☐ Pain that is not controlled
- ☐ Repeated vomiting
- ☐ Fever based on your surgeon’s instructions
- ☐ Refusing fluids
- ☐ Extreme sleepiness or difficulty waking
- ☐ Symptoms that concern you
- ☐ Write the after-hours number here:



After-hours number: _____

Emergency instructions: _____



Follow-Up Plan

Before leaving, make sure you know whether your child needs a follow-up appointment.

Ask:

- Do we already have a follow-up scheduled?
- If not, when should I schedule it?
- Who should I call for follow-up?
- What symptoms should be improved by then?
- What symptoms may take longer?
- What should I do if snoring, mouth breathing, or restless sleep continues after healing?

Follow-up appointment:

Date: _____

Time: _____

Provider: _____

Before You Walk Out

Use this final check before leaving the surgery center.

I know when the next medication dose is due.

- ☐ I understand the pain plan.
- ☐ I understand the hydration plan.
- ☐ I understand the bleeding instructions.
- ☐ I know what symptoms are expected.
- ☐ I know what symptoms are concerning.
- ☐ I know who to call during office hours.
- ☐ I know who to call after hours.
- ☐ I have discharge papers.
- ☐ I have prescriptions or know where they were sent.
- ☐ I have follow-up instructions.
- ☐ I know what to do when we get home.

Parent Script

If you feel overwhelmed, use this sentence before you leave:

“I want to make sure I understand the home instructions clearly. Can you please walk me through pain medicine, fluids, bleeding concerns, and who to call after hours?”

You are not being difficult.

You are making sure you understand how to care for your child safely at home.





Clinical Tip:

Before you leave, write down the next medication time.

Do this before you get in the car.

Surgery day can feel like a blur, and it is easy to forget whether the next dose is due in two hours, four hours, or later.

Writing it down immediately helps the first few hours at home feel more manageable.



REMEMBER THIS

Discharge is not the time to be embarrassed about asking questions.

Ask until the plan is clear.

You are allowed to say:
“I need you to explain that one more time.”

A clear plan before leaving can prevent panic later.





The First Few Hours at Home

What to Do First



Why You're Here:

The first few hours at home can feel a little disorienting. You may be relieved surgery is over, but your child may still be sleepy, emotional, uncomfortable, nauseated, or unsure of what they want.

This section is not meant to cover the entire recovery.

It is here to help you know what to focus on first when you walk through the door.

For the first few hours, keep it simple:

- Get your child settled.
- Write down medication times.
- Offer small sips often.
- Keep activity calm.
- Watch for bleeding.
- Follow the discharge instructions.
- Call the medical team if something concerns you.

You do not need to figure out the whole recovery at once.

Start with the next right step.

1. Get Your Child Settled

When you get home, help your child settle into the recovery space you prepared.

Keep the environment quiet and calm.

Your child may want to:

- Sleep
- Be held
- Sit near you
- Watch a show
- Refuse to talk

- Cry
- Ask the same questions
- Be left alone
- Have a comfort item nearby

All of this can be normal after a long, emotional, and medically intense day.

Try not to force too much conversation or activity.

Your child's main job is to rest.

Your job is to help them feel safe, follow the discharge instructions, and watch for anything concerning.



2. Write Down the Next Medication Time

Before you do anything else, write down when the next medication dose is due.

Do not rely on memory.

Surgery day can feel like a blur.

Use the medication log or write it somewhere visible.

Next medication due at: _____

Medication: _____

Dose: _____

Notes: _____

If you are unsure about the medication schedule, call the surgical team or pharmacy for clarification.

Do not guess doses or timing.

3. Start With Small Sips

Hydration is one of the biggest priorities after tonsil and adenoid surgery.

Your child may not want to drink much at first.

That does not mean you need to panic immediately, but it does mean you should start gently and consistently.

Try small amounts often.

Helpful options may include:

- Small sips of water
- Ice chips
- Popsicles
- Approved electrolyte drink
- Diluted juice, if tolerated
- Broth, if tolerated
- Slush-style drinks
- Smoothies, if approved and tolerated

Use whatever your child is most likely to accept, as long as it fits your discharge instructions.

Do not turn drinking into a battle.

Try:

“Let’s take one tiny sip.”

or

“Can you lick this popsicle five times?”

Small amounts add up.



4. Do Not Worry About Food First

In the first few hours, fluids usually matter more than food. Your child may not want to eat right away. That can be expected.

Start with fluids and comfort. If your child is ready for food, choose soft, gentle foods your surgical team has approved.

If your child refuses food but is drinking, that is usually less concerning than refusing fluids. Follow your discharge instructions and call your child’s medical team if you are worried about intake.



5. Keep Activity Calm

Even if your child seems to perk up, keep activity calm.

Some children have moments where they suddenly want to play, run, jump, or act like they are fine.

That does not mean their body is ready for normal activity.

For the first few hours, encourage:

- Rest
- Quiet shows
- Books
- Coloring
- Audiobooks
- Calm activities
- Sitting or lying down nearby

Avoid rough play, running, climbing, jumping, or anything your surgeon told you to avoid.

6. Expect Some Big Feelings

Your child may be emotional after surgery.

They may cry, get angry, act clingy, refuse help, or seem unlike themselves.

This can happen from pain, fear, anesthesia, hunger, thirst, exhaustion, or feeling out of control.

Try to stay steady.

Simple phrases help:

“You are home now.”

“I’m right here.”

“Your job is to rest and sip.”

“We are going to take this one step at a time.”

You do not need to talk them out of every feeling. You just need to help them feel safe while you follow the care plan.

7. Watch for Nausea or Vomiting

Some children feel nauseated or vomit after anesthesia.

If your child feels nauseated, slow down and follow your discharge instructions.

You may need to:

- Offer fluids slowly
- Pause food for a bit
- Keep your child resting
- Avoid strong smells
- Call if vomiting continues or if your instructions say to call

If your child vomits after medication, contact the surgical team or pharmacist for guidance.

Do not automatically repeat a dose unless you were specifically instructed to do so.

8. Watch for Bleeding

Before leaving the surgery center, you should have received instructions about bleeding.

Follow those instructions exactly.

Go to the nearest emergency department right away for bright red bleeding from the mouth or nose, vomiting blood, or coughing or spitting up blood or clots—even if the bleeding stops.

Unusual repeated swallowing can be a sign of bleeding. Contact your surgical team immediately if you notice it.

For heavy bleeding, trouble breathing, or difficulty waking, call 911 or your local emergency number. Do not wait for an office callback.



9. Start Tracking Early

You do not need to track everything perfectly.

But it is helpful to start writing down the basics right away.

Track:

- Medication times
- Fluid intake
- Vomiting
- Bleeding concerns
- Pain concerns
- Sleep or unusual symptoms
- Calls to the medical team

This helps you avoid guessing later.

It also gives the medical team clearer information if you need to call.

First Few Hours Checklist

Use this quick checklist when you get home.

- ☐ Help child settle into recovery space.
- ☐ Review discharge instructions.
- ☐ Write down the next medication time.
- ☐ Start medication log.
- ☐ Offer small sips or approved fluids.
- ☐ Start hydration tracker.
- ☐ Keep activity calm.
- ☐ Watch for bleeding.
- ☐ Watch for vomiting or nausea.
- ☐ Keep after-hours number easy to find.
- ☐ Call the medical team if something concerns you.

When to Call

Use your discharge instructions first.

In general, call your child's surgical team or seek urgent care according to their instructions if your child has:

- Bleeding
- Breathing difficulty
- Signs of dehydration
- Pain that is not controlled with the recommended plan
- Repeated vomiting
- Fever based on your surgeon's instructions
- Extreme sleepiness or difficulty waking
- Refusal to drink
- Any symptom that feels concerning to you

If you are unsure, call. You are not bothering them.

That is what the instructions and after-hours number are for.

Parent Reminder

The first few hours at home do not have to look perfect.

Your child may cry.

They may refuse the first drink.

They may sleep more than expected.

They may seem emotional or uncomfortable.

Stay with the basics:

Comfort.

Fluids.

Medication timing.

Rest.

Observation.

Knowing when to call.

That is enough for the first few hours.



Clinical Tip:

Set a timer for fluids and medication.

When you are tired, it is easy to lose track of time.

A simple timer can remind you to offer small sips, check comfort, and stay on top of the medication plan your surgical team gave you.



REMEMBER THIS

The first few hours at home are about settling in, not doing everything perfectly.

Keep your child comfortable.

Offer small sips.

Track medication.

Keep activity calm.

Watch for bleeding.

And call your child's medical team if something does not feel right.



Part 3 • The First Two Weeks

Helping Your Child Heal

The first two weeks after tonsil and adenoid surgery can feel intense.

Some children do better than expected. Some have a harder time than parents imagined. Many have ups and downs.

Recovery is not always a straight line.

Your child may seem okay one day and more uncomfortable the next. They may drink well in the morning and refuse fluids later. They may sleep more, cry more, eat less, or need more reassurance than usual.

This section is here to help you understand what can happen during the first two weeks and what to focus on each day.

Your child's surgeon's instructions always come first.

Use this section to help you:

- Understand the general recovery timeline
- Know what symptoms can be expected
- Stay on top of pain management
- Support hydration
- Offer recovery-friendly foods
- Protect sleep and rest
- Recognize red flags
- Track what matters
- Know when to call your child's medical team

You do not have to do recovery perfectly.

You need a plan, clear instructions, and a way to keep track of the basics.

The biggest priorities during the first two weeks are:

- Pain control
- Follow the medication plan given by your child's medical team.
- Hydration
- Offer small amounts often and track intake when needed.
- Rest
- Keep activity calm and give the body time to heal.
- Observation
- Watch for bleeding, dehydration, uncontrolled pain, breathing difficulty, repeated vomiting, or anything that feels concerning.
- Communication
- Call your child's medical team when you are unsure.

This part of the guide is not meant to make you watch every tiny detail with fear.

It is meant to help you know what matters most.



What This Section Covers

In this section, we will walk through:

- Recovery Timeline
- What's Normal During Recovery?
- Pain Management
- Hydration
- Nutrition & Recovery Foods
- Sleep During Recovery
- Red Flags: When to Call the Doctor
- Daily Recovery Tracker

Each section is designed to help you answer one of the questions parents commonly have during recovery:

“What should I expect?”

“Is this normal?”

“What can I do?”

“When should I call?”

Parent Reminder

The first two weeks can feel long, especially if your child is uncomfortable or resisting fluids, food, or medication.

Take it one day at a time.

Sometimes the goal is not a perfect day.

Sometimes the goal is simply:

- The next sip
- The next dose
- The next nap
- The next calm moment
- The next check-in with the medical team if needed

•
That counts.

Clinical Tip:

Use the trackers early, even if you only track the basics.

Medication times, fluid intake, pain concerns, vomiting, bleeding concerns, and sleep notes can be very helpful if you need to call the surgeon's office.

You do not need perfect records.

You need enough information to avoid guessing.



REMEMBER THIS

Recovery is temporary, but it can feel hard while you are in it.

Your job is to follow the medical instructions, support hydration and rest, manage pain as directed, watch for red flags, and call when something feels concerning.

One step at a time is enough.





Recovery Timeline

What to Expect During the First Two Weeks



Why You're Here:

Recovery after tonsil and adenoid surgery is not always a straight line. Some children seem to do well at first and then have harder days later. Some children are sleepy and quiet. Some are emotional, restless, or frustrated. Some want to drink and eat sooner than expected. Others need a lot of encouragement with fluids. This timeline is here to help you understand the general rhythm of recovery so you are not caught off guard by the ups and downs. Your child's surgeon's instructions always come first. If your child's recovery does not seem to match this timeline, that does not automatically mean something is wrong. But if something feels concerning, call your child's surgical team.

Surgery Day - Day 0

Surgery day is about getting through the procedure, waking from anesthesia, going home if cleared, and settling into recovery.

Your child may be:

- Sleepy
- Emotional
- Groggy
- Irritable
- Nauseated
- Quiet
- Clingy
- Uncomfortable
- Not very interested in food
- Resistant to drinking at first



Focus on:

- Following discharge instructions
- Writing down medication times
- Offering small sips often
- Watching for bleeding
- Keeping activity calm
- Calling the medical team if something concerns you

Do not expect surgery day to feel organized or easy.

The goal is simply to get your child home, settled, hydrated, and safely monitored.



The First Couple of Days- Days 1-2

The first couple of days are often focused on pain control, fluids, rest, and helping your child adjust to recovery.

Your child may have:

- Throat pain
- Ear pain
- Bad breath
- Low appetite
- More sleep than usual
- Irritability or big emotions
- A different-sounding voice
- Mild nausea
- Resistance to drinking
- Trouble getting comfortable



Focus on:

- Staying on the medication plan your surgical team gave you
- Offering small amounts of fluid often
- Tracking medication and hydration
- Keeping activity quiet
- Encouraging rest
- Watching for bleeding or dehydration concerns

Food is usually less important than fluids in the beginning.

If your child is drinking but not eating much, that is often less concerning than a child who refuses fluids.

Follow your surgeon's instructions and call if you are worried.

The Harder Stretch- Days 3-5

Some children start to feel a little better during this window.

Others begin to feel worse.

This can be surprising for parents who expect recovery to improve every day.

Pain may increase as the throat continues healing. Your child may be more resistant to drinking, eating, or taking medication.

Your child may have:

- Increased throat pain
- Ear pain
- Bad breath
- Less interest in food

- More frustration
- Poor sleep
- More clinginess
- More resistance to fluids or medication

Focus on:

- Keeping fluids going
- Staying consistent with the pain plan
- Offering soft, gentle foods if tolerated
- Keeping activity calm
- Using the tracker so you are not guessing
- Calling if pain, hydration, vomiting, bleeding, or behavior concerns you

This is a time to stay steady.

Small sips still count.

Popsicles still count if approved.

Rest still matters.



Scab-Healing Window- Days 5–10

This can be one of the most important windows to understand.

As the throat heals, the surgical areas continue to change. Some children have increased discomfort during this stage.

Your child may seem like they were improving and then suddenly have a harder day. This can happen.

Your child may have:

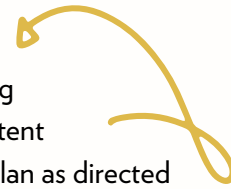
- More throat pain
- Ear pain
- Bad breath
- Increased swallowing discomfort
- Less interest in food
- Trouble sleeping

- More emotional ups and downs
- Continued need for pain support
- Ongoing need for hydration reminders

This is also a window when bleeding concerns can be more important, depending on your surgeon's instructions.

Focus on:

- Watching for bleeding
- Keeping fluids consistent
- Staying on the pain plan as directed
- Avoiding rough activity
- Avoiding foods your surgeon told you to avoid
- Keeping the after-hours number easy to find
- Calling quickly if bleeding occurs or if something feels wrong
- Do not assume your child is "all better" just because they had one good day.
- Healing is still happening.



Turning the Corner- Days 10–14

Many children begin to turn a corner during this stage. Pain may start improving. Energy may slowly return. Eating and drinking may become easier. Sleep may begin to normalize.

Your child may still have:

- Some throat discomfort
- Mild ear pain
- Bad breath
- Lower appetite than usual
- Fatigue
- A different-sounding voice
- Some sleep disruption
- Emotional ups and downs



Focus on:

- Continuing to follow activity restrictions
- Keeping hydration steady
- Slowly returning to normal foods as allowed
- Watching for any delayed bleeding concerns
- Following the surgeon's return-to-school or activity instructions
- Not rushing sports, rough play, swimming, or high-energy activities unless cleared

Even if your child seems much better, keep following the recovery instructions until your surgical team says normal activity can resume.





After Two Weeks

By around two weeks, many children are much closer to their usual routines.

Some may still need more time.

This can depend on:

- Age
- Type of surgery
- Pain control
- Hydration
- Sleep quality
- Medical history
- Whether there were complications
- How your child heals
- Your surgeon's specific instructions

After the main healing window, begin watching for the bigger picture:

- Is breathing quieter?
- Is snoring improved?
- Is sleep more restful?
- Is the mouth closed more often?
- Is daytime energy better?
- Is your child still mouth breathing?
- Are there ongoing signs of restless sleep?
- Are there concerns that need follow-up?
- You do not need to answer all of this immediately.
- The first priority is healing.
- The long-term airway picture becomes clearer after recovery.

Recovery Is Not Always Linear

It is common for recovery to have ups and downs.

Your child may have a good morning and a hard afternoon.

They may drink well one day and resist fluids the next.

They may seem improved, then have more discomfort a few days later.

This can be frustrating, but it does not automatically mean something is wrong.

Use the timeline as a guide, not a rulebook.

When in doubt, follow your discharge instructions and call your child's medical team.





UNDERSTAND- Educational Explanation

Quick Timeline Summary

Day 0

Surgery day. Focus on settling in, medication timing, small sips, rest, and observation.



Days 1–2

Early recovery. Focus on pain control, hydration, rest, and tracking.



Days 3–5

Discomfort may increase for some children. Keep fluids and medication timing consistent.



Days 5–10

Important healing window. Watch closely for bleeding concerns and continue hydration, rest, and activity limits.



Days 10–14

Many children begin turning a corner. Keep following restrictions until cleared.



After Two Weeks

Most children are improving, but some need more time. Begin watching breathing, sleep, energy, and mouth posture after healing.



Parent Reminder

Do not judge recovery by one good day or one hard day. Look for the overall pattern.

If your child is drinking, resting, following the medication plan, and not showing red flags, you are likely moving in the right direction.

If something feels concerning, call.

You do not need to wait until you are certain.



UNDERSTAND- Educational Explanation

Clinical Tip:

The hardest days are not always the first days.

Many parents are surprised when pain, sleep disruption, or refusal to drink becomes more difficult several days after surgery.

That is why tracking medication, fluids, and symptoms is so helpful. It gives you a clearer picture when recovery feels unpredictable.



REMEMBER THIS

Recovery is a process.

Some days will feel easier.

Some days may feel harder.

Your job is to follow the medical plan, support hydration and rest, watch for red flags, and call your child's medical team when something feels concerning.





What's Normal During Recovery?

Expected Symptoms vs. Signs That Need Attention

Why You're Here:

During recovery, parents often wonder:

"Is this normal?"

"Should my child still be hurting?"

"Why does their breath smell so bad?"

"Why are they not eating?"

"Should I call the doctor?"

This section is here to help you understand what can be expected during recovery and what should prompt a call to your child's medical team.

This is not a replacement for your surgeon's instructions. If your surgeon told you to call for something specific, follow those instructions first.

Recovery Can Have Ups and Downs

Recovery after tonsil and adenoid surgery is not always steady. Your child may seem better one day and more uncomfortable the next.

They may drink well in the morning and refuse fluids later.

They may sleep more, cry more, talk less, or seem more emotional than usual. This does not automatically mean something is wrong.

But it does mean you should keep watching the basics:

- Pain
- Fluids
- Bleeding
- Breathing
- Vomiting
- Energy level
- Urination
- Overall behavior

If something feels concerning, call your child's medical team.





Common Things Parents May Notice

Your child may have some of the following during recovery:

- Throat pain
- Ear pain
- Bad breath
- White, yellow, or gray-looking areas where the tonsils were removed
- Different-sounding voice
- Low appetite
- Less talking
- More sleepiness
- More irritability or crying
- Trouble sleeping
- Nausea
- Occasional vomiting
- Refusal of certain foods
- Resistance to drinking
- More discomfort several days after surgery
- Needing frequent reminders to sip fluids



Some of these can be surprising if no one warned you.

Bad breath, ear pain, low appetite, and white or gray healing areas can especially worry parents.

These can be part of the healing process. Still, if something seems severe, worsening, or concerning, call.

Ear Pain and Lying Down

Ear pain can be common after tonsil and adenoid surgery.

This often happens because pain from the throat can be referred to the ears, even when nothing is wrong with the ears themselves.

Ear pain may feel worse at night, when lying down, or when swallowing.

Follow your child's pain plan, encourage fluids, and call your child's medical team if ear pain is severe, not controlled with the recommended plan, comes with concerning fever, ear drainage, refusal to drink, worsening symptoms, or anything that worries you.



Pain Can Change During Recovery

Pain does not always improve every single day.

Some children feel worse several days after surgery than they did at first.

Pain may affect:

- Drinking
- Eating
- Sleeping
- Talking
- Mood
- Willingness to take medication

This is why following the pain management plan matters. Pain that is not controlled can make it harder for your child to drink.

If your child's pain is not manageable with the plan your surgical team gave you, call. Do not wait until your child is completely refusing fluids.



Eating Less Can Be Expected

Many children do not want to eat much after surgery.

This can be expected, especially in the first several days.

Food is usually less important than fluids early in recovery.

If your child is drinking enough and staying hydrated, low appetite is often less concerning than refusing fluids.

Offer soft, gentle foods as allowed by your surgeon. Do not turn meals into a battle.

Focus first on fluids, comfort, and following the recovery plan.

Drinking Matters Most

Hydration is one of the biggest priorities during recovery.



Your child may need frequent reminders to drink. Small amounts often can be more realistic than expecting them to drink a full cup at once.

Helpful options may include fluids, popsicles, ice chips, slush-style drinks, or other options approved by your child's surgical team.

If your child is refusing fluids, has fewer wet diapers or urination than expected, has a very dry mouth, seems unusually weak, or you are worried about dehydration, call your child's medical team.

Sleep May Be Different

Sleep can be disrupted during recovery.

Your child may:

- Wake more often
- Need medication overnight if instructed
- Sleep more during the day
- Have trouble getting comfortable
- Snore or sound different temporarily
- Need more reassurance
-



Some sleep changes can happen while the throat is healing.

But breathing difficulty, gasping, struggling to breathe, unusual color changes, or anything that feels urgent should be treated as urgent.

Follow your discharge instructions and seek medical help if breathing concerns occur.

Emotions Can Be Big

Your child may be more emotional than usual.

They may cry more, get frustrated easily, act clingy, refuse help, or seem unlike themselves.

This can happen because of pain, poor sleep, hunger, thirst, medication timing, anesthesia effects, or just feeling overwhelmed.

Stay steady and keep your words simple.

You might say:

"You are healing."

"Your job is to rest and sip."

"I'm going to help you one step at a time."

You do not have to fix every emotion.

You just need to help your child feel safe while you follow the care plan.



Quick Guide: Expected Symptoms, When to Call, and Emergencies



WHAT YOU NOTICE	WHAT IT MAY MEAN	WHAT TO DO
Bad breath	Can be part of throat healing	Encourage fluids and follow recovery instructions
Ear pain	Can happen with throat healing	Follow pain plan; try safe comfort positioning; call if severe or concerning
White, yellow, or gray areas in throat	Can be part of healing tissue	Do not scrape or pick; call if you are unsure
Low appetite	Common during recovery	Focus on fluids first
More pain several days after surgery	Can happen during healing	Stay on the pain plan; call if pain is not controlled
Refusing fluids	Can increase dehydration risk	Call if refusal continues or dehydration signs appear
Vomiting	Can happen after anesthesia or medication	Call the surgical team if repeated, severe, or preventing fluids.
Vomiting fresh blood or clots	Can be a bleeding concern	Go to the emergency department right away, even if bleeding stops.
Breathing difficulty	Not something to watch casually	Seek medical care immediately. Call 911 or your local emergency number for severe breathing difficulty, blue or gray lips, or stopped breathing.
Extreme sleepiness or difficulty waking	Can be concerning	For difficulty waking, call 911 or your local emergency number. For unusual sleepiness while waking normally, contact the surgical team promptly.



When in Doubt, Call

You do not have to decide on your own whether something is serious.

If you are unsure, call your child's surgical team.

It is better to ask early than to sit at home worrying.

Use the red flag section later in this guide for a more detailed list of when to call the doctor.

Parent Reminder

Normal recovery can still feel hard.

A symptom can be expected and still be uncomfortable.

Your child may need support, comfort, fluids, medication timing, and reassurance even when recovery is moving in the right direction.

Expected does not mean easy.

It means you know what to watch, what to support, and when to call.

Clinical Tip:



If you are worried, write down what you are seeing before you call.

Helpful details include:

- Surgery day or recovery day number
- Last medication dose and time
- How much your child has had to drink
- Last time your child urinated

- Any vomiting
- Any bleeding
- Pain level or behavior changes
- Temperature, if relevant
- What specifically concerns you

This helps the medical team give clearer guidance.

REMEMBER THIS

You are not expected to know everything.

You are expected to notice patterns, follow the instructions, support fluids and rest, and call when something feels concerning.

That is enough.





Pain Management



Helping Your Child Stay Comfortable
Enough to Drink, Rest, and Heal

Why You're Here:

Pain after tonsil and adenoid surgery can be one of the hardest parts of recovery.

It can affect everything:

- Drinking
- Eating
- Sleeping
- Talking
- Mood
- Willingness to take medication
- Willingness to swallow

The goal of pain management is not always to make your child completely pain-free.

The goal is to keep pain controlled enough that your child can drink, rest, and recover safely.

Your child's surgeon's instructions always come first.

Use this section to help you understand what to watch, what to track, and what questions to ask if pain feels hard to manage.

Pain Can Change Day by Day

Pain after surgery does not always improve in a straight line.

Some children feel worse a few days after surgery than they did on the first day home. This can surprise parents.

Your child may have:

- Throat pain
- Ear pain
- Jaw discomfort

- Neck discomfort
- Pain with swallowing
- Pain that feels worse at night
- Pain that feels worse first thing in the morning
- More pain when they are dehydrated
- More pain when medication wears off

A harder day does not automatically mean something is wrong. But pain that is not controlled with the plan your surgical team gave you deserves a call.



Stay Ahead of Pain When Instructed

Many children do better when pain is managed consistently, especially during the early recovery days.

Follow the schedule your child's surgical team gave you.

Ask before you leave the surgery center:

- Should medication be given on a schedule or only as needed?
- Should I wake my child for medication?
- Can acetaminophen and ibuprofen be used?
- If both are used, how should they be timed?
- What exact dose should I give based on my child's weight?
- What should I do if my child refuses medication?
- What should I do if my child vomits after medication?
- What should I do if pain is not controlled?

Do not guess medication doses.

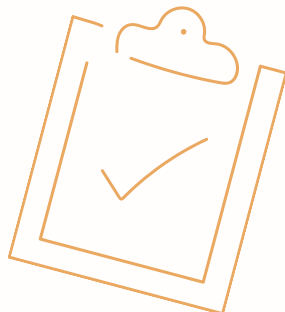
Do not change the medication schedule unless your child's medical team tells you to.

Use a Medication Log

Surgery recovery is not the time to rely on memory. When you are tired, it is easy to forget what was given and when.

Write down:

- Medication name
- Dose
- Time given
- Next dose time
- Pain level or behavior
- Any vomiting
- Any concerns



This helps prevent missed doses, double dosing, confusion, and panic later.

It also gives your child's medical team clearer information if you need to call.

Pain and Hydration Are Connected

Pain can make a child refuse fluids.

But dehydration can make pain feel worse.

That cycle can become difficult quickly.

If your child is hurting, they may not want to swallow.

If they do not swallow, the throat can feel drier and more uncomfortable.

This is why pain management and hydration need to work together.

Try:

- Giving pain medication as directed
- Offering small sips often
- Using popsicles or ice chips if allowed
- Offering fluids before your child becomes too upset
- Keeping drinks nearby
- Tracking intake so you are not guessing

If pain is preventing your child from drinking, call your child's surgical team.

Do not wait until dehydration is severe.



Comfort Measures That May Help

Medication may be an important part of your child's pain plan, but it is not the only form of support.

Comfort measures can help your child cope, rest, swallow, and stay hydrated.

These should be used alongside your child's medical instructions, not instead of them.

Cold Comfort

Cold options may feel soothing for some children and can also support hydration.

You can try, if allowed by your surgical team:

- Popsicles
- Ice chips
- Crushed ice
- Cold water
- Slush-style drinks
- Cold smoothies, if approved and tolerated



Some children prefer cold. Some prefer room temperature.

Some go back and forth. Use what your child tolerates best.

The goal is not the "perfect" temperature. The goal is helping your child drink and swallow enough to stay hydrated.

Cold Wraps or Ice Packs

Some children feel better with gentle cold support around the jaw, ears, neck, or upper chest.

You can try:

- A soft neck ice wrap
- A flexible cold pack wrapped in a thin towel
- A jaw or face wrap style cold pack
- A cold pack near the ear or jaw area, if tolerated

Use cold safely:

- Do not place ice directly on the skin.
- Use a thin cloth barrier.
- Use for short periods at a time.
- Stop if the skin becomes too cold, red, numb, painful, or irritated.
- Do not let your child sleep unattended with an ice pack or wrap in place.

Cold wraps do not replace pain medication if your child's medical team recommended it, but they may help your child feel more comfortable between doses.

Warm Compress or Rice Sock

Some children prefer warmth, especially for referred ear, jaw, or neck discomfort.

You can try:

- A warm compress near the ear or jaw
- A warm towel
- A warm rice sock
- A soft warm pack



Use warmth safely:

- Warm, not hot.
- Test it on your own skin first.
- Do not place heat directly on irritated skin.
- Do not use an electric heating pad while your child is sleeping.
- Stop if the skin becomes red, irritated, or uncomfortable.

Some children prefer cold. Some prefer warmth. Some like cold for the throat and warmth near the ears or jaw. Let comfort and safety guide you.



DO- practical action steps

Calm Distraction

Distraction does not take pain away, but it can help the brain focus on something besides discomfort.

Helpful options may include:

- Audiobooks
- Quiet shows
- Music
- Coloring
- Sticker books
- Simple crafts
- Reading together
- Holding a comfort item
- Sitting near a parent or caregiver

Keep activities low-energy.

This is not the time for rough play, running, climbing, or anything that raises the risk of bleeding.

Ear Pain Can Be Part of Throat Healing

Ear pain after tonsil and adenoid surgery can be very common.

This often happens because pain from the throat area can be referred to the ears.

It does not always mean your child has an ear infection.

Ear pain may feel worse:

- At night
- When lying down
- When swallowing
- When medication is wearing off
- During the harder healing window

Comfort measures such as safe positioning, cold packs, or warm compresses may help some children feel more comfortable.

Call your child's medical team if ear pain is severe, not controlled with the recommended pain plan, comes with concerning fever, ear drainage, worsening symptoms, refusal to drink, or anything that worries you.

Medication Safety

Only give medications that your child's surgeon or medical team has approved.

Follow the exact dose and timing you were given.

Do not give extra doses because your child is uncomfortable.

Do not combine medications unless your child's medical team told you how to do it safely.

Do not give adult medications unless specifically instructed.

Do not give aspirin unless your child's medical team specifically says to.

Codeine and tramadol have important safety restrictions for children, especially after tonsil and adenoid surgery.

If codeine, tramadol, or any medication you do not recognize appears on your child's instructions or prescription, ask your child's surgeon or pharmacist before giving it.





If an Opioid Pain Medicine Is Prescribed

Some children may be prescribed a stronger pain medicine.

If your child is prescribed an opioid or sedating medication, use it exactly as directed.

Ask:

- When should this be used?
- Should it be used only if acetaminophen or ibuprofen are not enough?
- Can it be combined with other medications?
- What side effects should I watch for?
- What breathing or sleepiness concerns should make me call?
- Should my child be monitored differently because of sleep apnea or breathing concerns?

If your child is difficult to wake, has slow or difficult breathing, or has blue or gray lips, call 911 or your local emergency number immediately. Do not wait for an office callback.

If your child is sleepier than expected but wakes normally and is breathing comfortably, contact the prescribing medical team promptly for guidance.

What If My Child Refuses Medication?

Medication refusal can happen.

Your child may not like the taste, may be afraid to swallow, may feel nauseated, or may be too upset.

- Stay calm
- Offer tiny sips before and after
- Use the measuring tool provided by the pharmacy
- Ask the pharmacy about flavoring options
- Give medication slowly, if allowed
- Pair it with a small approved drink or soft food, if your instructions allow
- Give choices that still keep you in charge

You might say:

“Do you want to take it sitting up or leaning back?”

“Do you want water or a popsicle after?”

“Do you want me to count to three or do it quietly?”

Do not turn it into a long battle if your child is becoming more upset.

If your child cannot or will not take pain medication, call your child’s medical team for guidance.

What If Pain Is Not Controlled?

Call your child’s surgical team if pain is not controlled with the plan you were given.

Also call if pain is causing:

- Refusal to drink
- Signs of dehydration
- Repeated vomiting
- Extreme distress
- Inability to sleep
- Inability to swallow medication
- Worsening symptoms that concern you

You do not have to wait until things are severe. If the plan is not working, ask for help.





Simple Pain Tracking

You do not need a perfect pain scale.

For younger children, behavior may tell you more than a number.

Watch for:

- Crying
- Refusing fluids
- Holding the throat or ears
- Not wanting to swallow
- Restlessness
- Trouble sleeping
- Clinginess
- Irritability
- Quiet withdrawal
- Refusing medication
- Changes in breathing or alertness

For older children, you can ask:

“Is your pain mild, medium, or strong?”

or

“Is it getting better, worse, or staying the same?”

Track enough to notice patterns.



Pain Management Checklist

- ☐ I understand the pain medication plan.
- ☐ I know the exact dose for my child.
- ☐ I know when the next dose is due.
- ☐ I know whether medication should be scheduled or as needed.
- ☐ I know whether I should wake my child for medication.
- ☐ I know what to do if my child refuses medication.
- ☐ I know what to do if my child vomits after medication.
- ☐ I am using a medication log.
- ☐ I am also tracking fluids.
- ☐ I have tried safe comfort measures if helpful.
- ☐ I know who to call if pain is not controlled.
- ☐ I know which medications to avoid.



Comfort Measures Checklist

- ☐ I am following the pain plan from the surgical team.
- ☐ I am offering small sips often.
- ☐ I have tried cold options if my child tolerates them.
- ☐ I am using cold wraps or ice packs safely, if helpful.
- ☐ I am using warm compresses or a rice sock safely, if helpful.
- ☐ I am keeping activities calm.
- ☐ I am tracking medication and fluids.
- ☐ I know comfort measures do not replace the medical pain plan.
- ☐ I know who to call if pain is not controlled.

Parent Reminder

Pain management is not about toughing it out.

It is about helping your child stay comfortable enough to drink, rest, and heal.

If the plan is not working, call.

You are not overreacting.

You are helping your child recover safely.

Clinical Tip:



Track medication and fluids together.

If your child's pain is increasing and fluid intake is dropping, that is useful information.

It helps you decide when to call and helps the medical team understand what is happening.

REMEMBER THIS

You do not need to make recovery painless.

You need to follow the pain plan, protect hydration, track medication times, use comfort measures safely, and ask for help if your child's pain is not controlled.





Hydration

Helping Your Child Drink Enough During Recovery

Ask for a Fluid Goal

Before leaving the surgery center, ask:

- How much should my child drink each day?
- What fluids count toward that goal?
- How often should I offer fluids?
- How long is too long without drinking?
- How long is too long without urinating?
- What signs of dehydration should make me call?
- Are electrolyte drinks okay?
- Are popsicles, ice chips, or slush-style drinks okay?
- Are there any drinks you want us to avoid?

Some children may be given a daily fluid goal based on age, weight, and medical history.

If you are not sure what the goal is, ask.

Small Sips Count

Many parents picture hydration as a child drinking a full cup of water.

That may not be realistic after surgery. Instead, think small and steady.

Your child may do better with:

- One tiny sip
- One spoonful
- One medicine cup
- A few licks of a popsicle

Why You're Here:

Hydration is one of the biggest priorities after tonsil and adenoid surgery.

When your child's throat hurts, they may not want to swallow.

But drinking matters.

Fluids help keep the throat moist, support healing, reduce the risk of dehydration, and make it easier for your child to take medication as directed.

Your child does not need to drink a full cup at once.

Small amounts often can make a big difference.

Your child's surgeon's instructions always come first. If your surgical team gave you a specific fluid goal, follow that plan.



- A few ice chips
- A small amount from a syringe, if safe and appropriate
- A few sips during a favorite show
- A sip every time a timer goes off

Small amounts add up.

The goal is to keep fluids going without turning it into a battle.



What Counts as Fluids?

Follow your surgeon's instructions first.

Depending on what your surgical team allows, options may include:

- Water
- Ice chips
- Crushed ice
- Popsicles
- Slush-style drinks
- Diluted juice, if tolerated
- Electrolyte drink, if approved
- Broth, if tolerated
- Gelatin
- Smoothies, if approved and tolerated
- Cold or room-temperature drinks your child already accepts

Some children prefer cold drinks.

Some prefer room temperature.

Some dislike certain textures or flavors after surgery.

Use what your child will actually drink, as long as it fits your discharge instructions.



Creative Ways to Encourage Drinking

If your child refuses to drink, try changing the approach before assuming they simply “won’t do it.”

Sometimes the presentation matters.

You can try:

- Letting your child choose between two approved drinks
- Offering a favorite cup or water bottle
- Using a tiny medicine cup instead of a big cup
- Offering fluids with a spoon
- Offering tiny amounts with an oral syringe, slowly and carefully, if appropriate
- Making popsicles from an approved drink
- Offering crushed ice or small ice chips
- Trying slush-style drinks
- Setting a timer for “sip breaks”
- Taking one sip at the start of each show or chapter
- Using a sticker chart for sip goals
- Making a “hydration bingo” card with small drink challenges
- Letting your child choose the color of cup, straw, spoon, or popsicle mold, if straws are allowed
- Offering fluids when pain medicine has had time to work
- Offering fluids before your child becomes overly upset or exhausted

Keep it simple.

The goal is not to make drinking exciting.

The goal is to make drinking feel possible.



Using a Syringe, Spoon, or Medicine Cup

Some children feel overwhelmed by a full cup. A small amount may feel more manageable.

You can try a spoon, medicine cup, or oral syringe if your child can use it safely.

Use caution:

- Keep your child upright.
- Go slowly.
- Offer tiny amounts.
- Do not squirt fluid quickly into the back of the throat.
- Stop if your child coughs, chokes, gags, panics, or resists.
- Do not force fluids.

This should feel like support, not a fight.

If your child cannot drink enough or refuses fluids, call your child's medical team.

Timing Matters

Pain and hydration are connected.

If your child is in too much pain, they may refuse to swallow.

If your child is dehydrated, pain may feel worse. Try offering fluids when your child is most comfortable.

That may be:

- After pain medication has had time to work
- After a nap

- During a calm activity
- While watching a show
- With a parent sitting nearby
- Before your child becomes too tired or upset

You can also set a timer as a reminder to offer small sips.

The timer is not meant to pressure your child.

It is meant to help you remember, especially when recovery days feel long.

Drinks That May Be Harder to Tolerate

Every child is different, but some drinks may sting or upset the stomach.

Ask your surgeon what to avoid.

Some children may have trouble with:

- Citrus drinks
- Acidic juices
- Carbonated drinks
- Very hot drinks
- Strongly flavored drinks
- Drinks with sharp temperature extremes
- Red-colored drinks, if your surgical team advised avoiding them

Red-colored drinks may be discouraged by some surgical teams because they can make it harder to tell whether something is blood.

Follow your surgeon's instructions.



If Your Child Will Not Drink

If your child refuses fluids, first try to make the next sip smaller.

Instead of saying:

“You need to drink this whole cup.”

Try:

- “Take one tiny sip.”
- “Lick this popsicle five times.”
- “Let’s try one spoonful.”
- “Can you drink this little medicine cup?”
- “Let’s take one sip, then rest.”

Stay calm, but take refusal seriously.

Do not wait too long if your child is not drinking.

Call your child’s medical team if:

- Your child continues refusing fluids
- Pain is preventing drinking
- Vomiting is preventing fluids from staying down
- Your child is urinating less than expected
- Urine is very dark
- Your child’s mouth is unusually dry
- Your child has no tears when crying
- Your child seems weak, unusually sleepy, dizzy, or not like themselves
- Anything feels concerning to you

Signs Hydration Is Going Well

Your child may be getting enough fluids if they are:

- Taking small sips throughout the day
- Urinating regularly
- Having urine that is not extremely dark
- Able to swallow medication as directed
- Showing no unusual mouth dryness
- Alert enough to interact at their usual recovery level
- Slowly increasing intake over time

Your child does not have to eat normally right away. In early recovery, fluids matter most.

Signs to Watch Closely

Call your child’s surgical team or follow your discharge instructions if you notice signs such as:

- Refusing fluids
- No urination or much less urination than usual
- Very dark urine
- Dry mouth or cracked lips
- No tears when crying
- Weakness
- Dizziness
- Repeated vomiting
- Pain preventing drinking
- Unusual sleepiness while still waking and responding normally
- Fever based on your surgeon’s instructions
- Any concern that your child may be dehydrated



If you are unsure, call.

You do not need to wait until dehydration is severe.



Hydration Ideas Parents Often Use

These are simple, real-life strategies that may help when a child is resistant.

Use only what fits your child and your surgeon's instructions.



The Tiny Sip Plan

Offer one tiny sip at a time.

A tiny sip is less overwhelming than a full cup.

The Popsicle Plan

Popsicles can feel easier than drinking for some children.

You can count licks, bites, or half a popsicle as progress.

The Medicine Cup Plan

A small medicine cup can make the amount feel achievable.

The goal may be one little cup at a time.

The Show Sip Plan

Offer a sip at the beginning of each episode, song, chapter, or commercial break.

This connects drinking to something predictable.

The Timer Plan

Set a timer as a reminder to offer fluids.

This helps the parent remember without constantly asking, "Have you had a drink?"

The Choice Plan

Offer two approved choices:

"Do you want water or a popsicle?"

"Do you want the blue cup or the straw cup?"

"Do you want a spoonful or a tiny medicine cup?"

Choices can help a child feel more in control.

The Track-It Plan

Let your child help mark the hydration tracker.

Some children like seeing progress.

Some children do not care.

Use it only if it helps.



What Not to Do

Try not to:

- Force large amounts at once
- Squirt fluids quickly into the mouth
- Turn every sip into a power struggle
- Wait all day to realize intake has been very low
- Ignore pain that is preventing drinking
- Assume food matters more than fluids
- Start new drinks, supplements, or remedies without approval
- Use straws if your surgeon told you to avoid them
- Use red drinks if your surgeon told you to avoid them
- Wait to call if you are worried about dehydration

The goal is calm consistency.

Hydration Tracker

Use the Hydration Tracker in the Recovery Roadmap Workbook if you are worried about intake or if your child is not drinking well.

Track:

- Time
- Type of fluid
- Approximate amount
- Urination
- Vomiting
- Notes or concerns

You do not need perfect records.

You need enough information to see patterns and give your medical team helpful details if you call.

Hydration Checklist

- ☐ I know my child's fluid goal, or I know who to ask.
- ☐ I am offering small amounts often.
- ☐ I am using fluids my child will actually accept.
- ☐ I am tracking intake if I am concerned.
- ☐ I am watching urination.
- ☐ I am watching for signs of dehydration.
- ☐ I am using pain medication as directed so swallowing is easier.
- ☐ I know who to call if my child refuses fluids.
- ☐ I know when to seek urgent help based on my discharge instructions.

Parent Reminder

Hydration after surgery can feel frustrating.

Your child may refuse the drink they loved yesterday.

They may cry over one sip.

They may change their mind constantly.

That does not mean you are doing something wrong.

Stay calm, offer small amounts often, use the tools that help, and call the medical team if your child is not drinking enough.



Clinical Tip:

Do not wait until bedtime to realize your child has barely had anything to drink.

Start tracking early in the day, especially during the harder recovery days.

A few notes about fluid intake and urination can help you decide whether things are improving or whether it is time to call.



REMEMBER THIS

Hydration is not about getting your child to drink perfectly.

It is about keeping fluids moving in small, steady ways.

Small sips count.

Popsicles count if allowed.

Ice chips count if allowed.

Your job is to offer, track when needed, watch for dehydration, and call when you are concerned.





Nutrition & Recovery Foods

Helping Your Child Eat Without Turning Recovery Into a Battle



Why You're Here:

Eating after tonsil and adenoid surgery can be tricky. Your child may be hungry but afraid to swallow.

They may ask for food and then refuse it.

They may only want one specific thing.

They may eat well one day and barely eat the next.

This can feel stressful, especially when you are trying to help them heal.

The first thing to remember is this:
In the early recovery period, fluids usually matter more than food.

Food is still important, but hydration comes first. Your child's surgeon's instructions always come first. If your surgical team gave you specific diet rules, follow those instructions.

Start With Fluids First

Before worrying about meals, make sure your child is drinking.

Pain can make swallowing hard.

Dehydration can make pain worse.

That is why fluids and pain control are the foundation.

Once your child is drinking, you can begin offering foods that are soft, gentle, and easy to swallow.

If your child is drinking but not eating much, that is usually less concerning than a child who is refusing fluids.

If your child is not drinking, call your child's medical team.



Think Soft, Gentle, and Familiar

Recovery is usually not the best time to introduce brand-new foods.

Choose foods your child already knows and usually accepts.

Helpful qualities:

- Soft
- Moist
- Easy to swallow
- Not too hot
- Not sharp or scratchy
- Not spicy
- Not very acidic
- Not overly chewy
- Not emotionally stressful

The best recovery food is not always the “perfect” food.

Sometimes the best food is the one your child will actually eat safely and comfortably.

Foods That May Be Easier to Tolerate

Follow your surgeon’s instructions first.

Depending on what your child is allowed to have, options may include:

- Applesauce
- Yogurt, if tolerated
- Pudding
- Gelatin
- Smoothies, if approved and tolerated

- Popsicles
- Scrambled eggs
- Mashed potatoes
- Soft noodles
- Oatmeal
- Cream of wheat
- Broth
- Blended soup
- Mac and cheese
- Avocado
- Soft cooked vegetables
- Soft pancakes
- Soft muffins without rough edges
- Cottage cheese, if tolerated
- Protein drinks, if approved and age-appropriate
- Food pouches for younger children, if tolerated



Keep portions small.

A few bites may be enough at first.

Protein Matters, But Keep It Realistic

Protein gives the body building blocks for healing.

But recovery is not the time to fight over a perfect diet.

Try to include protein in ways your child can actually tolerate.

Possible options include:

- Eggs
- Greek yogurt
- Cottage cheese
- Smoothies with protein-containing ingredients
- Soft chicken blended into soup
- Bone broth or chicken broth
- Soft beans or lentils



- Nut or seed butter blended into a smoothie, if safe for your child
- Protein drinks, if approved and appropriate
- Soft tofu, if your child accepts it

If your child is very selective, focus on the protein foods they already accept.

Do not overhaul their diet during recovery.

What About Dairy?

Some children tolerate dairy well after surgery.

Others feel like dairy makes mucus feel thicker, upsets their stomach, or makes them want to clear the throat.

There is no one-size-fits-all rule.

If your surgeon allows dairy and your child tolerates it, options like yogurt, smoothies, pudding, or cottage cheese may be helpful.

If dairy seems to bother your child, skip it and choose other soft foods or fluids.

Use your child's tolerance and your surgeon's instructions as the guide.

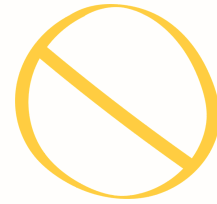
Foods and Drinks That May Be Harder

Ask your surgeon what your child should avoid.

Some children may have more discomfort with:

- Crunchy foods
- Sharp foods

- Scratchy foods
- Spicy foods
- Acidic foods or drinks
- Citrus
- Tomato-based foods
- Very hot foods or drinks
- Carbonated drinks
- Foods with rough edges
- Foods that require a lot of chewing
- Examples to ask about before offering may include:
 - Chips
 - Pretzels
 - Popcorn
 - Toast
 - Crackers
 - Pizza crust
 - Dry cereal
 - Spicy foods
 - Orange juice or lemonade
 - Hot soup



Your surgical team may have specific instructions about when these foods can return.

Follow their timeline.

Red Foods and Drinks

Some surgical teams ask families to avoid red-colored foods or drinks during recovery.

This is not because the color itself is always harmful.

It is because red foods or drinks can make it harder to tell whether something is blood.

Ask your child's surgical team whether they want you to avoid red popsicles, red gelatin, red juice, red sports drinks, or red dye during recovery.

Follow their instructions.



Temperature Matters

Some children prefer cold foods.

Some prefer room temperature.

Some prefer warm foods.

Very hot foods or drinks may be uncomfortable and may not be allowed early in recovery.

Start with gentle temperatures and see what your child tolerates.

Do not force cold foods if your child hates them.

Do not force warm foods if they make pain worse.

Comfort and safety matter more than a perfect food plan.



Creative Ways to Offer Food

If your child is not eating much, presentation can help.

Try:

- Tiny portions instead of a full plate
- One bite at a time
- A snack plate with two or three soft choices
- A small bowl instead of a large serving
- A spoon, medicine cup, or toddler spoon for tiny amounts
- Smoothie pops made from approved ingredients
- Soft foods served cool or room temperature
- Letting your child choose between two approved options
- Offering food after pain medicine has had time to work
- Pairing food with a calm show, book, or quiet activity

The goal is to lower the pressure.

A big plate can feel overwhelming.

A few bites can feel possible.



Parent-Tested Food Ideas

Parents often find that the most successful recovery foods are simple, soft, and familiar. Ideas that many families use include:

The Popsicle Plan

Popsicles can help with comfort and hydration.

Some children will accept a popsicle when they refuse a cup.

The Pouch Plan

For younger children, soft food pouches may feel easier than eating from a bowl.

Use options your child already tolerates.

The Smoothie Plan

Smoothies can be helpful if your child tolerates them and your surgeon approves.

Keep them smooth, not chunky.

Avoid acidic ingredients if they sting.

The Soft Breakfast Plan

Some children do well with soft breakfast-style foods such as scrambled eggs, oatmeal, pancakes, or yogurt.

The Soup Plan

Broth or blended soup may be helpful if your child prefers warm foods.

Make sure it is warm, not hot.

The “Whatever Works Today” Plan

Your child may accept one food today and reject it tomorrow.

That can happen.

Keep a few options available and stay flexible.

If Your Child Refuses Food

If your child refuses food but is drinking, keep focusing on fluids and try again later.

You can say:

“You do not have to eat a lot. Let’s try one small bite.”

or

“Would you rather try applesauce or noodles?”

or

“Let’s take a break and try again after your medicine starts working.”

Do not turn food into a power struggle.

If pain is preventing eating or drinking, call your child’s medical team.

If your child is not eating and not drinking, take that more seriously and call for guidance.



If Your Child Wants More Food Than Expected

Some children want to eat sooner than parents expect.

That can feel encouraging, but still follow the diet and activity instructions from your surgeon.

Your child may feel okay in the moment but still be healing.

If your child asks for foods that are crunchy, sharp, spicy, acidic, hot, or restricted by your surgeon, wait until they are cleared.

Food Safety During Recovery

Keep meals simple and safe.

Helpful reminders:

- Keep your child sitting upright while eating.
- Offer small bites.
- Encourage slow eating.
- Avoid forcing food.
- Avoid foods your surgeon told you to avoid.
- Do not offer foods that increase choking risk.
- Avoid new supplements, herbs, or “healing” products unless approved.
- Call if swallowing seems unsafe or concerning.

If your child coughs, chokes, gags repeatedly, cannot swallow, or you are worried about breathing or aspiration, seek medical guidance.

Want Done-for-You Recipes?

For simple recovery-friendly recipes, see Part 5: Recovery-Friendly Recipes.

That section includes soft, gentle ideas you can make ahead or keep on hand during recovery.

Recovery Food Ideas

Use this as an idea list, not a rulebook.

Cool and Smooth

- Applesauce
- Yogurt
- Pudding
- Gelatin
- Smoothies
- Popsicles
- Smoothie pops

Warm and Soft

- Oatmeal
- Cream of wheat
- Mashed potatoes
- Soft noodles
- Mac and cheese
- Broth
- Blended soup
- Scrambled eggs

Soft Nutrient-Dense Options

- Avocado
- Greek yogurt
- Cottage cheese
- Soft beans
- Lentils
- Soft cooked vegetables
- Smoothies with protein-containing ingredients
- Soft pancakes

Simple “They Might Actually Eat This” Options

- Pouches
- Applesauce cups
- Soft pasta
- Pudding cups
- Popsicles
- Noodles with mild sauce
- Soft breakfast foods
- Approved favorite comfort foods





What Not to Do

Try not to:

- Panic if your child eats very little at first
- Prioritize food over fluids in early recovery
- Force large meals
- Offer rough or sharp foods before cleared
- Offer spicy or acidic foods if they sting
- Serve foods too hot
- Battle over every bite
- Introduce lots of new foods during recovery
- Assume one bad food day means recovery is going badly
- Wait to call if your child is also refusing fluids

The goal is steady support, not perfect eating.

Nutrition Checklist

- ☐ I am prioritizing fluids first.
- ☐ I am offering soft, gentle foods as allowed.
- ☐ I am using foods my child already accepts.
- ☐ I am keeping portions small.
- ☐ I am avoiding foods my surgeon told us to avoid.
- ☐ I am watching whether pain is preventing eating or drinking.
- ☐ I am not forcing meals.
- ☐ I am calling the medical team if my child is not drinking.
- ☐ I am tracking food if intake is very low or concerning.

Parent Reminder

Recovery eating may look strange for a little while.

Your child may eat less.

They may want the same food over and over.

They may reject foods they normally like.

They may change their mind from one hour to the next.

That does not mean you are doing something wrong.

Focus on fluids first, soft foods second, and call your child's medical team if you are concerned.





Clinical Tip:

Offer food when pain is best controlled.

If your child is due for medication or is already very uncomfortable, eating may feel impossible.

Try offering small amounts after medication has had time to work, if that fits your child's medical instructions.



REMEMBER THIS

Food matters, but fluids matter most early in recovery.

Keep meals simple.

Use soft, familiar foods.

Avoid pressure.

Follow your surgeon's instructions.

And call if your child is not drinking, cannot swallow, or something feels concerning.

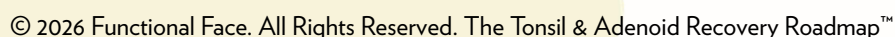




Why You're Here:

Your child's surgeon's instructions always come first.

Follow your discharge instructions and seek medical help if breathing concerns occur.





Should I Wake My Child for Medication?

This is one of the most common questions parents ask.

The answer depends on your child's surgeon's instructions and your child's specific pain plan.

Some children are instructed to take pain medication on a regular schedule, including overnight, especially during the early recovery days.

Other children may have different instructions.

Before you leave the surgery center, ask:

- Should I wake my child for pain medication?
- If yes, for how many nights?
- What if my child is sleeping comfortably?
- What if my child refuses medication when I wake them?
- What if my child vomits after medication?
- What if my child has sleep apnea or breathing concerns?
- What should I do if pain is worse in the morning?

Do not guess.

If your instructions say to give medication overnight, set alarms and write down each dose.

If your instructions do not say to wake your child, ask for clarification before deciding on your own.

Why Nights Can Feel Harder

Many parents notice that nights and early mornings feel harder.

This can happen for several reasons.

Your child may have:

- More dryness from sleeping
- More discomfort when medication wears off
- Ear pain when lying down
- Less distraction from pain
- Trouble swallowing saliva
- More anxiety or clinginess at night
- Disrupted sleep from healing discomfort

This is why overnight planning matters.

Before bedtime, make sure you know:

- When the next medication dose is due
- Whether you should wake your child for medication
- What fluids are nearby
- Where the after-hours number is
- What symptoms should make you call





Safe Comfort Positioning

Some children feel more comfortable slightly propped up.

Some prefer lying on their side.

Some prefer being near a parent.

Do not force one sleep position.

The best position is the one that is comfortable, safe, and allowed by your child's medical team.

For an older child who can safely use pillows, slight head or upper-body elevation may help with comfort, especially if ear, jaw, or throat pain feels worse lying flat.

You may try:

- An extra pillow, if safe for your child
- A wedge pillow for an older child
- Resting slightly propped up while supervised
- Helping your child find a comfortable side or back position

If your child is very young, has significant sleep apnea, has breathing concerns, or you are unsure what sleep position is safe, ask your child's surgical team before using pillows, wedges, or elevation during sleep.

Dry Air and Humidifiers

Dry air can make the throat feel more uncomfortable for some children.

A cool-mist humidifier may help keep the air more comfortable, especially at night, if your child tolerates it and your medical team has not advised against it.

If you use a humidifier:

- Use it according to the manufacturer's directions.
- Clean it regularly.
- Avoid adding essential oils or fragrances.
- Keep cords and water safely away from children.
- Stop using it if it seems to worsen coughing, congestion, or breathing.

A humidifier is not required.

It is simply one comfort tool that may help some children.

Overnight Fluids

Your child may wake up with a dry or sore throat.

If fluids are allowed, keep an approved drink nearby. Small sips can be easier than trying to drink a lot at once.

Helpful options may include:

- Water
- Ice chips
- Approved electrolyte drink
- Popsicle before bed or after waking, if allowed
- Other approved fluids your child accepts

Do not push large amounts right before sleep if it makes your child nauseated or uncomfortable.

Small, steady fluids throughout the day usually work better than trying to catch up at bedtime.





Parent-Tested Nighttime Tips

These are simple organization ideas many parents use during recovery.
Use only what fits your child and your discharge instructions.

The Alarm Plan

Set alarms for medication if your child's medical team told you to give doses overnight.

Label the alarm with the medication name so you do not have to remember when you are half asleep.

The Bedside Station

Keep the basics nearby:

- Medication instructions
- Medication log
- Pen
- Approved fluids
- Tissues
- Small trash bag or bowl in case of nausea
- After-hours number

The Two-Parent Handoff

If two caregivers are sharing the night, write down exactly what was given and when.

Do not rely on sleepy conversations.

The Morning Check-In

First thing in the morning, note:

- How the night went
- Last medication time
- Fluid intake
- Urination
- Pain level or behavior
- Any vomiting
- Any bleeding concern

This helps you start the day with a clearer picture.

Naps During Recovery

Your child may nap more than usual.

That can be expected.

Recovery takes energy.

Let your child rest, but keep following the plan for fluids and medication.

If your child sleeps for long stretches and you are worried they are not drinking enough, not urinating, or not acting like themselves, call your child's medical team.

Sleep is helpful.

But hydration, breathing, and alertness still matter.



Snoring or Noisy Breathing During Recovery

Some children may still snore, sound congested, or breathe noisily during the early recovery period.

This can happen while the throat and nose are healing. However, do not ignore breathing concerns.

Seek medical care immediately. Call 911 or your local emergency number if your child has:

- Trouble breathing
- Gasping
- Choking
- Pauses in breathing
- Struggling to breathe
- Blue, gray, or unusual color changes
- Extreme sleepiness or difficulty waking
- Breathing that feels alarming to you

After healing, if snoring, mouth breathing, restless sleep, or breathing concerns continue, bring that up at follow-up.

Some children need additional evaluation even after tonsils and adenoids are removed.

Sleep and Return to Normal Activities

Do not rush recovery just because your child has one better night.

Your child may need more rest than usual for a while.

Follow your surgeon's instructions for return to school, daycare, sports, swimming, recess, rough play, and normal activity.

A child who is still waking often, needing pain medication, not eating or drinking normally, or acting very fatigued may not be ready for a full normal schedule yet.

Sleep Checklist

- ☐ I know whether I should wake my child for medication.
- ☐ I know the overnight medication plan.
- ☐ I have medication times written down.
- ☐ I have approved fluids nearby.
- ☐ I know what breathing signs require urgent help.
- ☐ I know who to call after hours.
- ☐ I am tracking sleep concerns if needed.
- ☐ I am watching hydration and urination.
- ☐ I am keeping activity calm, even after a better night.
- ☐ I will bring up ongoing snoring, mouth breathing, or restless sleep after healing.

Parent Reminder

Nights can feel harder because everyone is tired.

Your child may be more emotional.

You may be more worried.

The house is quiet, and every sound can feel bigger.

Use your plan.

Write down medication times.

Offer small sips if allowed.

Watch breathing.

Call if something feels concerning.

You do not have to figure it out alone in the dark.



Clinical Tip:

Before bedtime, do a two-minute reset.

Check:

- When is the next medication due?
- Should I wake my child for it?
- Where is the medication log?
- Where are fluids?
- Where is the after-hours number?
- What would make me call tonight?



A simple bedtime reset can make the night feel less chaotic.

REMEMBER THIS

Sleep during recovery may be disrupted.

That does not automatically mean something is wrong.

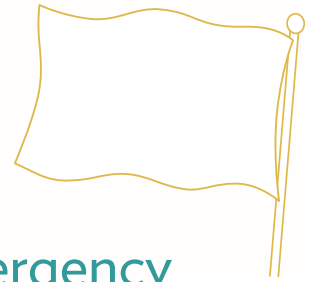
Follow your child's medication plan, support fluids, keep rest safe and calm, watch for breathing concerns, and call your child's medical team when something feels concerning.





Red Flags: When to Call the Doctor

What Needs Medical Attention?



Why You're Here:

Recovery can come with symptoms that are uncomfortable but expected.

But some symptoms need medical guidance right away.

This section is here to help you know when to call your child's surgical team, when to seek urgent care, and when not to wait.

If your child's discharge instructions are different from this guide, follow your child's discharge instructions first.

If something feels urgent, do not use this guide as a reason to wait.

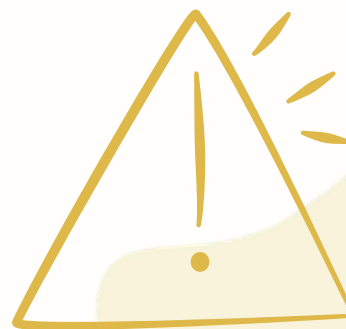
Call your child's medical team, seek urgent care, or call emergency services based on your surgeon's instructions and the seriousness of what you are seeing.

Keep Emergency Numbers Easy to Find Before Recovery Begins

Complete the Important Phone Numbers & Emergency Plan page in the Recovery Roadmap Workbook.

Keep it somewhere easy to access during recovery, such as near your child's recovery space, with the medication log, or saved in your phone.

If something feels urgent, you do not want to search for phone numbers.





Seek Urgent Help Right Away



Use your discharge instructions first.

In general, seek urgent medical guidance right away if your child has:

- Bright red bleeding from the mouth or nose
- Vomiting blood
- Coughing up blood or clots
- Bleeding that starts and stops, then returns
- Frequent swallowing that seems unusual or concerning
- Trouble breathing
- Gasping, choking, or struggling to breathe
- Blue, gray, or unusual color changes
- Extreme sleepiness or difficulty waking
- Signs of severe dehydration
- Pain that is not controlled and your child cannot drink
- Repeated vomiting that prevents fluids from staying down
- Any symptom that feels urgent or alarming to you

Do not wait to see if concerning bleeding or breathing difficulty improves on its own.

Follow your surgical team's instructions for where to go and who to call.

Bleeding

Bleeding is one of the most important red flags after tonsil and adenoid surgery.

You may see saliva that looks slightly pink-tinged, depending on your surgeon's instructions, but bright red blood should be taken seriously.

Before leaving the surgery center, you should have received instructions about bleeding.

Follow those instructions exactly.

Go to the nearest emergency department right away for bright red bleeding from the mouth or nose, vomiting blood, or coughing or spitting up blood or clots—even if the bleeding stops.

Unusual repeated swallowing can be a sign of bleeding. Contact your surgical team immediately if you notice it.

For heavy bleeding, trouble breathing, or difficulty waking, call 911 or your local emergency number. Do not wait for an office callback.

Do not scrape, pick, or touch the healing areas in the throat.

Breathing Concerns

Breathing concerns should not be watched casually.

Call 911 or your local emergency number for breathing distress, including:



- Trouble breathing
- Gasping
- Choking
- Struggling to breathe
- Pauses in breathing that concern you
- Blue, gray, or unusual color changes
- Noisy breathing that seems severe or alarming
- Extreme sleepiness with breathing changes

Some temporary snoring, congestion, or noisy breathing can happen during healing, but struggling to breathe is different.

If your child looks like they are working hard to breathe, call 911 or your local emergency number.



Dehydration

Dehydration can happen when pain makes swallowing difficult.

Call your child's medical team if your child is not drinking enough or you notice signs such as:

- Much less urination than usual
- No urination for a concerning amount of time based on your discharge instructions
- Very dark urine
- Very dry mouth or cracked lips
- No tears when crying
- Weakness
- Dizziness
- Extreme sleepiness
- Refusing fluids
- Pain preventing drinking
- Repeated vomiting
- Your child seems "not right" to you



Do not wait until dehydration is severe.

If you are worried about fluids or urination, call.

- Pain seems severe despite following instructions
- Your child is unable to sleep because of pain
- Your child is extremely distressed
- You feel the pain plan is not working

Do not give extra medication or change the schedule without medical guidance.

Call and ask for help.

Vomiting or Nausea

Some nausea or vomiting can happen after anesthesia or medication.

Call your child's medical team if:

- Vomiting is repeated
- Your child cannot keep fluids down
- Vomiting happens after medication and you are unsure whether to repeat the dose
- Vomiting is making dehydration more likely
- Your child becomes unusually weak or sleepy but still wakes normally.

Do not automatically repeat medication after vomiting unless your child's medical team told you to do that.

For vomiting fresh blood or clots, go to the emergency department right away, even if bleeding stops.

Pain That Is Not Controlled

Pain can be expected after surgery.

But pain that is not controlled with the plan your child's medical team gave you needs attention.

Call if:

- Pain is preventing your child from drinking
- Your child cannot take the medication
- Your child vomits after medication and you are unsure what to do

Fever

Follow your surgeon's fever instructions.

Some children may have a low-grade temperature during recovery, but fever guidance varies by surgeon, child, and situation.





Call your child's medical team if:

- Fever meets the number listed in your discharge instructions
- Fever does not improve as expected
- Fever comes with worsening pain, dehydration, vomiting, breathing concerns, or unusual behavior
- Your child seems very ill
- You are unsure whether the fever is concerning

When you call, be ready to share:

- Temperature
- How you took it
- Time it started
- Medication timing
- Fluid intake
- Urination
- Any other symptoms

Extreme Sleepiness or Behavior That Feels Concerning

Children may sleep more after surgery.

They may also be emotional, clingy, irritable, or quieter than usual.

Call 911 or your local emergency number immediately if your child is difficult to wake, has trouble breathing, or has blue or gray lips.

Contact your child's medical team promptly for unusual weakness, confusion, dehydration concerns, or behavior that is very different from usual—even if your child wakes normally and is breathing comfortably.

You know your child.
If something feels wrong, call.

When to Call the Surgeon's Office

Call your child's surgeon or ENT office for questions about:

- Pain control
- Medication instructions
- Hydration concerns
- Food or activity restrictions
- Vomiting
- Fever based on their instructions
- Questions about bleeding instructions; active bleeding needs emergency care.
- Return to school or activity
- Recovery that does not seem to be following the expected pattern
- Any symptom listed in your discharge instructions



For emergency symptoms, seek emergency care immediately rather than waiting for an office callback.

When to Call the Pediatrician

Your child's pediatrician may be helpful for:

- General illness questions
- Fever or symptoms that seem unrelated to surgery
- Nutrition or hydration concerns
- Medication questions if directed by the surgical team
- Help deciding whether another type of care is needed

During the immediate recovery window, surgery-specific concerns should usually start with the surgeon or ENT unless your discharge instructions say otherwise.



What to Say When You Call



When you call, it helps to be specific.

You can say:

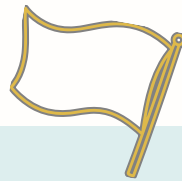
“My child had tonsil and adenoid surgery on _____. We are on recovery day _____.
I am concerned because _____.”

Helpful details to share:

- Surgery date
- Recovery day number
- Child’s age and weight, if medication questions are involved
- Last medication given and time
- Current pain level or behavior
- Fluid intake today
- Last time your child urinated
- Any vomiting
- Any bleeding
- Temperature, if relevant
- Breathing concerns
- What specifically worries you

You do not need perfect notes. Just share what you know.

Quick Red Flag Guide



WHAT YOU NOTICE	WHAT TO DO
Bright red blood, vomiting blood, or clots	Go to the emergency department right away, even if bleeding stops.
Trouble breathing, gasping, choking, or color changes	Call 911 /local emergency number
Refusing fluids or signs of dehydration	Call surgical team
Pain not controlled with the recommended plan	Call surgical team
Repeated vomiting or unable to keep fluids down	Call surgical team
Fever that meets surgeon’s criteria	Call surgical team
Very difficult to wake or unusually weak	For difficulty waking, call 911/local emergency number. For unusual weakness while waking normally, contact the surgical team promptly



Parent Reminder

You do not have to decide alone whether something is serious.

That is why you were given discharge instructions and phone numbers.

If you are unsure, call.

A clear answer is better than sitting at home worried.

Clinical Tip:

Keep the after-hours number, medication log, and hydration tracker together.

If you need to call, you will be able to quickly tell the medical team what was given, what your child drank, when they last urinated, and what changed.

That information matters.



REMEMBER THIS

You are not overreacting when you ask for help.

Bleeding, breathing difficulty, dehydration, uncontrolled pain, repeated vomiting, extreme sleepiness, or anything that feels urgent deserves medical guidance.

When in doubt, call.





Daily Recovery Tracker

Keeping Track Without
Feeling Overwhelmed



Why You're Here:

Recovery days can blur together.

When your child is hurting, refusing drinks, waking at night, or needing medication around the clock, it can be hard to remember what happened and when.

This tracker gives you one simple place to write down the basics.

You do not need perfect notes.

You just need enough information to see patterns and give your child's medical team helpful details if you need to call.

Use this tracker to monitor:

- Medication timing
- Pain level or behavior
- Fluid intake
- Food intake
- Urination
- Sleep
- Vomiting
- Bleeding concerns
- Breathing concerns
- Anything that feels unusual or concerning

If your surgeon gave you specific tracking instructions, follow those first.

How to Use This Tracker

Choose the tracking pages that fit your needs. Use the workbook's Daily Recovery Tracker for a simple daily overview, or use its separate medication, hydration, food, and sleep logs when you need more detail. You do not need to complete both versions.

The following guide pages show the kinds of information you can record. Use the workbook for printable tracking forms, and follow any specific tracking instructions from your child's medical team.

This tracker is especially helpful if:

- Your child is refusing fluids
- Pain is hard to manage
- You are giving medication on a schedule
- Your child is vomiting
- You are worried about dehydration
- Sleep is very disrupted
- You need to call the surgeon's office
- You want to remember what changed from one day to the next



Daily Recovery Snapshot

Child's Name: _____

Recovery Day: ☐ Day 0 ☐ Day 1 ☐ Day 2 ☐ Day 3 ☐ Day 4 ☐ Day 5
☐ Day 6 ☐ Day 7 ☐ Day 8 ☐ Day 9 ☐ Day 10 ☐ Day 11
☐ Day 12 ☐ Day 13 ☐ Day 14

Date: _____

Surgery Date: _____

Today's Overall Snapshot



Pain today was:

- ☐ Mild
- ☐ Moderate
- ☐ Strong
- ☐ Hard to control

Energy today was:

- ☐ Very sleepy
- ☐ Resting as expected
- ☐ More active
- ☐ Too active / hard to keep calm

Fluid intake today was:

- ☐ Good
- ☐ Okay
- ☐ Low
- ☐ Concerning

Parent concern level today:

- ☐ Low
- ☐ Some concern
- ☐ I may need to call
- ☐ I called / sought help

Food intake today was:

- ☐ Good
- ☐ Okay
- ☐ Low
- ☐ Not interested



Medication Log



MEDICATION	DOSE	TIME DUE	TIME GIVEN	NOTES

Next dose due at: _____

Questions about medication today:



Fluid Tracker

TIME	FLUID OFFERED	AMOUNT TAKEN	NOTES

Total estimated fluid intake today: _____

My child's fluid goal, if provided: _____





Food Tracker

TIME	FOOD OFFERED	AMOUNT TAKEN	NOTES

Foods that worked today: _____

Foods that did not work today: _____





Bathroom / Hydration Check

Urination today:

- ☐ Normal for my child
- ☐ Less than usual
- ☐ Much less than usual
- ☐ Concerning

Urine color:

- ☐ Light / normal
- ☐ Darker than usual
- ☐ Very dark
- ☐ Not sure

Other hydration signs:

- ☐ Mouth looked dry
- ☐ Lips looked cracked
- ☐ Fewer tears when crying
- ☐ Weak or dizzy
- ☐ Refusing fluids
- ☐ Vomiting made fluids difficult
- ☐ No major hydration concerns today



Notes:

Sleep and Rest

Last night's sleep:

- ☐ Slept fairly well
- ☐ Woke a few times
- ☐ Woke often
- ☐ Very disrupted

Naps/rest today:

- ☐ Rested well
- ☐ Napped more than usual
- ☐ Had trouble resting
- ☐ Too active



Sleep notes:



Symptoms to Watch

Check anything you noticed today.

- | | |
|---|--|
| ☐ Throat pain | ☐ Refused medication |
| ☐ Ear pain | ☐ Trouble sleeping |
| ☐ Jaw or neck discomfort | ☐ Snoring or noisy breathing |
| ☐ Bad breath | ☐ Mouth breathing |
| ☐ White/yellow/gray healing areas | ☐ Bleeding concern |
| ☐ Nausea | ☐ Fever concern |
| ☐ Vomiting | ☐ Breathing concern |
| ☐ Refused fluids | ☐ Extreme sleepiness or hard to wake |
| | ☐ Other: _____ |



Notes:

Calls or Medical Guidance

Did I call the medical team today?

- ☐ No
☐ Yes

If yes:

Who I called:

Time:

Reason for call:

Instructions given:



Act on urgent symptoms immediately;
do not wait to finish this tracker. Follow
the Red Flags guidance.



End-of-Day Notes



What went better today?

What felt harder today?

What do I want to watch tomorrow?

Quick Red Flag Check

Before ending the day, check for anything concerning.

- ☐ No bleeding concerns
- ☐ No breathing concerns
- ☐ No dehydration concerns
- ☐ Pain is manageable with the plan
- ☐ Child is able to take some fluids
- ☐ I know when the next medication dose is due
- ☐ I know who to call if something changes



If any of these do not feel true, review your discharge instructions or call your child's medical team.

Parent Reminder

This tracker is not meant to make you obsess over every detail.

It is meant to reduce guessing.

If recovery feels stressful, tracking the basics can help you see what is improving, what is getting harder, and when it may be time to ask for help.

Small notes are enough.

Part 4 • Beyond Surgery

Supporting Lifelong Healthy Breathing

Getting through the first two weeks of recovery is a big milestone.

By this point, your child may be drinking better, eating more normally, sleeping more comfortably, and slowly returning to regular routines.

That is worth celebrating.

But healing from surgery and restoring healthy breathing are not always the same thing.

Tonsil and adenoid surgery can remove a major obstruction for many children. It may improve sleep, breathing, snoring, eating, behavior, and overall quality of life.

But surgery does not automatically retrain the body.

If your child spent months or years mouth breathing, sleeping with their mouth open, resting their tongue low, struggling with nasal breathing, snoring, grinding, or using altered swallowing and chewing patterns, those habits may not disappear overnight.

For some children, surgery is the turning point.

For others, surgery is one important step in a bigger airway recovery plan.

This section will help you understand what to watch for after healing, what signs may mean your child needs follow-up, and why collaborative care may still matter.

What This Section Covers

In Part 4, we will look at:

- How to tell if surgery helped
- What symptoms should improve after healing
- What symptoms may need follow-up
- Why some children continue to mouth breathe after surgery
- Why tongue posture, lip seal, chewing, swallowing, and oral habits matter
- How airway development, palate shape, and jaw growth may affect breathing
- Why myofunctional evaluation can be valuable after tonsil and adenoid surgery
- When orthodontic, allergy, sleep, dental, or airway-focused support may be helpful
- How to think about your child's long-term breathing and sleep health

The Goal Is Not to Look for Problems

This section is not here to make you worried.

It is here to help you notice what matters.

Sometimes parents are told, “The surgery went well,” but they still notice:

- Mouth breathing
- Snoring
- Restless sleep
- Open-mouth posture
- Tongue thrust
- Low tongue posture
- Messy eating



- Grinding
- Ongoing congestion
- Difficulty breathing through the nose
- Daytime fatigue
- Behavioral or attention concerns
- Continued orthodontic or jaw growth concerns

Those symptoms do not always mean surgery failed.

They may mean your child needs additional support.

The goal is to understand the difference between normal healing, meaningful improvement, and signs that deserve a closer look.

Surgery Can Open the Door

Tonsil and adenoid surgery may create more space for breathing.

But after that, your child may still need help learning how to use that space well.

Healthy airway recovery may include:

- Restoring nasal breathing
- Improving lip seal
- Supporting proper tongue resting posture
- Addressing oral habits
- Supporting chewing and swallowing patterns
- Looking at jaw growth and palate development
- Managing allergies or nasal inflammation
- Following up on sleep symptoms if they continue
- Building the right team around your child

This is why surgery is not always the end of the road.

For many children, it is the beginning of a better opportunity for healthy breathing, sleep, growth, and function.

Parent Reminder

You do not need to figure everything out immediately.

First, let your child heal.

Then begin watching patterns.

What improved?

What changed?

What still looks the same?

What feels concerning?

What questions do you want to bring to follow-up?

This section will help you organize those thoughts.

Clinical Tip:



After your child has healed, compare their symptoms to where they started before surgery.

Look at breathing, sleep, mouth posture, energy, mood, eating, snoring, grinding, and nasal breathing.

Improvement matters. But lingering symptoms matter too.

Tracking both can help you have better conversations with your child's healthcare team.

REMEMBER THIS

Tonsil and adenoid surgery can be a powerful step. But the bigger goal is not just removing tissue. The bigger goal is helping your child breathe, sleep, grow, and function as well as possible long-term.





The Surgery Was a Milestone, Not the Finish Line



Understanding the Bigger Recovery Picture

Surgery Can Remove an Obstruction

When tonsils or adenoids are enlarged, they can block airflow through the throat or nose.

Surgery may help create more space for breathing. That can make a big difference.

But removing an obstruction does not automatically correct every pattern that developed while your child was struggling to breathe well.

Your child may still need support with:

- Nasal breathing
- Mouth breathing
- Lip seal
- Tongue resting posture
- Chewing patterns
- Swallowing patterns
- Oral habits

Why You're Here:

Tonsil and adenoid surgery can be a very important step.

For many children, removing enlarged tonsils and/or adenoids can improve breathing, sleep, snoring, congestion, eating, behavior, energy, and overall quality of life.

That matters.

If your child is breathing better, sleeping better, eating better, or acting more like themselves after surgery, that is something to celebrate.

But surgery is not always the end of the story.

For some children, it is one important milestone in a bigger recovery process.

- Sleep quality
- Allergies or nasal inflammation
- Jaw growth or palate development
- Orthodontic or airway-related concerns

This does not mean surgery failed.

It means breathing and airway health can involve more than one piece.



The Body May Need Time to Relearn

If your child had enlarged tonsils or adenoids for months or years, their body may have adapted.

They may have learned to:

- Sleep with their mouth open
- Breathe through the mouth during the day
- Rest the tongue low in the mouth
- Keep the lips apart
- Chew with the mouth open
- Swallow with the tongue pushing forward
- Use altered head or neck posture
- Prefer soft foods or avoid certain textures
- Snore, grind, or sleep restlessly

These patterns can become familiar to the body.

Even when the airway is more open after surgery, the body may not automatically know how to return to healthier function.

This is why some children need more than healing time.

They may need follow-up, evaluation, or retraining.

What Surgery Can Do

Surgery may help by:

- Removing enlarged tonsils
- Removing or reducing enlarged adenoids
- Creating more space in the airway
- Reducing obstruction during sleep
- Improving nasal airflow for some children
- Reducing snoring or noisy breathing
- Supporting better sleep quality
- Helping some children breathe, eat, and rest more comfortably

For many families, this is life-changing.

What Surgery May Not Do by Itself

Surgery does not automatically:

- Teach your child to breathe through the nose
- Correct low tongue posture
- Create a comfortable lip seal
- Stop every oral habit
- Correct tongue thrust
- Improve chewing or swallowing patterns
- Widen a narrow palate
- Create more room for the tongue
- Correct jaw growth patterns
- Resolve allergies or nasal inflammation
- Eliminate every sleep concern
- Guarantee that snoring or mouth breathing will never return

That does not make surgery the wrong choice.

It simply means surgery addresses one major part of the picture.

Sometimes the rest of the picture still needs attention.

Improvement Still Counts

It is important not to dismiss progress. Maybe your child still mouth breathes sometimes, but snores less.

Maybe sleep is not perfect, but they are waking more rested. Maybe nasal breathing is not automatic yet, but it is easier than before.

Maybe eating is still a work in progress, but they are swallowing more comfortably. Progress matters.

The goal is not perfection. The goal is to notice what improved, what changed, and what may still need support.



Signs That May Need Follow-Up After Healing

After your child has healed and returned to normal routines, pay attention to symptoms that continue.

Follow up with your child's healthcare team if you notice:

- Ongoing mouth breathing
- Sleeping with the mouth open
- Continued snoring
- Gasping, choking, or pauses in breathing
- Restless sleep
- Grinding
- Daytime fatigue
- Difficulty waking in the morning
- Ongoing congestion
- Trouble breathing through the nose
- Low tongue posture
- Lips apart at rest
- Tongue thrust
- Messy eating or open-mouth chewing
- Picky eating related to texture or chewing difficulty
- Crowded teeth
- Narrow palate
- Crossbite
- Ongoing orthodontic or jaw growth concerns

These signs do not mean you need to panic. They mean your child may benefit from a closer look.

The Bigger Goal

The goal is not simply to get through surgery.

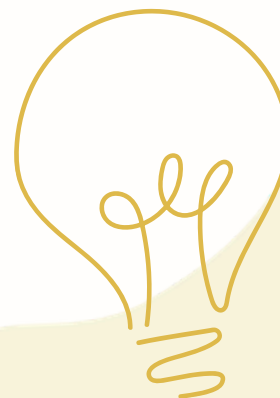
The bigger goal is to help your child breathe, sleep, grow, and function as well as possible.

That may include:

- Healing from surgery
- Restoring comfortable nasal breathing
- Supporting healthy oral rest posture
- Encouraging lips closed at rest
- Helping the tongue rest in a better position
- Supporting chewing and swallowing function
- Addressing allergies or chronic congestion
- Evaluating jaw growth, palate shape, and tongue space
- Following up on sleep symptoms when needed
- Building the right care team around your child

Surgery may open the door.

The next step is making sure your child can use that new space well.





Parent Reminder

You are not expected to figure all of this out on your own.

Let your child heal first.

Then observe.

What improved?

What still concerns you?

What symptoms stayed the same?

What new questions do you have?

Those observations can help guide your next conversation with your child's healthcare team.

Clinical Tip:

A few weeks after recovery, compare your child's current symptoms to their symptoms before surgery.

Look at:

- Breathing
- Sleep
- Snoring
- Mouth posture
- Energy

- Mood
- Eating
- Grinding
- Nasal congestion
- Tongue posture
- Lip seal
- Restlessness during sleep

This comparison can help you see the bigger picture instead of relying on memory alone.



REMEMBER THIS

Tonsil and adenoid surgery can be a powerful milestone. But for many children, true airway recovery is not just about removing obstruction.

It is about helping the body return to healthy breathing, sleep, growth, and function.





How Do I Know If Surgery Worked?

What to Watch After Healing



Why You're Here:

After surgery, many parents wonder:

Did it work?

Is my child breathing better?

Is this normal healing, or is something still going on?

Should the snoring be gone by now?

What if my child still mouth breathes?

These are good questions.

Tonsil and adenoid surgery can be very helpful for many children, but the results are not always immediate, perfect, or easy to measure.

Some improvements may show up quickly.
Some may take more time.

Some symptoms may improve but not fully disappear.

And some symptoms may continue because tonsils and adenoids were only one part of the bigger airway picture.

This section will help you know what to watch for after the main healing period.

First, Let Healing Happen

The first two weeks are about recovery.

During that time, your child may still have pain, disrupted sleep, poor appetite, mouth breathing, bad breath, noisy breathing, congestion, or low energy.

That does not automatically mean surgery did not help.

Healing has to come first.

Once your child is past the main recovery window and has returned closer to normal routines, you can start looking at patterns more clearly.

Ask yourself:

What changed after healing?

What improved?

What stayed the same?

What new concerns do I have?



Signs Surgery May Have Helped

Every child is different, but after healing, parents may notice improvements such as:

- Less snoring
- Quieter breathing during sleep
- Fewer gasping or choking sounds
- Fewer pauses in breathing
- More comfortable sleep
- Less restless sleep
- Easier mornings
- Better daytime energy
- Improved mood
- Better focus or attention
- Less bedwetting, for some children
- Improved appetite
- Easier swallowing
- Fewer complaints of throat obstruction
- Easier nasal breathing
- Less open-mouth breathing
- Fewer nighttime awakenings
- More comfortable exercise or play
- Less chronic congestion, for some children

These are meaningful changes.

Even partial improvement can matter.



Better Does Not Always Mean Fully Resolved

This is important.

A child can improve and still need follow-up.

For example:

- Snoring may be quieter but still present.
- Mouth breathing may happen less often but not fully stop.
- Sleep may be better but still restless.
- Energy may improve but mornings may still be hard.
- Nasal breathing may be easier but not automatic.
- The airway may be more open, but tongue posture or lip seal may still be poor.
- Your child may look better overall, but some patterns may still need support.

This does not mean you made the wrong decision.

It means recovery and airway health are not always all-or-nothing.

The question is not only, “Did surgery help?”

The better question is:

What improved, and what still needs attention?



Symptoms to Compare Before and After Surgery

After your child has healed, compare symptoms in a few key areas.

Breathing

Before surgery, did your child:

- Mouth breathe during the day?
- Sleep with their mouth open?
- Struggle to breathe through the nose?
- Sound congested often?
- Snore?
- Gasp, choke, or pause during sleep?

After healing, what looks different?

Oral Function



Before surgery, did your child:

- Rest with lips apart?
- Keep the tongue low in the mouth?
- Chew with the mouth open?
- Eat messily?
- Gag easily?
- Prefer soft foods?
- Tongue thrust?
- Drool?
- Have oral habits like thumb sucking, pacifier use, nail biting, or chewing objects?

After healing, what looks different?

Daytime Function

Before surgery, did your child have:

- Low energy?
- Big emotions?
- Hyperactivity?
- Trouble focusing?
- Morning irritability?
- Behavioral concerns?
- Daytime sleepiness?
- Headaches?
- Trouble with school or learning?



After healing, what looks different?

Sleep

Before surgery, did your child:

- Snore?
- Toss and turn?
- Sweat at night?
- Grind their teeth?
- Wake often?
- Sleep in unusual positions?
- Seem tired even after sleeping?
- Have trouble waking in the morning?



After healing, what looks different?



Dental and Growth Clues

Before surgery, did your child have:

- Crowded teeth?
- Narrow palate?
- High palate?
- Crossbite?
- Open bite?
- Small jaws?
- Limited tongue space?
- Ongoing orthodontic concerns?



After healing, what questions do you still have?

What May Take More Time

Some changes may take time after surgery.

For example:

- Sleep rhythms may take time to settle.
- Energy may improve gradually.
- Eating may take time to normalize.
- Nasal breathing may feel easier, but still need practice.
- Mouth breathing may remain as a habit.
- Tongue posture may not change on its own.
- Oral habits may continue.
- Congestion or allergies may still need attention.
- Orthodontic or jaw growth concerns may still need evaluation.

This is why it helps to observe over time instead of judging everything immediately.

When to Bring Concerns Back to the Medical Team

After healing, follow up if your child continues to have:

- Snoring
- Gasping, choking, or pauses in breathing
- Restless sleep
- Mouth breathing during sleep
- Mouth breathing during the day
- Difficulty breathing through the nose
- Ongoing congestion
- Daytime fatigue
- Difficulty waking
- Behavioral or attention concerns
- Tooth grinding
- Frequent night waking
- Continued open-mouth posture
- Low tongue posture
- Difficulty chewing or swallowing
- Ongoing feeding or texture concerns
- Crowded teeth, narrow palate, or jaw growth concerns
- Symptoms that improved at first but later returned

These symptoms may need a closer look.

Depending on what you are seeing, your child may need follow-up with their ENT, pediatrician, dentist, orthodontist, myofunctional therapist, allergist, sleep physician, or another healthcare provider.





Questions to Ask at Follow-Up

You may want to ask:

- Does my child's healing look as expected?
- Based on my child's original symptoms, what improvements should we expect?
- How long should we wait before deciding whether symptoms are still a concern?
- Should snoring be gone completely?
- What if my child still sleeps with their mouth open?
- What if nasal breathing is still difficult?
- Should we consider a sleep study if symptoms continue?
- Could allergies or nasal inflammation still be contributing?
- Should we follow up with a dentist or orthodontist about palate, jaw growth, or tongue space?
- Would a myofunctional evaluation be appropriate?
- What symptoms would make you want to see my child again?

Write down the answers so you do not have to rely on memory.

Parent Reminder

You are not looking for perfection.

You are looking for patterns.

What is clearly better?

What is still happening?

What feels concerning?

What do you want your child's healthcare team to know?

Those observations matter.

Use the Follow-Up Symptom Tracker

The Follow-Up Symptom Tracker in the Recovery Roadmap Workbook can help you compare where your child started with where they are after healing.

Use it to track:

- Breathing
- Sleep
- Snoring
- Mouth breathing
- Restlessness
- Energy
- Mood
- Nasal congestion
- Eating
- Oral habits
- Tongue posture
- Lip seal
- Dental or orthodontic concerns
- Questions for follow-up

This does not have to be complicated.

A few simple notes can help you see patterns and ask better questions.





Clinical Tip:

Try comparing your child in three time points:

1. Before surgery
2. During recovery
3. After healing

This helps separate normal recovery symptoms from longer-term patterns that may still need attention.



REMEMBER THIS

Surgery can be successful and your child may still need additional support.

Improvement matters.

Lingering symptoms matter too.

The goal is not just to get through surgery.

The goal is to help your child breathe, sleep, grow, and function as well as possible long-term.





Why Some Children Continue to Have Symptoms



Understanding What Else May Be Contributing

First, Make Sure You Are Past the Healing Window

The first couple of weeks after surgery can be noisy, uncomfortable, and inconsistent.

During recovery, it can be normal for sleep, eating, energy, breath, congestion, and comfort to look different.

Do not judge the long-term result too early.

Once your child has healed and returned closer to normal routines, patterns become easier to see.

That is when lingering symptoms deserve a closer look.

Why You're Here:

Sometimes surgery helps a lot.
Sometimes it helps somewhat.

And sometimes parents still notice symptoms after healing and wonder:
Why is my child still snoring?
Why are they still restless?
Why are they still tired?
Why do they still sound congested?
Why are they still grinding?
Why are they still breathing through their mouth?

These are valid questions.

Tonsils and adenoids can be a major part of the airway picture, but they are not always the only part. If symptoms continue after healing, it does not automatically mean surgery failed.

It means there may be another piece that still needs attention.

This section will help you understand some of the common reasons symptoms may continue after tonsil and adenoid surgery.



Symptoms Can Have More Than One Cause

One of the biggest mistakes parents can make is assuming one symptom has one cause.

For example, snoring may be related to enlarged tonsils and adenoids.

But snoring may also be influenced by:

- Nasal congestion
- Allergies
- Narrow palate
- Jaw size or position
- Tongue position during sleep
- Sleep posture
- Weight or growth factors
- Other airway obstruction
- Persistent sleep-disordered breathing

The same is true for mouth breathing, grinding, restless sleep, daytime fatigue, and behavior changes.

These symptoms can overlap.

That is why follow-up matters.



Possible Reason 1: Sleep-Disordered Breathing Was Not Fully Resolved

Tonsil and adenoid surgery is often a first-line treatment for children with obstructive sleep apnea or sleep-disordered breathing related to enlarged tonsils and adenoids.

But some children continue to have sleep-disordered breathing after surgery.

This is more likely in children who had:

- More severe sleep apnea before surgery
- Obesity or rapid weight gain
- Craniofacial differences
- A narrow palate
- Small or recessed jaws
- Down syndrome
- Neuromuscular conditions
- Other medical complexity
- Persistent symptoms after healing



Signs that sleep-disordered breathing may still need follow-up include:

- Loud or regular snoring
- Gasping, choking, or pauses in breathing
- Restless sleep
- Sleeping in unusual positions
- Mouth breathing during sleep
- Sweating during sleep
- Difficulty waking in the morning
- Daytime fatigue
- Behavior or attention concerns
- Symptoms that improved at first but later returned

These symptoms should be discussed with your child's healthcare team.

Some children may need a sleep medicine evaluation, repeat sleep study, or additional airway evaluation.



Possible Reason 2: The Nose Is Still Not Working Well

Healthy breathing starts with the nose.

If the nose is still congested, inflamed, blocked, or difficult to breathe through, your child may continue to struggle even after tonsils or adenoids are removed.

Possible contributors may include:

- Allergies
- Chronic nasal congestion
- Nasal inflammation
- Enlarged turbinates
- Sinus issues
- Frequent colds or upper respiratory infections
- Environmental irritants
- Ongoing postnasal drip
- Structural nasal concerns
- Residual or recurrent adenoid-related issues, if suspected by the ENT

A child cannot comfortably nasal breathe if nasal breathing feels hard.

Signs the nose may still need attention include:

- Chronic stuffiness
- Open-mouth breathing
- Noisy nasal breathing
- Frequent throat clearing
- Runny nose
- Postnasal drip
- Sneezing
- Itchy eyes or nose
- Dry mouth in the morning
- Difficulty keeping lips closed
- Needing to sleep propped up or with the mouth open



This may be a reason to follow up with the ENT, pediatrician, or allergist.

Possible Reason 3: The Airway Issue Was Bigger Than Tonsils and Adenoids

The airway is not just one spot.

It includes the nose, mouth, tongue, throat, jaws, palate, and the way these structures work together.

Some children have airway concerns related to growth and structure.

This may include:

- Narrow palate
- High palate
- Crowded teeth
- Crossbite
- Small jaws
- Recessed lower jaw
- Limited room for the tongue
- Long-term open-mouth posture
- Forward head posture
- Bite patterns that affect function



Removing tonsils and adenoids may create more space in one part of the airway.

But it does not widen a narrow palate.

It does not create more room for the tongue.

It does not correct jaw growth patterns.

It does not automatically resolve dental or orthodontic concerns.

This is why some children benefit from dental, orthodontic, or airway-focused evaluation after healing.



Possible Reason 4: The Muscles and Patterns Still Need Support

Children adapt to the airway they have.

If breathing through the nose was hard for a long time, your child may have developed patterns that helped them cope.

Those patterns may include:

- Lips apart at rest
- Low tongue posture
- Mouth breathing
- Tongue thrust
- Open-mouth chewing
- Messy eating
- Altered swallowing
- Grinding
- Oral habits
- Difficulty keeping the mouth closed comfortably
- Difficulty coordinating nasal breathing with rest, sleep, chewing, or swallowing



Surgery may remove an obstruction.

But it does not automatically retrain the tongue, lips, cheeks, jaw, breathing pattern, or swallow.

That is why a myofunctional evaluation can be valuable for many children after tonsil and adenoid surgery.

The goal is not to assume every child needs therapy.

The goal is to see whether function has truly improved or whether old patterns are still present.

Possible Reason 5: Allergies or Inflammation Are Still Driving Symptoms

Allergies and inflammation can keep the airway irritated.

A child may have had enlarged tonsils or adenoids and also have ongoing allergy or inflammation issues.

If allergies remain untreated or poorly controlled, symptoms may continue.

These may include:

- Nasal congestion
- Mouth breathing
- Snoring
- Restless sleep
- Postnasal drip
- Throat clearing
- Cough
- Itchy nose or eyes
- Sneezing
- Dark circles under the eyes
- Difficulty breathing through the nose



This does not mean surgery was unnecessary.

It means the airway may need more than one kind of support.

For some children, allergy evaluation, environmental changes, nasal care, or medical treatment may be part of the bigger plan.

Always discuss allergy medications, nasal sprays, supplements, or treatments with your child's medical provider.



Possible Reason 6: Oral Habits Are Still Affecting Function

Oral habits can influence tongue posture, palate shape, bite, lip seal, and breathing patterns.

These may include:

- Thumb sucking
- Finger sucking
- Pacifier use beyond the expected age
- Nail biting
- Lip biting
- Chewing on shirts, blankets, pencils, or toys
- Prolonged bottle or sippy cup habits
- Habitual open-mouth posture

These habits do not always disappear after surgery.

If they continue, they may keep the mouth, tongue, lips, and jaw working in patterns that are not ideal for breathing, sleep, or dental development.

This may be worth discussing with a dentist, orthodontist, or myofunctional therapist.



Possible Reason 7: More Time or Follow-Up Is Needed

Not every lingering symptom means there is a serious problem.

Some children need more time.

Sleep may take time to settle.

Energy may improve gradually.

Eating may normalize slowly.

Nasal breathing may become easier before it becomes automatic.

Behavior or focus may improve over weeks rather than days.

But symptoms should not be ignored just because “it takes time.”

The key is watching the pattern.

Ask:

- Is this improving?
- Is it staying the same?
- Is it getting worse?
- Did it improve and then return?
- Is it affecting sleep, breathing, eating, mood, behavior, or daily function?

If symptoms continue after healing, bring them up.



What Lingering Symptoms May Point Toward



IF YOU NOTICE	POSSIBLE AREAS TO CONSIDER	WHO MAY HELP
Continued loud snoring	Persistent sleep-disordered breathing, nasal obstruction, airway anatomy	ENT, pediatrician, sleep physician
Gasping, choking, or pauses in breathing	Persistent sleep-disordered breathing or OSA	Sleep physician, ENT, pediatrician
Ongoing nasal congestion	Allergies, inflammation, nasal airway concerns	Pediatrician, ENT, allergist
Mouth breathing day or night	Nasal airway, oral function, lip seal, tongue posture, habit	ENT, allergist, dentist, myofunctional therapist
Restless sleep or unusual sleep positions	Airway resistance, sleep-disordered breathing, discomfort	Pediatrician, ENT, sleep physician
Teeth grinding	Sleep disruption, airway resistance, oral function, bite concerns	Dentist, orthodontist, myofunctional therapist, sleep provider
Low tongue posture or lips apart	Oral function pattern, limited tongue space, habit	Myofunctional therapist, dentist, orthodontist
Crowding, narrow palate, or crossbite	Palate/jaw growth, limited oral volume, orthodontic concerns	Dentist, orthodontist
Daytime fatigue or behavior concerns	Sleep quality, persistent SDB, medical or developmental factors	Pediatrician, sleep physician
Ongoing texture or chewing concerns	Oral motor function, chewing/swallowing patterns	Myofunctional therapist, feeding therapist, pediatrician

This table is not for diagnosis.

It is meant to help you think through what type of follow-up may make sense.



What Not to Assume

Do not assume:

- “The surgery failed” just because one symptom remains.
- “Everything is fine” just because the surgery went well.
- “They will grow out of it” if symptoms are still affecting sleep, breathing, eating, behavior, or growth.
- “It is only a habit” if nasal breathing is still difficult.
- “It is only allergies” if there are also snoring, gasping, restless sleep, or mouth breathing concerns.
- “It is only orthodontic” if there are signs of sleep-disordered breathing.
- “It is only behavior” if your child is not sleeping well.

Airway symptoms can be connected.

The goal is not to jump to conclusions.

The goal is to keep asking better questions.

When to Ask for More Help

After healing, ask for follow-up if symptoms:

- Continue
- Return after improving
- Worsen over time
- Affect sleep
- Affect breathing
- Affect eating
- Affect mood, behavior, or focus
- Affect growth or development
- Make you uneasy as a parent

You do not need to know exactly what is causing the symptom before you ask for help.

You only need to know what you are seeing.

Workbook Note

If your child continues to have symptoms after healing, use the Follow-Up Symptom Tracker and Questions for Follow-Up Appointment pages in the Roadmap Workbook.

These can help you organize what you are noticing before your child's next appointment.

Parent Reminder

You are not being difficult when you ask why symptoms are still there.

You are being observant.

Your child's symptoms are clues.

They are not a diagnosis, but they are worth paying attention to.

The more clearly you can describe what you are noticing, the easier it is for the right provider to help.





Clinical Tip:

When symptoms continue after surgery, think in categories:

1. Is the airway still obstructed somewhere?
2. Is the nose still inflamed or congested?
3. Is sleep-disordered breathing still present?
4. Is the mouth, tongue, or jaw structure limiting function?
5. Are old breathing or oral patterns still present?
6. Are allergies, inflammation, or medical factors contributing?



This keeps the conversation focused and helps avoid blaming everything on one cause.

REMEMBER THIS

Tonsils and adenoids can be a major part of the problem.

But they are not always the whole problem.

If symptoms continue after healing, it does not mean you did anything wrong.

It means your child may need a closer look at the full airway picture.





What the Research Shows

Understanding the Evidence Without Getting Overwhelmed



Why You're Here:

Parents often hear mixed messages about tonsils, adenoids, sleep, mouth breathing, orthodontics, myofunctional therapy, and airway health.

One provider may say surgery should solve the problem. Another may say more evaluation may still be needed.

One parent may say their child improved almost immediately. Another may say their child still struggled after surgery.

That can feel confusing.

The research does not say every child has the same outcome. It does not say surgery is always enough.

It also does not say surgery is never helpful.

The most accurate message is this:
Tonsil and adenoid surgery can be very helpful for many children, but some children continue to have symptoms and need follow-up.

That is not a failure.
That is the reality of airway health.

Surgery Can Be a Very Important Treatment

For many children with enlarged tonsils and adenoids, surgery can reduce obstruction and improve breathing during sleep.

Parents may notice improvements in:

- Snoring
- Noisy breathing
- Restless sleep
- Night waking
- Daytime energy

- Mood
- Behavior
- Focus
- Growth concerns
- Bedwetting, for some children
- Overall quality of life

These improvements can be meaningful.
For some families, surgery is the turning point.
That matters.



Research Also Shows Symptoms Can Persist

This is the part many parents are not told clearly enough.

Sleep-disordered breathing can persist or return after tonsil and adenoid surgery.

That does not mean surgery was the wrong choice.

It means tonsils and adenoids may be one major part of the airway picture, but not always the whole picture.

A child may have had enlarged tonsils and adenoids and still have other airway-related factors that need attention after healing.

These may include:

- Nasal congestion or inflammation
- Allergies
- Narrow palate
- High palate
- Underdeveloped jaws
- Limited tongue space
- Low tongue posture
- Mouth breathing patterns
- Poor lip seal
- Oral habits
- Persistent sleep-disordered breathing
- Other medical or structural factors

This is why follow-up matters.

Why Jaw Growth Deserves Attention

This is an important part of the bigger airway picture.

In my clinical experience, children with enlarged tonsils and adenoids, mouth breathing, snoring, restless sleep, or sleep-disordered breathing very often also show signs of underdeveloped jaw and palate growth.

I commonly see patterns such as:

- Narrow palate
- High palate
- Crowded teeth
- Crossbite
- Small or recessed jaws
- Limited room for the tongue
- Open-mouth posture
- Lips apart at rest
- Low tongue posture
- Forward head posture
- Difficulty keeping the mouth closed comfortably

This does not mean every child needs orthodontic treatment.

It does not mean every child needs expansion.

And it does not mean jaw growth is the only issue.

But it does mean jaw and palate development should not be ignored.

The airway is not only about tonsils and adenoids.

The size and shape of the mouth, jaws, palate, nasal cavity, and tongue space can all affect how a child breathes, sleeps, rests, chews, swallows, and grows.

If a child has ongoing airway symptoms after surgery, especially along with a narrow palate, crowding, crossbite, or limited tongue space, an orthodontic evaluation may be an important part of the next step.



Why Follow-Up Matters

The goal after surgery is not just to ask:

“Did my child get through recovery?”

The bigger question is:

“Is my child breathing, sleeping, growing, and functioning better after healing?”

Follow-up matters because some symptoms may improve while others remain.

A child may snore less but still mouth breathe. A child may breathe more quietly but still sleep restlessly.

A child may have more airway space after surgery but still have low tongue posture, poor lip seal, narrow palate, congestion, or limited tongue space.

Improvement matters.

Lingering symptoms matter too.

Both pieces help tell the full story.

Some Children Need Closer Monitoring

Some children are more likely to need follow-up after surgery.

This may include children who had:

- Moderate or severe obstructive sleep apnea before surgery
- Significant snoring, gasping, choking, or pauses in breathing
- Obesity or rapid weight gain
- Down syndrome
- Craniofacial differences
- Neuromuscular conditions

- Significant medical complexity
- Persistent symptoms after healing
- Symptoms that improve at first and then return

These children may need additional evaluation, a sleep medicine referral, or a repeat sleep study depending on their symptoms and medical history.

Your child’s medical team can help decide what level of follow-up is appropriate.

A Sleep Study May Still Be Needed

Not every child needs a sleep study after surgery. But if symptoms continue, return, or remain concerning, objective testing may be helpful.

A sleep study may help answer:

- Is obstructive sleep apnea still present?
- Did the severity improve?
- Are oxygen levels stable during sleep?
- Are breathing disruptions still happening?
- Is snoring part of a larger sleep-breathing concern?
- Does my child need more treatment or monitoring?

Parent observations are important, but a sleep study gives information that cannot always be seen from the outside.

Bring ongoing symptoms to your child’s ENT, pediatrician, or sleep provider.





Parent Observations Matter

Research is important, but so is what you see at home.

You may be the one who notices:

- Whether your child still snores
- Whether your child sleeps with their mouth open
- Whether breathing looks easier
- Whether sleep is more restful
- Whether mornings are better
- Whether behavior or focus improved
- Whether congestion is still present
- Whether mouth breathing continues
- Whether grinding continues
- Whether your child still seems tired
- Whether the lips rest open
- Whether the tongue rests low
- Whether chewing or swallowing still looks difficult

Your observations are not a diagnosis.
They are clues.

Writing them down can help you have better
conversations with your child's healthcare team.

Research Supports Looking Beyond One Body Part

Earlier in this guide, we talked about different providers
who may be part of a child's healthcare team.

This section is not meant to repeat that entire
conversation.

The research point is simpler:

The airway is not only the tonsils and adenoids.

The airway includes the nose, mouth, tongue, throat, jaws,
palate, muscles, and sleep system working together.

So if symptoms continue after healing, it may be helpful
to look beyond one body part.

That does not mean every child needs every provider.

It means the follow-up should match what your child is
still showing.

What Research Suggests About Myofunctional Therapy

Myofunctional therapy focuses on oral function.

This may include:

- Nasal breathing patterns
- Lip seal
- Tongue resting posture
- Chewing
- Swallowing
- Tongue strength and coordination
- Oral habits
- Breathing and oral rest patterns

Research on myofunctional therapy for pediatric
sleep-disordered breathing is growing and
promising, especially as an adjunctive therapy.

Adjunctive means it may support the bigger plan.
It does not replace surgery when surgery is
medically needed.

It does not replace a sleep study when one is
needed.

It does not replace medical care.



UNDERSTAND- Educational Explanation

But for children who continue to show patterns like mouth breathing, lips apart, low tongue posture, tongue thrust, altered swallowing, or open-mouth chewing after surgery, a myofunctional evaluation may help determine whether function needs support.

We will talk more about this later in Part 4, in the section called What Is Myofunctional Therapy?

What Research Suggests About Expansion and Orthodontic Evaluation

Some children with airway concerns also have dental or jaw growth patterns that deserve attention.

This may include:

- Narrow palate
- High palate
- Crowded teeth
- Crossbite
- Small jaws
- Recessed lower jaw
- Limited tongue space
- Open-mouth posture
- Ongoing mouth breathing



Research on expansion and orthodontic treatment for pediatric sleep-disordered breathing is still developing.

Expansion is not a one-size-fits-all treatment.

But when a child has ongoing airway symptoms along with signs of a narrow palate, crowding, crossbite, underdeveloped jaws, or limited tongue space, an orthodontic evaluation may be appropriate.

The point is not that every child needs expansion.

The point is that airway symptoms and jaw development should not be viewed as completely separate issues.

A child's palate, jaw growth, tongue space, nasal breathing, and oral function are connected.

We will talk more about this later in Part 4, in the section called Understanding Expansion.

What the Research Does Not Say

The research does not say:

- Every child is cured by surgery.
- Every child needs therapy after surgery.
- Every child needs expansion.
- Every child needs a sleep study after surgery.
- Mouth breathing is always just a habit.
- Snoring is always harmless.
- Jaw growth should be ignored if the tonsils and adenoids were removed.
- A child is fine just because surgery went well.
- A child failed surgery just because some symptoms remain.
- Parent concerns should be ignored if symptoms continue.

The evidence points to a more thoughtful approach. Treat the obvious obstruction.

Let the child heal. Reevaluate symptoms.

Look at the whole airway picture.

Then decide what, if anything, needs more support.



What Parents Should Do With This Information

You do not need to become a sleep researcher.

You do not need to diagnose your child.

You do not need to chase every possible treatment.

Your job is to observe and ask good questions.

After healing, pay attention to:

- Breathing
- Sleep quality
- Snoring
- Mouth posture
- Nasal breathing
- Energy
- Mood
- Eating
- Growth and dental development
- Palate shape
- Tooth crowding
- Tongue space
- Lip seal
- Symptoms that improved
- Symptoms that stayed the same
- Symptoms that returned

Then bring those observations to the right provider.

Workbook Note

Use the Follow-Up Symptom Tracker, Questions for Follow-Up Appointment, and Airway Team Notes & Next Steps pages in the Recovery Roadmap Workbook.

These pages can help you organize what you are seeing and decide what questions to ask next.

Parent Reminder

Research is helpful, but your child is not a statistic.

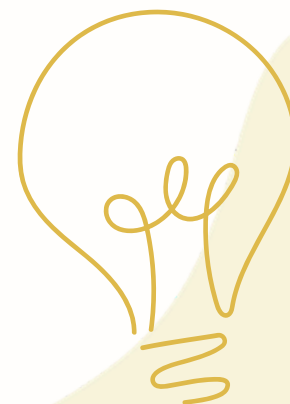
Some children improve dramatically.

Some improve partially.

Some need more help.

The goal is not to assume the worst.

The goal is to stay observant and follow up when symptoms continue.





Clinical Tip:

When thinking about the research, remember the balanced message:

Surgery can help.

Symptoms can persist.

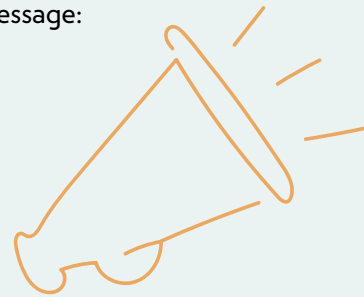
Jaw and palate development may still matter.

Oral function may still matter.

Follow-up matters.

A team-based approach may be needed for some children.

That is the most honest and useful way to think about long-term airway recovery.



REMEMBER THIS

Tonsils and adenoids can be a major part of the problem.

But they are not always the whole problem.

Surgery may be an important milestone.

Long-term airway health may still require observation, follow-up, and the right support.





Understanding Airway Development

Why Growth, Structure,
and Function Matter



Why You're Here:

When parents think about tonsils and adenoids, they usually think about blockage. That makes sense. Enlarged tonsils and adenoids can physically narrow the space a child breathes through.

But the airway is not only about one blockage. It is also about growth, structure, muscle function, nasal breathing, tongue space, jaw development, and the way a child uses their mouth and body every day.

This is why some children need more than surgery alone. Surgery may improve the space in the throat or behind the nose, but if a child also has a narrow palate, underdeveloped jaws, limited tongue space, low tongue posture, chronic mouth breathing, or ongoing nasal inflammation, those pieces may still need attention after healing.

This section will help you understand the bigger airway development picture.

The Airway Is a Growing System

A child's airway is not frozen in place. It develops as the child grows.

The nose, jaws, palate, teeth, tongue, throat, and facial bones are all part of a growing system. That system is influenced by genetics, growth patterns, nasal breathing, tongue posture, lip seal, chewing, swallowing, oral habits, allergies or inflammation, sleep quality, muscle tone, and dental and jaw development.

This does not mean parents caused the problem. It means development is influenced by many factors working together over time.



Why the Early Years Matter

Substantial jaw and facial development happens in early childhood. A review of craniofacial growth reports that, by age five, the upper jaw has reached approximately 85% of adult size and the lower jaw approximately 74–85%

That does not mean growth is finished by age five or six. Children continue to grow through later childhood and adolescence, and different parts of the face and jaws mature at different times. But it does mean the early years are a major window for airway, jaw, palate, dental arch, and oral function development.

This is why signs like chronic mouth breathing, snoring, narrow palate, crowded teeth, crossbite, low tongue posture, and lips-apart posture should not be brushed off as “just a phase.” Early patterns can influence how a child rests, breathes, sleeps, chews, swallows, and grows.

The point is not to panic. The point is to pay attention early, ask better questions, and support healthy development while the child is still growing.



Structure and Function Work Together

Airway development is not just about anatomy. It is also about function.

STRUCTURE

Structure is what your child has to work with. This includes jaw size, palate shape, dental arch width, tongue space, nasal airway, tonsils and adenoids, bite relationship, and facial growth pattern.

FUNCTION

Function is how your child uses that structure. This includes how they breathe, where the tongue rests, whether the lips close comfortably, how they chew, how they swallow, whether they breathe through the mouth or nose, whether oral habits are present, and how they sleep.

Structure can affect function, and function can also influence growth. That is why airway development is not just an ENT issue, not just an orthodontic issue, and not just a myofunctional issue. It is often a connected picture.



What I Commonly See Clinically



In my clinical experience, children with enlarged tonsils and adenoids, snoring, mouth breathing, restless sleep, or sleep-disordered breathing very often also show signs of underdeveloped jaw and palate growth.

Common patterns may include:

- Narrow palate
- High palate
- Crowded teeth
- Crossbite
- Small or recessed jaws
- Limited room for the tongue
- Lips apart at rest
- Low tongue posture
- Open-mouth posture
- Difficulty keeping the mouth closed comfortably
- Forward head posture

- Messy eating or open-mouth chewing
- Tongue thrust
- Grinding
- Oral habits

This does not mean every child has every sign. It also does not mean every child needs the same treatment. But the correlation is strong enough that jaw and palate development deserve attention when a child has airway symptoms.

If a child has had surgery but still snores, mouth breathes, sleeps restlessly, struggles with nasal breathing, or shows signs of limited tongue space, it is worth asking:

Is there enough room for this child to breathe, rest, and function well?

The Tongue Needs a Home



The tongue is not just for talking and eating. It plays an important role in oral posture, swallowing, jaw development, and airway function.

At rest, the tongue should ideally have enough room to rest comfortably in the roof of the mouth, with the lips closed and breathing through the nose. But if the palate is narrow, the jaws are small, or the tongue does not have enough space, the tongue may rest low or forward.

A low tongue posture can be seen with mouth breathing, lips apart at rest, tongue thrust, open-mouth chewing, messy eating, narrow palate, crowded teeth, snoring, restless sleep, and difficulty keeping the mouth closed comfortably.

This is one reason airway-focused providers pay attention to tongue space. The question is not only, “Are the tonsils gone?” The question is also, “Does the tongue have enough room to rest and function well?”



Nasal Breathing Supports Healthy Development

Nasal breathing matters. The nose warms, filters, and humidifies air, and it supports better oral rest posture because nasal breathing makes it easier for the lips to stay closed and the tongue to rest in a healthier position.

When nasal breathing is difficult, children often adapt by breathing through the mouth. Over time, chronic mouth breathing may be associated with changes in oral posture, facial growth patterns, dental development, sleep, and oral function.

This does not mean mouth breathing is always the cause of every growth issue. It means mouth breathing is a sign worth taking seriously. A child who cannot breathe comfortably through the nose will have a hard time maintaining healthy oral rest posture.

Mouth Breathing Can Become a Pattern

Sometimes mouth breathing begins because there is a real obstruction. This may be from enlarged adenoids, enlarged tonsils, chronic congestion, allergies, nasal inflammation, or other airway issues.

But after the obstruction improves, the pattern may remain. The body often keeps doing what it has practiced. A child may continue to sleep with the mouth open, breathe through the mouth during the day, keep the lips apart, rest the tongue low, chew with the mouth open, or swallow with the tongue pushing forward.

This is why surgery can improve the airway but not automatically retrain the pattern. We will talk more about this later in Part 4, in the section called [Why Mouth Breathing May Continue](#).

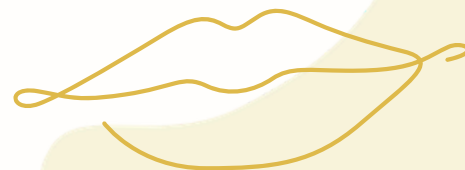
Jaw and Palate Growth Affect Airway Space

The upper jaw forms the floor of the nasal cavity and the roof of the mouth. When the palate is narrow or high, there may be less room for the tongue and less ideal support for nasal airflow and oral function.

A narrow palate may also show up as crowded teeth, crossbite, high palate, limited tongue space, open-mouth posture, mouth breathing, or difficulty keeping lips closed comfortably.

The lower jaw also matters. If the lower jaw is small or positioned back, it can affect tongue space and the airway behind the tongue. This is why jaw development is part of the airway conversation.

Not every child with airway symptoms needs orthodontic treatment. But children with ongoing symptoms and signs of narrow palate, crowding, crossbite, underdeveloped jaws, or limited tongue space deserve a thoughtful orthodontic evaluation.





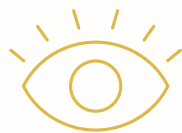
Growth Gives Us an Opportunity

Children are still growing, and that matters. When concerns are recognized early, there may be more opportunity to guide growth, support function, and prevent some patterns from becoming more established.

This is why airway-focused providers often pay attention to early signs such as mouth breathing, snoring, restless sleep, crowding, crossbite, narrow palate, open-mouth posture, low tongue posture, grinding, difficulty chewing, tongue thrust, and oral habits.

These signs are not just cosmetic. They may be clues about how the airway, jaws, tongue, and muscles are developing together.

What Parents Can Watch For



After your child has healed, watch for patterns such as:

- Does your child breathe through the nose comfortably?
- Do the lips rest closed without strain?
- Does the mouth hang open during the day?
- Does your child sleep with the mouth open?
- Does snoring continue?
- Is sleep still restless?
- Does your child grind their teeth?
- Does the tongue rest low or push forward?
- Is the palate narrow or high?
- Are the teeth crowded?
- Is there a crossbite?
- Does your child chew with the mouth open?

- Does your child avoid chewy foods or prefer very soft foods?
- Does your child still seem tired after sleep?

You do not need to diagnose these patterns. You simply need to notice them and bring them to the right provider when they continue.

When to Ask for an Evaluation

Consider asking for more evaluation if your child has ongoing mouth breathing, snoring, restless sleep, difficulty nasal breathing, open-mouth posture, low tongue posture, lips apart at rest, tongue thrust, chewing or swallowing concerns, crowding, narrow palate, crossbite, small or recessed jaws, grinding, persistent fatigue, or behavior concerns.

Depending on what you are seeing, you may need to follow up with your child's ENT, pediatrician, dentist, orthodontist, myofunctional therapist, allergist, sleep provider, or another healthcare professional. The right next step depends on the pattern.

Workbook Note

Use the Follow-Up Symptom Tracker and Airway Team Notes & Next Steps pages in the Recovery Roadmap Workbook.

These pages can help you organize what you are noticing and decide what questions to bring to your child's next appointment.



Parent Reminder

This is not about blaming yourself or finding something wrong with your child. It is about understanding that breathing, sleep, growth, and oral function are connected.

When you know what to look for, you can ask better questions and get better support.

Clinical Tip:

When thinking about airway development, look at three things together:

1. Can the child breathe through the nose comfortably?
2. Is there enough room for the tongue?
3. Are the lips, tongue, jaw, and breathing patterns working well together?

Those three questions can reveal a lot.



REMEMBER THIS

Airway development is not only about tonsils and adenoids. It is about how the nose, mouth, jaws, palate, tongue, muscles, and sleep system work together as a child grows.

Surgery may remove an obstruction, but healthy long-term breathing often depends on growth, structure, and function working together.





Why Mouth Breathing May Continue

When the Obstruction Is Gone,
but the Pattern Remains



Why You're Here:

One of the most common questions parents ask after tonsil and adenoid surgery is:

“Why is my child still mouth breathing?”

This can feel frustrating. You may have expected that once the tonsils or adenoids were removed, nasal breathing would automatically take over.

Sometimes it does.

But for many children, mouth breathing does not disappear immediately. For some, it continues because there is still another airway issue. For others, the airway may be more open, but the body has not yet relearned how to breathe, rest, sleep, and function with the mouth closed.

Mouth breathing after surgery does not automatically mean the surgery failed.

It means the pattern deserves a closer look.

First, Make Sure Healing Is Complete

During the first couple of weeks after surgery, mouth breathing can still happen for many reasons. Your child may have swelling, discomfort, congestion, dry throat, disrupted sleep, or pain that makes normal breathing patterns look different.

Do not judge the long-term result too early.

Once your child is healed and back to more normal routines, it becomes easier to see whether mouth breathing is still a true pattern.

Ask yourself:

- Is my child still mouth breathing during the day?
- Is my child still sleeping with the mouth open?
- Is nasal breathing comfortable?
- Do the lips close at rest without strain?
- Is snoring still present?
- Does my child look rested after sleep?

If mouth breathing continues after healing, it is worth asking why.



Mouth Breathing Usually Has a Reason

Mouth breathing is not just a “bad habit” to correct without understanding the cause.

Children usually mouth breathe because something has made nasal breathing difficult, uncomfortable, inefficient, or unfamiliar.

Possible reasons include:

- Nasal congestion
- Allergies
- Nasal inflammation
- Enlarged turbinates
- Residual or recurrent adenoid-related obstruction
- Habitual breathing pattern
- Low tongue posture
- Poor lip seal
- Narrow palate
- Limited tongue space
- Underdeveloped jaws
- Oral habits
- Sleep-disordered breathing that has not fully resolved

The first question should not be, “How do I force my child to close their mouth?”

The better question is:

Why is my child’s body still choosing mouth breathing?

The Nose May Still Be Hard to Use

A child cannot comfortably nasal breathe if the nose still feels blocked.

Even after adenoid removal, some children continue to struggle with nasal airflow because of allergies, chronic inflammation, frequent congestion, nasal anatomy, enlarged turbinates, or other ENT-related concerns.

Signs the nose may still need attention include:

- Chronic stuffiness
- Runny nose
- Sneezing
- Itchy nose or eyes
- Postnasal drip
- Throat clearing
- Noisy nasal breathing
- Dry mouth in the morning
- Difficulty breathing through the nose during quiet rest
- Needing to sleep with the mouth open

If nasal breathing is still difficult, start there. Follow up with your child’s ENT, pediatrician, or allergist and ask what may still be affecting nasal airflow.





The Body May Be Running an Old Program

Children adapt to the airway they have.

If your child spent months or years breathing through the mouth because nasal breathing was hard, the body may keep using that same pattern even after surgery creates more space.

This is not stubbornness.

This is the body doing what it has practiced.

A child may continue to:

- Rest with the lips apart
- Sleep with the mouth open
- Breathe through the mouth during quiet activities
- Keep the tongue low in the mouth
- Chew with the mouth open
- Swallow with the tongue pushing forward
- Use mouth breathing when tired, congested, or distracted

This is why removing an obstruction and restoring function are not always the same thing.

Surgery may open the door.

But the child may still need help learning how to use that airway differently.

Lip Seal and Tongue Posture Matter

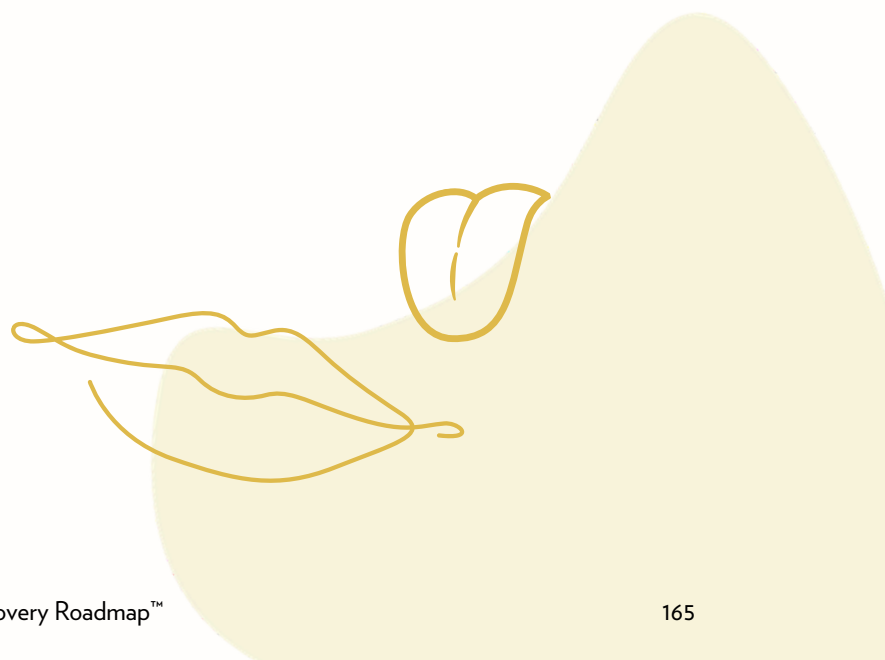
Nasal breathing is easier when the lips can close comfortably and the tongue has a healthy place to rest.

If the lips are apart most of the time, the mouth is already open. If the tongue rests low, the mouth may feel more comfortable open than closed.

Low tongue posture may be connected with:

- Mouth breathing
- Lips apart at rest
- Narrow palate
- Limited tongue space
- Tongue thrust
- Open-mouth chewing
- Messy eating
- Snoring or restless sleep
- Difficulty keeping the mouth closed comfortably

This is why mouth breathing is not only about the nose. The mouth, tongue, lips, palate, and jaws all play a role.





Space Matters Too

Some children still mouth breathe because the mouth does not have enough room for the tongue to rest comfortably.

This can happen with:

- Narrow palate
- High palate
- Crowded teeth
- Small or recessed jaws
- Crossbite
- Limited tongue space

In these children, telling them to “close your mouth” may not solve the problem. The body may be choosing an open-mouth posture because that is the easiest way to manage limited space or airflow.

This does not mean every child needs expansion or orthodontic treatment.

But it does mean that persistent mouth breathing, especially with a narrow palate, crowding, crossbite, or low tongue posture, deserves a thoughtful evaluation.

Mouth Breathing Can Show Up Differently

Mouth breathing is not always obvious.

Some children walk around with their mouth hanging open. Others only mouth breathe when sleeping, watching TV, reading, riding in the car, playing quietly, or when they are congested or tired.

Watch for patterns like:

- Lips resting apart
- Mouth open during sleep
- Dry lips
- Dry mouth in the morning
- Drooling
- Noisy breathing
- Snoring
- Open-mouth chewing
- Frequent reminders to close the mouth
- Difficulty keeping lips closed without strain
- Chin dimpling or facial tension when trying to close the lips
- Tongue resting low or forward



The goal is not to monitor your child constantly. The goal is to notice whether mouth breathing is occasional or whether it is still the default pattern.

What Not to Do

Do not force the mouth closed if your child cannot comfortably breathe through the nose.

Do not assume mouth breathing is “just a habit” without looking at nasal airflow, allergies, jaw development, tongue space, and oral function.

Do not use mouth tape, chin straps, or devices to keep a child’s mouth closed unless your child’s healthcare provider has specifically said it is safe and appropriate.

Do not ignore persistent mouth breathing just because the surgery went well.

And do not panic.

Mouth breathing is a clue. It is not a diagnosis by itself.



When to Ask for Help

After healing, ask for more evaluation if your child continues to:

- Mouth breathe during the day
- Sleep with the mouth open
- Snore
- Breathe noisily at night
- Struggle to breathe through the nose
- Have chronic congestion
- Rest with lips apart
- Keep the tongue low
- Chew with the mouth open
- Grind teeth
- Sleep restlessly
- Wake tired
- Show crowded teeth, narrow palate, crossbite, or limited tongue space

Depending on what you are seeing, follow-up may involve your child's ENT, pediatrician, allergist, dentist, orthodontist, myofunctional therapist, sleep provider, or another healthcare professional.

You do not need to know which provider is the answer before you ask for help.

You just need to describe what you are seeing.

Questions to Ask

You may want to ask:

- Is my child's nose clear enough for comfortable nasal breathing?
- Could allergies or nasal inflammation still be contributing?
- Do the adenoids or turbinates need to be rechecked?
- Does my child have enough room for the tongue?
- Is the palate narrow or high?
- Are the jaws growing in a way that supports breathing and oral function?
- Is mouth breathing still happening because of habit, structure, nasal blockage, or function?
- Would a myofunctional evaluation be appropriate?
- Should we consider orthodontic evaluation?
- Should ongoing snoring or restless sleep be evaluated further?

These questions help shift the conversation from "close your mouth" to "what is making nasal breathing difficult or unstable?"

Workbook Note

Use the Follow-Up Symptom Tracker and Airway Team Notes & Next Steps pages in the Recovery Roadmap Workbook.

These pages can help you organize mouth breathing patterns, sleep symptoms, nasal concerns, oral function signs, and provider recommendations.



Parent Reminder

Mouth breathing after surgery does not mean you did something wrong.

It does not mean the surgery was pointless.

It means your child's body may still need support.

The next step is to understand why the mouth breathing is continuing, not to shame the child or force a pattern they may not be ready to maintain.

Clinical Tip:

When mouth breathing continues, think through three questions:

1. Can my child breathe comfortably through the nose?
2. Can my child keep the lips closed without strain?
3. Does the tongue have enough room to rest in a healthy position?

Those three questions can help guide the next conversation.



REMEMBER THIS

Mouth breathing is a sign worth taking seriously.

After tonsil and adenoid surgery, it may continue because the nose is still difficult to use, the mouth and tongue need retraining, or the jaws and palate need more evaluation.

The goal is not simply to close the mouth.

The goal is to help your child breathe comfortably, sleep well, and develop healthy oral function long-term.





What Is Myofunctional Therapy?



Post-Surgery Rehabilitation for Oral Function and Breathing Patterns

Why You're Here:

Earlier in this guide, we talked about how a myofunctional therapist can be part of a child's airway team.

Now that your child is past surgery and healing, the next question is more practical: What role could myofunctional therapy play after tonsil and adenoid surgery?

The simplest way to think about it is this: Surgery may help remove an obstruction. Myofunctional therapy helps evaluate and retrain how the mouth, tongue, lips, jaw, and breathing patterns function after that obstruction is removed.

Not every child needs therapy. But in my clinical opinion, children who have had tonsil and adenoid surgery benefit from a myofunctional evaluation as part of their post-surgical airway rehabilitation plan.

That evaluation does not mean something is wrong. It means someone trained in oral function is checking whether the body is actually transitioning into healthier breathing, resting, chewing, swallowing, and sleep-related patterns after surgery.



Why Evaluation Matters Even If Your Child Seems Better

Many children look better after surgery, especially at first. They may snore less, sleep more quietly, breathe more easily, eat better, or seem more rested. That progress matters.

But some patterns can be subtle.

A child may seem much better overall and still sleep with the mouth open, rest the tongue low, struggle with lip seal, grind their teeth, chew with the mouth open, or use altered swallowing patterns.

Parents may not know what to look for, and that is not their fault.

Most parents are watching for the big things: snoring, pain, eating, drinking, sleep, and whether their child seems okay. They are not usually trained to evaluate oral rest posture, tongue position, lip seal, swallowing, chewing, breathing coordination, or whether the child has enough room for the tongue.

That is why an evaluation can be valuable even when a child seems improved.

Sometimes the evaluation confirms that things are moving in the right direction. Sometimes it catches patterns that would have been missed. Either way, it gives parents a clearer picture.

Symptoms Can Return Later

Some children do well for a while, but symptoms show up again later.

This may happen during growth, illness, allergy flares, orthodontic changes, worsening congestion, or when old breathing and oral patterns remain in place.

A child may stop snoring loudly after surgery but continue mouth breathing. They may sleep better for a season but later become restless again. They may seem fine until growth and orthodontic development reveal crowding, narrow palate, limited tongue space, or bite changes.

This does not mean the surgery failed.

It means airway health is dynamic. Children are growing, and their breathing, sleep, jaw development, oral function, and habits can change over time.

A myofunctional evaluation helps identify whether the child's function is supporting long-term airway health or whether rehabilitation may be helpful.





Therapy Is About Function, Not Just Exercises

Myofunctional therapy is sometimes described as “mouth exercises,” but that is too simplistic.

The exercises are only one part of the process. The bigger goal is helping your child build better everyday patterns.

That may include how your child rests while watching a show, how they breathe while reading, whether the lips close at rest, where the tongue sits, how they chew food, how they swallow, and whether mouth breathing is still the default pattern.

A good therapy plan should not feel random. It should connect back to what your child is actually doing in real life.

What Therapy May Help With

If therapy is recommended, the plan should be based on your child’s age, symptoms, airway history, oral development, and ability to participate.

Depending on the child, myofunctional therapy may help support:

- Nasal breathing patterns when the nose is clear
- Lip seal
- Tongue resting posture
- Oral rest posture
- Chewing patterns
- Swallowing patterns
- Tongue strength, control, and coordination

- Tongue thrust patterns
- Oral habits
- Breathing coordination
- Using new space after surgery, expansion, or other airway treatment

The goal is not perfection.

The goal is to help healthier patterns become easier, more natural, and more automatic over time.

Why Timing Matters

Myofunctional therapy usually works best when the airway is ready for it.

That means the child needs to be able to breathe through the nose well enough to practice nasal breathing patterns safely and comfortably.

If the nose is still blocked, allergies are uncontrolled, congestion is constant, or sleep symptoms are still concerning, those issues may need medical follow-up first or at the same time.

This is why collaboration matters.

Sometimes the right order is:

1. Remove or reduce obstruction
2. Allow healing
3. Recheck symptoms
4. Address allergies, nasal obstruction, or sleep concerns if needed
5. Evaluate oral function
6. Begin therapy when the child is ready



The order may look different for each child. The important thing is not to force function before the airway is ready.



What Myofunctional Therapy Does Not Replace

Myofunctional therapy can be a valuable part of the bigger airway picture, but it is not a replacement for medical care.

It does not replace:

- ENT care when airway obstruction is present
- A sleep study when sleep apnea is suspected or symptoms continue
- Allergy care when allergies are contributing
- Orthodontic evaluation when jaw growth, palate shape, or tongue space are concerns
- Pediatric care when there are medical, growth, or developmental concerns
- Emergency care when urgent symptoms are present

This matters because airway health is not one-provider care.

The best plan is the one that matches your child's actual needs.

Questions to Ask a Myofunctional Therapist

You may want to ask:

- What patterns are you seeing in my child's breathing, tongue posture, lip seal, chewing, and swallowing?
- Does my child appear ready for therapy right now?
- Are there signs that ENT, allergy, orthodontic, dental, sleep, or feeding support is needed first?
- Do you think my child needs therapy, or just monitoring?
- What are the main goals?
- What will we need to practice at home?
- How will we know if therapy is helping?
- Do you collaborate with my child's other providers?

These questions help you understand whether therapy is appropriate and what the plan is actually trying to accomplish.



Workbook Note

Use the Follow-Up Symptom Tracker and Airway Team Notes & Next Steps pages in the Recovery Roadmap Workbook.

These pages can help you organize what you are noticing before a myofunctional evaluation or follow-up appointment.



Parent Reminder

Myofunctional therapy is not about blaming your child for mouth breathing, tongue posture, chewing, swallowing, or sleep patterns.

Many of these patterns develop because the body was adapting.

A myofunctional evaluation can help you understand whether your child's body is truly moving into healthier function after surgery, or whether they need support to get there.

Clinical Tip:

After surgery, watch your child during real-life moments: reading, watching a show, riding in the car, sleeping, eating, and resting.

Are the lips open or closed?

Is breathing through the nose or mouth?

Does chewing look comfortable?

Does the tongue seem low or forward?

Does your child look like they can keep the mouth closed without strain?

Those everyday patterns often tell us what needs support.



REMEMBER THIS

Myofunctional therapy is about restoring function.

It may be helpful after tonsil and adenoid surgery when old breathing, mouth, tongue, lip, chewing, swallowing, or oral habit patterns continue after healing.

Not every child needs therapy.

But a myofunctional evaluation can be a valuable part of the post-surgical airway rehabilitation plan because subtle patterns can be missed, symptoms can return later, and parents may not know everything to look for.





Understanding Expansion

Why Palate Width and Tongue Space May Matter



Why You're Here:

After tonsil and adenoid surgery, some parents are surprised when someone brings up expansion.

You may wonder:

“If my child already had surgery, why are we still talking about the palate or jaws?”

The reason is that tonsils and adenoids are only one part of the airway picture. For some children, palate width, jaw growth, tongue space, nasal breathing, and oral function also matter.

This section is not here to re-explain the full role of the orthodontist.

We already covered that earlier in the guide.

This section is here to answer a more specific question:

“Why might expansion be discussed as part of my child’s airway plan?”

Expansion is not something every child needs. But if your child has a narrow or high palate, crowding, crossbite, underdeveloped jaws, limited tongue space, ongoing mouth breathing, or persistent sleep symptoms, it is worth asking whether this piece has been evaluated.

What Is Expansion?

Expansion is an orthodontic approach used to widen the upper jaw or dental arch in selected children.

You may hear it called:

- Palatal expansion
- Maxillary expansion
- Upper jaw expansion
- Phase 1 orthodontics

There are different types of expanders and different treatment approaches, but you do not need to know all of those details to understand the concept.

The simple idea is this:

Expansion may be discussed when the upper jaw or palate is too narrow to support healthy dental development, tongue space, nasal breathing support, or oral function.



Expansion May Come Up Before or After Surgery

Some families explore orthodontic evaluation or expansion before tonsil and adenoid surgery. This may happen when a child already has signs like a narrow palate, crowding, crossbite, mouth breathing, or limited room for the tongue.

In some cases, families and providers may hope that improving jaw and palate structure will support breathing and oral function. For some children, that may be an important part of the bigger plan.

But expansion is not a guaranteed way to avoid surgery. If the tonsils and adenoids are a major obstruction, surgery may still be necessary.

If your child already had expansion or an orthodontic evaluation before surgery, that information is still helpful. It may give you a clearer picture of your child's palate width, bite, jaw growth, and tongue space.

If expansion was never discussed before surgery, that does not mean something was missed. Many families are first focused on the most obvious issue: enlarged tonsils and adenoids. But after surgery, especially if symptoms continue, jaw and palate development may be worth ruling in or ruling out.

Not Every Child Needs Expansion

This matters.

Not every child with enlarged tonsils, adenoids, snoring, or mouth breathing needs expansion.

Not every child with tonsil and adenoid issues has underdeveloped jaws or a narrow palate.

But these patterns are common enough in airway-focused care that they deserve attention.

A child may have enlarged tonsils and adenoids and also have:

- Narrow palate
- High palate
- Crowded teeth
- Crossbite
- Small or recessed jaws
- Limited room for the tongue
- Low tongue posture
- Mouth breathing
- Open-mouth sleep
- Difficulty keeping the lips closed comfortably

These are not just tooth concerns. They can be clues about tongue space, oral posture, jaw growth, and long-term airway development.

For some children, the answer is treatment. For others, the answer is monitoring.

The value of evaluation is knowing which situation applies to your child.

Why Palate Width and Tongue Space Matter

The upper jaw forms the roof of the mouth and the floor of the nose. That means palate shape can affect more than the way teeth fit together.

A narrow or high palate may be associated with:

- Crowded teeth
- Crossbite
- Limited tongue space



UNDERSTAND- Educational Explanation

- Difficulty resting the tongue comfortably in the roof of the mouth
- Open-mouth posture
- Mouth breathing
- Nasal breathing difficulty
- Sleep-disordered breathing concerns in some children

The tongue also needs enough room to rest comfortably in the roof of the mouth, with the lips closed and breathing through the nose. If the upper jaw is narrow, the tongue may rest low, forward, or between the teeth. That can make healthy oral rest posture harder to maintain.

This is why expansion sometimes comes up in airway conversations.

The question is not only:
“Are the teeth straight?”

The question is also:
“Is there enough room for the tongue to rest and function well?”

Not Every Orthodontic Evaluation Looks at This the Same Way

This is important for parents to understand.

Some orthodontists are very airway-aware and look at palate width, tongue space, mouth breathing, sleep-related symptoms, and long-term function.

Others are focused primarily on straightening teeth and correcting the bite.

That does not make one automatically good or bad.

But it does mean that if your child has airway concerns, you want to make sure the evaluation is looking beyond just whether the teeth can be straightened.

Some providers may only think about expansion if there is a crossbite. Others may also consider tongue space, palate width, nasal breathing support, oral rest posture, and airway-related symptoms.

If extraction or retraction is recommended, it is reasonable to ask how that plan is considering tongue space, facial growth, oral function, and airway support.

What Expansion May Help Support

When expansion is appropriate, the goal may be to support:

- Palate width
- Dental arch development
- Bite relationship
- Room for permanent teeth
- Room for the tongue
- Oral rest posture
- Nasal breathing support
- A better foundation for oral function

Expansion is not a cure-all, and it is not the right choice for every child.

It also does not replace ENT care, allergy care, sleep evaluation, myofunctional therapy, or medical follow-up when those are needed.

It may be one piece of the bigger airway picture.



Questions to Ask About Expansion

If expansion is being discussed, or if you are wondering whether it should be considered, you may want to ask:

- Why are you recommending or not recommending expansion for my child?
- Are you evaluating expansion only based on crossbite, or are you also considering palate width, tongue space, nasal breathing support, oral rest posture, and airway-related symptoms?
- What specific problem are we trying to improve?
- Is the goal dental, skeletal, airway-related, functional, or a combination?
- How would expansion affect tongue space?
- Could expansion support nasal breathing or oral rest posture in my child's case?
- What happens if we monitor for now instead of starting treatment?
- What is the ideal timing for my child?
- How will we know whether treatment is helping?
- Will my child also need myofunctional therapy before, during, or after expansion?
- If extraction or retraction is recommended instead, how are tongue space, facial growth, oral function, and airway support being considered?
- Do you collaborate with ENT, myofunctional, dental, allergy, or sleep providers when needed?

These questions help you understand whether the recommendation is looking only at the teeth, or whether it is also considering growth, function, tongue space, and airway health.

Workbook Note

Use the Airway Team Notes & Next Steps and Questions for Follow-Up Appointment pages in the Recovery Roadmap Workbook.

These pages can help you write down recommendations, next steps, and questions to bring back to your child's care team.

Parent Reminder

You do not need to become an orthodontic expert.

You do not need to know every type of expander. You simply need to understand that palate width, jaw growth, and tongue space can matter for airway and oral function.

If your child has ongoing symptoms or signs of narrow development, an orthodontic evaluation can help you understand whether expansion should be part of the plan.





Clinical Tip:

When expansion is discussed, listen for the why.

Expansion should have a clear purpose.

Ask what problem they are trying to solve:

- Bite?
- Crowding?
- Palate width?
- Tongue space?
- Nasal breathing support?
- Oral function?
- Growth guidance?



A clear goal makes the recommendation easier to understand.

REMEMBER THIS



Expansion is not for every child.

But for some children, especially those with a narrow palate, crowding, crossbite, underdeveloped jaws, limited tongue space, mouth breathing, or persistent sleep symptoms, it may be an important part of the post-surgery airway plan.

The goal is not just straight teeth.

The goal is supporting healthy growth, better function, and enough space for the tongue and airway to work well.



Your Post-Surgery Airway Follow-Up Plan

What to Do If Symptoms Continue After Healing

Why You're Here:

By this point in the guide, you have learned that tonsil and adenoid surgery can be a very important step for many children.

You have also learned that surgery is not always the entire airway plan.

This does not mean something went wrong.

It simply means your child's breathing, sleep, growth, nasal health, oral function, and airway development may need to be looked at as a bigger picture.

This section is not meant to repeat the healthcare team section from Part 1.

This section is here to help you answer one practical question:

"Now that surgery is over, what do I do next?"

First, Let Healing Happen

Do not judge your child's long-term airway outcome during the hardest days of recovery.

Sleep may be disrupted.

Eating and drinking may be different.

Pain, swelling, medication timing, fatigue, and routine changes can all affect how your child looks and feels during the first couple of weeks.

Give your child time to heal and follow your surgeon's instructions first.

After healing, start paying attention to what has improved, what has stayed the same, and what concerns are still showing up.





When Should You Start Looking at the Bigger Airway Picture?

Healing does not magically stop at two weeks.

The first couple of weeks are usually focused on pain control, hydration, rest, scab healing, and watching for red flags.

During that time, sleep may still be disrupted. Your child may still sound different, breathe differently, have drainage, swelling, discomfort, or be out of their normal routine. So do not judge the final result too early.

A helpful way to think about timing is:

First 2 weeks

Focus on recovery. Follow your surgeon's instructions. Watch for red flags. Do not overanalyze long-term breathing patterns yet.

Weeks 2–4

Start observing. Some children are still settling back into normal sleep, eating, energy, and breathing patterns. You may begin noticing what is improving, but it may still be too early to know the full outcome.

Around 4–6 weeks

If your child is still clearly snoring, mouth breathing, sleeping with the mouth open, restless, congested, struggling with nasal breathing, tired during the day, or showing other ongoing symptoms, it is reasonable to bring those concerns to your child's provider.

Around 6–8 weeks

If your child had significant sleep-disordered breathing, sleep apnea, or symptoms are still continuing, ask whether additional follow-up or a sleep study is appropriate.



You do not have to wait if something feels urgent or concerning.

Bleeding, trouble breathing, dehydration, uncontrolled pain, repeated vomiting, extreme sleepiness, or anything your discharge instructions warn you about should be addressed right away.

But for the bigger airway picture, the goal is to give healing enough time while still knowing when to circle back and ask better questions.



Circle Back to the Goal

Once your child is past the hardest part of recovery and you are several weeks out from surgery, it helps to come back to the bigger question:

Is my child breathing and sleeping better?

For many families, the reason for surgery was not just that the tonsils or adenoids were enlarged. The deeper concern was that breathing, sleep, behavior, growth, or quality of life was being affected.

The goal is healthy, comfortable nasal breathing and restful sleep.

If You Started Before Surgery

Some families begin supportive airway-related evaluations before surgery.

You may have already talked with a myofunctional therapist, orthodontist, dentist, allergist, sleep provider, or another member of your child's care team.

If that is the case, you may already have a head start.

After surgery, update those providers on what changed.

Let them know:

- What improved
- What did not change
- What symptoms returned

- What new concerns you noticed
- What your surgeon said at follow-up

Surgery may change the next step.

A child who was not ready for certain therapies before surgery may be more ready after healing.

A child who had expansion, allergy support, or myofunctional therapy before surgery may still need follow-up to see how their body is using the new airway space.

If Surgery Came First

Many families do not have time to explore every airway-related piece before surgery.

That is okay.

Sometimes the enlarged tonsils and adenoids are the most obvious concern, and surgery comes first. If you did not get to the bigger airway pieces before surgery, this is where you come back around to them.

After your child has healed, use what you are still seeing to decide what needs follow-up.

You do not need to chase every possible provider. You need the right next step based on your child's symptoms.





Circle Back to the Goal

Use this as a simple starting point.



IF YOU ARE STILL NOTICING...

CONSIDER ASKING ABOUT...

Snoring, gasping, pauses in breathing, restless sleep, sweating during sleep, unusual sleep positions, or daytime sleepiness

ENT follow-up, pediatrician follow-up, or sleep medicine evaluation

Chronic congestion, allergies, runny nose, postnasal drip, nasal blockage, or difficulty breathing through the nose

Pediatrician, ENT, or allergy evaluation

Mouth breathing, lips apart at rest, low tongue posture, tongue thrust, open-mouth chewing, messy eating, or difficulty keeping lips closed comfortably

Myofunctional evaluation

Narrow or high palate, crowding, crossbite, limited tongue space, small or recessed jaws, or concern about growth and bite

Dental or orthodontic evaluation

Ongoing chewing, swallowing, gagging, texture, or feeding concerns

Pediatrician, myofunctional therapist, feeding therapist, or other appropriate specialist

Symptoms improved at first but returned later

Recheck with the provider most connected to the symptom

You are unsure where to start

Begin with your child's surgeon, pediatrician, dentist, or myofunctional therapist and bring your symptom tracker

This table is not a diagnosis.

It is simply a way to organize what you are seeing so you can ask better questions.



Do Not Try to Do Everything at Once

It can feel overwhelming when you realize how many things can affect breathing and sleep.

You do not have to fix everything in one week.
You do not need every provider.

You do not need to become an expert in airway, orthodontics, sleep medicine, allergies, and oral function.

Start with the biggest remaining concern.
Then take the next appropriate step.

For many families, the order looks something like this:

1. Let your child heal.
2. Attend the surgical follow-up.
3. Track what symptoms remain.
4. Ask whether additional evaluation is needed.
5. Follow through with the most relevant next provider.
6. Reassess as your child grows.

One step at a time is enough.

Questions to Bring to Follow-Up

At your child's follow-up appointment, you may want to ask:

- Is healing on track?
- Based on surgery, how much obstruction was removed?
- Should we expect more improvement with time?
- Are any symptoms concerning at this stage?
- If snoring, mouth breathing, or restless sleep continues, when should we follow up?
- Should we consider a sleep study if symptoms continue?
- Should allergies, nasal obstruction, or chronic congestion be evaluated?
- Should jaw growth, palate width, tongue space, or oral function be evaluated?
- Who would you recommend we see next if symptoms do not resolve?

You do not have to ask every question.

Choose the ones that match your child.

Use the Tools You Have

You do not have to remember everything.
That is why this guide includes tracking pages and follow-up tools.

Use the Follow-Up Symptom Tracker after your child has healed to compare what symptoms improved, what stayed the same, and what may need more attention.

Use the Questions for Follow-Up Appointment page

to write down what you want to ask before you are sitting in the appointment.

Use the Airway Team Notes & Next Steps page to organize recommendations, referrals, and action steps.

These tools are here to help you move from:
“I’m worried, but I don’t know what to do.”
to:
“Here is what I’m seeing, here is what I’m asking, and here is the next step.”



Watch for Patterns Over Time

Some improvements are obvious quickly. Others are more subtle.

You may notice your child:

- Sleeps more quietly
- Wakes more easily
- Has better energy
- Breathes through the nose more often
- Keeps the lips closed more comfortably
- Eats or swallows more comfortably
- Has fewer night wakings
- Seems less restless
- Has improved mood or focus

You may also notice that some symptoms remain. That does not mean surgery failed.

It means your child may need more support in another area.

Tracking helps you see patterns instead of relying on memory during a stressful season.

Parent Reminder

You are not behind if you did not explore every airway-related piece before surgery.

You are not failing if your child still needs follow-up after surgery. You are simply continuing the process.

The goal is not to do everything perfectly. The goal is to keep paying attention, ask good questions, and support your child's breathing, sleep, growth, and function over time.



Clinical Tip:

When you are deciding what to do next, ask:
What is the main symptom that is still showing up?

Then ask:
Which provider is most likely to help us understand that symptom?

This keeps the follow-up plan focused instead of overwhelming.

REMEMBER THIS

The goal was never just to get through surgery. The bigger goal is healthy breathing, restful sleep, better function, and a child who can grow and thrive with the best airway support possible. Surgery may be a major turning point, but healing from surgery and building long-term healthy breathing are not always the same thing. If symptoms continue after healing, do not panic.

You have a roadmap.
You have the trackers.
You have the questions.
You have a way to organize what you are seeing and decide what to do next. Start with the biggest remaining concern, use the tools in this guide, and take the next appropriate step.



Part 5 • Tools & Resources

Everything in One Place

By this point, you have walked through preparing for surgery, getting through surgery day, supporting the first two weeks of recovery, and understanding what may need attention beyond surgery.

This final section brings the practical tools together.

Here, you will find recipes, frequently asked questions, provider questions, trusted resources, and printable support pages to help you stay organized before, during, and after recovery.

You do not need to use every tool.

Some families want detailed trackers.

Some families only need a few checklists.

Some families come back to this section later when new questions come up.

Use what helps.

Skip what does not.

The goal is not to make recovery feel more complicated.

The goal is to give you simple, practical support so you can care for your child with more clarity and less scrambling.

In this section, you'll find:

- Recovery-friendly food and recipe ideas
- Common questions parents ask
- Questions to bring to your child's healthcare providers
- Recommended resources and professional directories
- References & Helpful Sources

Keep this section easy to access.

You may want to return to it when you are planning groceries, preparing for follow-up appointments, organizing symptoms, or deciding what questions to ask next.

REMEMBER THIS

You do not have to remember everything.

You do not have to figure it all out at once.

You have a roadmap, you have tools, and you can take the next step one piece at a time.





Gentle Foods for Hydration, Comfort, & Nourishment



Food can feel stressful during recovery. Some children want to eat sooner than expected. Some children want only fluids for several days. Some children are willing to try cold foods but refuse warm foods. Some children get tired of sweet foods and want something more filling. There is no perfect recovery menu. In the early days, hydration matters most. Food can come slowly as your child is ready and as your surgeon allows. The recipes in this section are meant to give you simple, gentle options that may be easier to swallow, easier to prepare, and easier to offer during recovery. They are not meant to replace your child's discharge instructions. Always follow your child's surgeon's specific food and fluid guidelines first.

How to Use These Recipes

Use these recipes based on your child's comfort level, appetite, and stage of recovery. Some recipes are cold and soothing. Some are sippable. Some are soft and blended. Some are better for later in recovery when your child is ready for more texture and nourishment. You do not need to make everything. Choose a few options your child already likes, then add one or two new ideas if needed. Simple is best.

Recovery Food Priorities

During recovery, focus on:

- Fluids first
- Soft textures
- Gentle temperatures
- Easy swallowing
- Small portions
- Familiar flavors
- Protein when tolerated
- Calories when appetite is low
- Foods your child will actually accept

Early on, your child may do best with cold fluids, popsicles, smoothies, gelatin, applesauce, broths, or very soft foods.

As healing progresses, some children may be ready for more filling options like soft soups, mashed sweet potatoes, tender noodles, soft rice, scrambled eggs, or very soft cooked vegetables.

Let your child's comfort and your surgeon's instructions guide the timing.



RECIPE- Recovery-Friendly Recipe

Foods to Be Careful With

Your child's surgeon may ask you to avoid certain foods during recovery.

In general, many families are told to be careful with foods that are:

- Sharp
- Crunchy
- Scratchy
- Spicy
- Acidic
- Very hot
- Hard to chew
- Difficult to swallow



Some surgical teams also recommend avoiding red-colored foods or drinks early in recovery because they can be confused with blood.

When in doubt, ask your child's medical team.

Parent Reminder

Your child may not eat normally right away. That is common.

Keep offering fluids, follow your medication and hydration plan, and contact your child's medical team if your child is not drinking, shows signs of dehydration, has uncontrolled pain, repeated vomiting, bleeding, or anything that concerns you.

The goal is not a perfect diet.

The goal is to keep your child hydrated, comfortable, nourished when possible, and supported as healing continues.

Make-Ahead Tip

Before surgery day, consider preparing a few easy options ahead of time.

Helpful make-ahead ideas include:

- Freezer smoothie packs
- Homemade popsicles
- Small containers of broth or soup
- Soft cooked noodles or rice
- Applesauce cups
- Gelatin cups
- Pre-portioned soft foods
- A small hydration station with approved drinks

You do not need a freezer full of recipes.

Even having two or three ready-to-go options can make recovery feel less stressful.

REMEMBER THIS



Recovery food should be simple. Start with fluids. Choose soft, gentle options. Follow your surgeon's instructions. And do not underestimate the value of a few easy recipes you can reach for when everyone is tired.



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More filling options for later recovery when your child is ready for more texture.

- Mashed Sweet Potatoes with Bone Broth or Butter
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Make-Ahead Parent Helpers: 201-202

Simple prep ideas to make recovery easier.

- Freezer Smoothie Packs
- Mini Soup Portions
- Recovery Hydration Station
- Soft Food Snack Tray



Cold & Soothing

Homemade Electrolyte-Style Popsicles



Best for: Early recovery, sore throat days, and kids who need encouragement to take small amounts of fluid.

Prep Time: 10 Minutes

Ingredients:

- 1 ½ cups coconut water
- 1 cup white grape juice, pear juice, or apple juice
- ½ cup water
- 1 tablespoon maple syrup or honey, optional
- ⅛ teaspoon fine sea salt

Note: Do not use honey for children under 1 year old.

Instructions:

- Add coconut water, juice, water, optional sweetener, and sea salt to a large measuring cup or bowl.
- Stir well until the salt is fully dissolved.
- Taste the mixture. It should taste lightly sweet and refreshing, not salty.
- Pour into popsicle molds.
- Freeze for 4–6 hours, or until solid.
- Before serving, let the popsicle sit at room temperature for a few minutes so it softens slightly and is not too hard or icy.



Recovery Note:

Popsicles can be a helpful way to encourage small amounts of fluid when drinking feels hard. These are a gentle electrolyte-style option, but they are not a medical oral rehydration solution. If your child's medical team recommends a specific electrolyte drink, use what they recommend.

Use light-colored juice if your surgeon wants you to avoid red or dark-colored foods and drinks early in recovery.



Cold & Soothing

Creamy Banana Nice Cream



Best for: Kids who want something cold, creamy, and spoonable once they are ready for slightly thicker textures.

Prep Time: 5 Minutes

Freeze Time: 4 hours or overnight

Makes 2 small servings

Ingredients:

- 2 ripe bananas, sliced and frozen
- ¼ cup milk of choice, coconut milk, or plain Greek yogurt
- ½ teaspoon vanilla extract
- 1–2 teaspoons maple syrup or honey, optional
- Tiny pinch of cinnamon, optional

Note: Do not use honey for children under 1 year old

Instructions:

- Slice ripe bananas and freeze them in a single layer for at least 4 hours or overnight.
- Let the frozen banana slices sit at room temperature for 3–5 minutes before blending.
- Add frozen banana slices, milk or yogurt, vanilla, and optional sweetener to a food processor or high-speed blender.
- Blend until smooth and creamy, stopping to scrape down the sides as needed.
- Serve immediately as soft nice cream.
- If the mixture is too thick, add 1 tablespoon of milk at a time until it blends smoothly.

Optional Fruit Variation: For a gentle flavor change, replace ½ cup of the frozen banana with frozen mango or frozen peaches. Keep at least some banana in the recipe for the creamiest texture.

Recovery Note: Serve this soft, not frozen hard. If it feels too cold or firm, let it sit for a few minutes before offering it. Avoid crunchy toppings during early recovery. Keep it plain, or add a small spoonful of applesauce or mashed banana if tolerated.





Cold & Soothing

Soft Gelatin Cups



Best for: Early recovery, light snacks, or kids who want something cold, smooth, and spoonable.

Prep Time: 10 Minutes

Chill Time: 3-4 hours or overnight

Makes 4 small gelatin cups

Ingredients:

- 2 cups light-colored juice, such as apple, pear, or white grape juice
- 1 packet unflavored gelatin, about 2 ½ teaspoons

Instructions:

- Pour ½ cup cold juice into a bowl.
- Sprinkle the gelatin evenly over the cold juice.
- Let it sit for 5 minutes to soften.
- Warm the remaining 1 ½ cups juice in a small saucepan until hot and steamy, but not boiling.
- Pour the warm juice over the softened gelatin.
- Whisk until the gelatin is fully dissolved.
- Pour into small cups or containers.
- Refrigerate for 3-4 hours, or until set.
- Serve cold and spoonable.



Optional Later-Recovery Variation: For soft gelatin bites, use 2 packets of unflavored gelatin instead of 1 packet. Pour the mixture into a small square dish, chill until set, and cut into small soft squares.

Gelatin bites are firmer than gelatin cups, so they may be better later in recovery when your child is ready for a little more texture.

Recovery Note: Use light-colored juice if your surgeon recommends avoiding red or dark-colored foods and drinks early in recovery. Avoid fresh pineapple, kiwi, or papaya juice because they can keep gelatin from setting properly. For the earliest recovery days, gelatin cups are usually gentler than firmer gelatin bites.



Smoothies & Sippable Nutrition

Protein-Rich Banana Oat Smoothie



Best for: Kids who will drink better than they eat and need something smooth, filling, and gentle.

Prep Time: 5 Minutes

Makes: 1 large smoothie or 2 small servings

Ingredients:

- 1 ripe banana
- ½ cup plain Greek yogurt
- ½ cup milk of choice, high-protein milk, or unsweetened soy milk
- 2 tablespoons quick oats
- 1 tablespoon maple syrup or honey, optional
- ½ teaspoon vanilla extract
- 2–3 ice cubes, optional

Note: Do not use honey for children under 1 year old.

Instructions:

- Add banana, Greek yogurt, milk, oats, optional sweetener, vanilla, and ice to a blender.
- Blend until very smooth.
- Let the smoothie sit for 2–3 minutes so the oats soften even more.
- Blend again for 10–15 seconds.
- Pour into a cup and serve immediately.
- If the smoothie is too thick, add 1–2 tablespoons of milk at a time until it is easy to sip.

Optional Variations: For extra creaminess, use frozen banana instead of fresh banana. For a dairy-free option, use unsweetened soy milk and a dairy-free yogurt your child already tolerates.

Recovery Note: This smoothie is meant to be smooth, mild, and easy to sip. Avoid adding seeds, nuts, granola, peanut butter chunks, or crunchy toppings during early recovery. Smoothies are listed by several pediatric recovery resources as a soft option after tonsillectomy, but always follow your child's surgeon's specific food and fluid instructions first.





Smoothies & Sippable Nutrition

Dairy-Free Berry Smoothie



Best for: Kids who want a cool, smooth drink and may tolerate mild berry flavor better than heavier foods.

Prep Time: 5 Minutes

Makes: 1 large smoothie or 2 small servings

Ingredients:

- $\frac{3}{4}$ cup frozen blueberries
- 1 ripe banana
- $\frac{3}{4}$ cup unsweetened oat milk, unsweetened soy milk, or other dairy-free milk of choice
- $\frac{1}{4}$ cup dairy-free vanilla or plain yogurt, optional
- 1–2 teaspoons maple syrup or honey, optional
- $\frac{1}{2}$ teaspoon vanilla extract, optional

Note: Do not use honey for children under 1 year old.

Instructions:

- Let the frozen blueberries sit at room temperature for 3–5 minutes so they soften slightly.
- Add blueberries, banana, dairy-free milk, optional dairy-free yogurt, optional sweetener, and vanilla to a blender.
- Blend until completely smooth.
- If the smoothie is too thick, add 1–2 tablespoons of dairy-free milk at a time until it is easy to sip.
- Serve immediately.

Optional Variations: For a slightly sweeter, less tangy smoothie, replace $\frac{1}{4}$ cup of the blueberries with frozen mango. If your child prefers a thinner smoothie, add a splash of extra milk and blend again.

Recovery Note: Blueberries are usually a gentler berry option than more tart berries, but every child is different. If berry flavors seem to sting your child's throat, pause and try a milder option like banana or mango instead. Avoid adding strawberries with seeds, raspberries, blackberries, citrus, pineapple, or crunchy toppings during early recovery if they seem irritating.





Smoothies & Sippable Nutrition

Creamy Avocado Mango Smoothie



Best for: Kids who are ready for a smooth, creamy drink with a little more substance.

Prep Time: 5 Minutes

Makes: 1 large smoothie or 2 small servings

Ingredients:

- 1 cup frozen mango chunks, slightly thawed
- ¼ ripe avocado
- ½ ripe banana
- ¾ cup milk of choice, coconut milk beverage, or unsweetened soy milk
- 1–2 teaspoons maple syrup or honey, optional
- ½ teaspoon vanilla extract, optional

Note: Do not use honey for children under 1 year old.

Instructions:

- Let the frozen mango sit at room temperature for 5 minutes so it is not rock hard.
- Add mango, avocado, banana, milk, optional sweetener, and vanilla to a blender.
- Blend until completely smooth.
- If the smoothie is too thick, add 1–2 tablespoons of milk at a time until it is easy to sip.
- Serve immediately.

Optional Variations: For a lighter smoothie, replace ¼ cup of the milk with coconut water. For extra creaminess, use frozen banana instead of fresh banana.



Recovery Note: This smoothie should be very smooth and easy to sip. The avocado adds creaminess without a strong flavor, while the mango adds sweetness. Use ripe mango for the best taste. Avoid adding citrus, pineapple, seeds, greens, or crunchy toppings during early recovery. If your child's surgeon has given specific instructions about straws, follow those instructions first.



Warm, Soft & Blended

Blended Chicken Noodle Soup

Best for: Kids who are ready for warm, soft foods and need something more filling than popsicles or smoothies.



Prep Time: 10 Minutes

Cook Time: 25 minutes

Makes: About 4 small servings

Ingredients:

- 4 cups low-sodium chicken broth
- 1 cup cooked shredded chicken
- 1 cup peeled diced carrots
- ½ cup diced celery
- ¼ cup finely diced onion, optional
- ½ cup tiny pasta, pastina, or broken noodles
- 1 tablespoon olive oil or butter, optional
- Salt to taste, if needed



Instructions:

- In a medium pot, warm the olive oil or butter over medium heat, if using.
- Add carrots, celery, and optional onion. Cook for 3–4 minutes, stirring often.
- Add chicken broth and bring to a gentle simmer.
- Simmer for 15–20 minutes, or until the vegetables are very soft.
- Add cooked chicken and simmer for 2–3 more minutes.
- Carefully blend the soup base until smooth, using an immersion blender or regular blender.
- In a separate small pot, cook the tiny pasta until very soft. Drain.
- Stir a small amount of soft pasta into each serving if your child is ready for more texture.
- Let the soup cool until warm, not hot, before serving.

Softer Option: For a smoother soup, skip the noodles and serve only the blended chicken and vegetable soup base. For later recovery, when your child is swallowing more comfortably, you can add very soft noodles, soft carrots, or tender chicken pieces instead of blending everything.

Recovery Note: Do not overblend the noodles. Blended pasta can become gummy. This recipe works best when the soup base is blended smooth and the very soft noodles are added only when your child is ready for them. Always follow your surgeon's food and texture instructions first.



Warm, Soft & Blended

Creamy Potato Carrot Soup

Best for: Kids who want a warm, smooth soup that feels gentle and filling.

Prep Time: 10 Minutes

Cook Time: 25 minutes

Makes: About 4 small servings

Ingredients:

- 2 cups peeled diced potatoes
- 1 ½ cups peeled diced carrots
- 4 cups low-sodium chicken broth or vegetable broth
- ¼ cup finely diced onion, optional
- 1 tablespoon butter or olive oil, optional
- ¼ cup milk, coconut milk, or extra broth, optional
- Salt to taste, if needed

Instructions:

- In a medium pot, warm the butter or olive oil over medium heat, if using.
- Add optional onion and cook for 2–3 minutes, stirring often.
- Add potatoes, carrots, and broth.
- Bring to a gentle simmer.
- Cook for 20–25 minutes, or until the potatoes and carrots are very soft.
- Carefully blend until completely smooth.
- Stir in milk, coconut milk, or extra broth if you want a creamier or thinner soup.
- Let the soup cool until warm, not hot, before serving.

Optional Variation: For extra protein, you can blend in ½ cup cooked chicken until completely smooth. For a thinner soup, add more broth 1–2 tablespoons at a time until it is easy to sip from a spoon.

Recovery Note: This soup is naturally smooth and mild, which can make it easier for children who are tired of sweet recovery foods. Keep the seasoning simple. Avoid pepper, spicy seasonings, or very hot temperatures during recovery unless your child's surgeon says they are okay.





Warm, Soft & Blended

Gentle Egg Drop Soup

Best for: Kids who are ready for warm broth and very soft protein.

Prep Time: 5 Minutes

Cook Time: 10 minutes

Makes: About 4 small servings

Ingredients:

- 4 cups low-sodium chicken broth
- 2 large eggs
- 1 tablespoon cornstarch, optional
- 2 tablespoons cold water, optional
- Salt to taste, if needed

Instructions:

- Add chicken broth to a medium pot and bring to a gentle simmer.
- In a small bowl, whisk the eggs until smooth.
- If using cornstarch, mix cornstarch with cold water in a separate small bowl until smooth. Stir this into the simmering broth to make the soup slightly silkier.
- Turn the heat to low.
- Slowly drizzle the whisked eggs into the broth while gently stirring in one direction.
- Cook for 1-2 minutes, until the egg ribbons are soft and fully cooked.
- Remove from heat.
- Let the soup cool until warm, not hot, before serving.

Softer Option:

For children who are not ready for egg ribbons, offer the warm broth by itself first.

For children who tolerate soft textures well, the egg ribbons can be offered as a gentle protein option.

Recovery Note: This soup should be soft, warm, and mild.

Avoid spicy seasonings, crunchy toppings, green onions, fried wontons, or anything sharp or scratchy during recovery. Follow your child's surgeon's instructions about when to return to more textured foods.





Soft Meals for When Appetite Returns



Mashed Sweet Potatoes with Bone Broth or Butter

Best for: Later recovery, when your child is ready for something soft, warm, and more filling.

Prep Time: 10 Minutes

Cook Time: 15 - 20 minutes

Makes: About 4 small servings

Ingredients:

- 2 medium sweet potatoes, peeled and diced
- ¼ cup bone broth, chicken broth, milk, or water
- 1 tablespoon butter or olive oil
- ¼ teaspoon cinnamon, optional
- Small pinch of salt, optional

Instructions:

Place diced sweet potatoes in a medium pot and cover with water.

Bring to a gentle boil.

Cook for 15-20 minutes, or until the sweet potatoes are very soft and easy to mash.

Drain well.

Add butter or olive oil.

Mash until smooth.

Add bone broth, chicken broth, milk, or water a little at a time until the texture is soft and creamy.

Let cool until warm, not hot, before serving.



Optional Variation:

For a thinner texture, add extra broth 1 tablespoon at a time until the sweet potatoes are very soft and easy to swallow.

For a slightly sweeter flavor, add a tiny pinch of cinnamon.

Recovery Note:

This is a soft, gentle option for when your child is ready for something more filling than popsicles, smoothies, or broth.

Keep the texture very smooth. Avoid nuts, seeds, crunchy toppings, spicy seasonings, or anything that could scratch the throat.



Soft Meals for When Appetite Returns

Creamy Pastina or Soft Pasta Stars



Best for: Later recovery, when your child wants a soft, comforting meal with more substance.

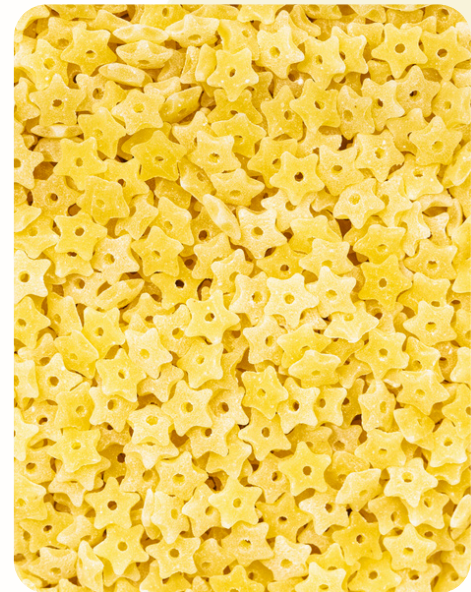
Prep Time: 5 Minutes

Cook Time: 10–12 minutes

Makes: About 2–3 small servings

Ingredients:

- ½ cup pastina, tiny pasta stars, or other very small pasta
- 2 cups low-sodium chicken broth or vegetable broth
- 1 tablespoon butter or olive oil
- 2–3 tablespoons milk, extra broth, or reserved cooking liquid
- 1–2 tablespoons grated parmesan, optional
- Small pinch of salt, optional



Instructions:

- Add broth to a small pot and bring to a gentle boil.
- Stir in the pastina or tiny pasta.
- Cook according to package directions, adding 1–2 extra minutes so the pasta becomes very soft.
- Stir often so it does not stick.
- If there is extra liquid, drain only a little. Keeping some liquid helps the pasta stay soft and creamy.
- Stir in butter or olive oil.
- Add milk, extra broth, or reserved cooking liquid until the texture is creamy and easy to swallow.
- Add parmesan if using.
- Let cool until warm, not hot, before serving.

Optional Variations: For extra protein, stir in 1–2 tablespoons of plain Greek yogurt after the pasta has cooled slightly. For a dairy-free option, use olive oil and extra broth instead of butter, milk, and parmesan.

Recovery Note: Tiny pasta can be easier for some children than larger noodles, but it should be cooked very soft. Avoid serving this too thick, sticky, or hot. Add extra broth as needed so it stays soft and easy to swallow.



Soft Meals for When Appetite Returns

Soft Chicken and Rice Bowl



Best for: Later recovery, when your child is ready for soft, simple, more meal-like foods.

Prep Time: 10 Minutes

Cook Time: 25–30 minutes

Makes: About 4 small servings

Ingredients:

- ½ cup white rice
- 2 cups low-sodium chicken broth
- ½ cup cooked shredded chicken, finely chopped
- ½ cup very soft cooked carrots, optional
- 1 tablespoon butter or olive oil
- Extra broth as needed
- Small pinch of salt, optional

Instructions:

- Add rice and chicken broth to a medium pot.
- Bring to a gentle boil.
- Reduce heat to low, cover, and simmer for 20–25 minutes, or until the rice is very soft.
- Stir in finely chopped cooked chicken and optional soft carrots.
- Cook for 3–5 more minutes, adding extra broth if needed.
- Stir in butter or olive oil.
- Mash lightly with a fork so the texture is soft and easy to eat.
- Let cool until warm, not hot, before serving.



Softer Option: For a softer texture, add extra broth and mash the rice mixture more. For a smoother texture, pulse briefly in a blender or food processor. Do not overblend, or the rice may become gummy.

Recovery Note: This recipe is meant for when your child is ready for more texture.

Chicken should be very tender and finely chopped. Carrots should be cooked until very soft. Skip anything crunchy, spicy, acidic, or hard to chew until your child's surgeon says those foods are okay.



Make-Ahead Parent Helpers



Why This Helps: Recovery can feel harder when everyone is tired, your child is uncomfortable, and you are trying to figure out food in the moment. You do not need to prep everything. But having a few soft, gentle options ready can make the first few days feel less stressful.

1. Freezer Smoothie Packs

Add smoothie ingredients to small freezer bags or containers so they are ready to blend.

Good options:

- Banana slices
- Mango chunks
- Blueberries
- Avocado pieces
- Quick oats
- A note on the bag with what liquid to add



When ready to use, add the frozen pack to a blender with milk, dairy-free milk, coconut water, or yogurt.

Tip: Keep flavors mild. Avoid citrus, pineapple, seeds, or tart fruits if they bother your child's throat.

2. Mini Soup Portions

Make soup ahead of time and freeze it in small containers.

Good options:

- Blended chicken soup base
- Creamy potato carrot soup
- Plain broth
- Soft chicken and rice soup

Freeze in small portions so you only thaw what your child may actually eat.

Tip: Keep noodles and rice separate when possible. Add them later so they stay soft instead of turning mushy.





RECIPE- Recovery-Friendly Recipe

3. Recovery Hydration Station

Set up a small area with approved drinks and easy sipping options.

Helpful items may include:

- Water bottle
- Favorite cup
- Coconut water
- Apple juice, pear juice, or white grape juice
- Electrolyte drink recommended by your child's medical team
- Popsicles
- Hydration tracker



Tip: Small sips count. If your child will not drink much at once, offer tiny amounts often.

4. Soft Food Snack Tray

Create a simple tray or fridge bin with gentle options your child may tolerate.

Ideas include:

- Applesauce cups
- Gelatin cups
- Yogurt, if tolerated
- Smoothie ingredients
- Mashed banana
- Soft cooked noodles
- Broth cups
- Soft scrambled eggs, later in recovery
- Mashed sweet potatoes, later in recovery



Tip: Do not put out too many choices at once. A few calm options can feel easier than a full menu.



Recovery Note:

Prepare a few easy options before surgery, but do not stress about making everything homemade. During early recovery, hydration matters most. Food can come slowly as your child is ready. Follow your surgeon's instructions first, avoid foods your child is not ready for, and keep textures soft, gentle, and easy to swallow.



Frequently Asked Questions

Quick Answers for Common Parent Concerns

How long does recovery usually take?

Many children need about 10–14 days for the hardest part of recovery. Some children feel better sooner, while others need more time.

Even after the first two weeks, sleep, energy, appetite, and breathing patterns may continue settling. Follow your surgeon's timeline for school, activity, food, and medication.

What matters most during the first few days?

Hydration, pain control, rest, and watching for red flags matter most.

Your child may not eat normally right away. That is common. Fluids are usually the bigger priority early on.

What should my child eat after surgery?

Follow your surgeon's instructions first. Many children do best with soft, gentle foods such as popsicles, smoothies, applesauce, gelatin, yogurt, broths, soft noodles, mashed potatoes, soft eggs, or blended soups.

Avoid foods that are sharp, scratchy, spicy, acidic, very hot, or hard to swallow unless your surgeon says they are okay.

What if my child will not eat?

Do not panic if your child does not want much food at first.

Focus on fluids and pain control. Offer small amounts often instead of large meals.

Call your child's medical team if your child is not drinking, is showing signs of dehydration, has uncontrolled pain, or you are worried.



Frequently Asked Questions

Quick Answers for Common Parent Concerns

Is bad breath normal?

Bad breath can be common during healing.

The throat may look white, gray, or scabbed while it heals. That can look alarming, but it can be part of normal recovery.

Call your child's medical team if you notice bleeding, worsening symptoms, fever concerns, or anything that does not match your discharge instructions.

Is ear pain normal?

Ear pain can happen after tonsil and adenoid surgery because throat pain can be felt in the ears.

This does not always mean your child has an ear infection.

Follow your child's pain plan and call the medical team if pain is not controlled, your child will not drink, or symptoms feel concerning.

Is snoring or noisy breathing normal after surgery?

Some noisy breathing or snoring can happen early after surgery while swelling, drainage, discomfort, and healing are still present.

Do not judge the final airway outcome too early.

If snoring, mouth breathing, restless sleep, gasping, pauses in breathing, or daytime tiredness continue several weeks after healing, bring it up with your child's provider.

When should I call the doctor or seek urgent help?

Follow your discharge instructions first.

Call your child's medical team or seek urgent help for bleeding, trouble breathing, signs of dehydration, uncontrolled pain, repeated vomiting, extreme sleepiness, difficulty waking, fever concerns, or anything that feels urgent.

If you see bright red bleeding, vomiting blood, trouble breathing, or your child is difficult to wake, seek emergency help right away.



Questions to Ask Your Child's Healthcare Providers

A Quick Reference for Appointments and Follow-Up

You do not need to ask every question on this list.

Choose the questions that match your child's symptoms, surgery stage, and biggest concerns.

Before each appointment, pick your top 3–5 questions and write them on the Questions for Follow-Up Appointment page in the Recovery Roadmap Workbook.

The goal is not to overwhelm the provider.
The goal is to help you walk in prepared, focused, and clear.



ENT / Surgeon

Use these questions for surgery planning, recovery concerns, and post-surgery airway follow-up.

- What should we expect during recovery, and what symptoms are not normal?
- What should we do if pain, hydration, nausea, fever, or sleep concerns come up?
- When should we call your office, and when should we seek urgent care?
- If snoring, mouth breathing, restless sleep, or pauses in breathing continue after healing, when should we follow up?
- Should we consider a sleep study if symptoms continue?
- Is there anything about my child's airway, nose, tonsils, adenoids, or healing that needs continued monitoring?



Pediatrician

Use these questions for overall health, hydration, nutrition, sleep, behavior, and referrals.

- Is my child's recovery, hydration, energy, and appetite on track?
- Are there signs of dehydration, poor intake, or delayed recovery that we should watch for?
- Could allergies, congestion, reflux, iron, vitamin D, or other health factors be affecting sleep or recovery?
- If sleep, breathing, behavior, or daytime energy do not improve, what should we check next?
- Who should we see next if symptoms continue: ENT, allergy, sleep medicine, orthodontics, or myofunctional therapy?



Dentist / Pediatric Dentist

Use these questions to discuss oral habits, airway screening, teeth, palate shape, and growth.

- Do you see signs of mouth breathing, grinding, tongue thrust, open-mouth posture, or oral habits?
- Does my child have a narrow or high palate, crowding, crossbite, or limited tongue space?
- Are the teeth, bite, palate, or jaw growth showing signs that may affect breathing or oral function?
- Should my child have an orthodontic evaluation?
- Do you screen for sleep-disordered breathing symptoms or refer when airway concerns are present?



Orthodontist / Airway-Focused Orthodontist

Use these questions when discussing growth, bite, palate width, expansion, and airway-aware treatment goals.

- Does my child have enough room for the tongue to rest comfortably in the roof of the mouth?
- Are palate width, jaw growth, bite, crowding, or crossbite affecting function?
- Do you screen for sleep-disordered breathing symptoms when evaluating growth?
- Do you only recommend expansion when there is a crossbite, or do you also consider tongue space, palate width, nasal breathing support, and airway-related symptoms?
- If expansion is recommended, what is the goal: dental, skeletal, airway-related, functional, or a combination?
- If extraction or retraction is recommended, how are tongue space, facial growth, airway support, and long-term function being considered?



Myofunctional Therapist

Use these questions to discuss breathing patterns, tongue posture, lip seal, chewing, swallowing, and therapy readiness.

- Is my child breathing comfortably through the nose when the nose is clear?
- Are the lips, tongue, jaw, and breathing patterns working together well after surgery?
- Do you see signs of low tongue posture, mouth breathing, poor lip seal, tongue thrust, open-mouth chewing, or oral habits?
- Is my child ready for therapy now, or do we need to address nasal breathing, allergies, sleep, or orthodontic concerns first?
- What would therapy goals look like for my child?
- How will we know whether therapy is helping?

Allergist / Nasal Symptom Provider

Use these questions when congestion, allergies, nasal obstruction, or mouth breathing continues.

- Could allergies, chronic congestion, or nasal inflammation be contributing to mouth breathing or poor sleep?
- What signs would suggest my child is not breathing comfortably through the nose?
- Should we consider allergy testing or a treatment plan for nasal symptoms?
- Could enlarged turbinates, chronic drainage, or nasal blockage still be affecting breathing?
- How will we know whether allergy or nasal treatment is helping?

Sleep Provider

Use these questions if snoring, gasping, pauses in breathing, restless sleep, daytime sleepiness, or sleep apnea concerns continue.

- Based on my child's symptoms, should we consider a sleep study?
- If my child had sleep apnea before surgery, do we need repeat testing?
- How long should we wait after surgery before reassessing sleep-disordered breathing?
- What symptoms would suggest sleep apnea or sleep-disordered breathing is still present?
- If symptoms continue, what are the next steps?

Parent Reminder

You do not have to manage every provider or every question at once.

Start with the symptom that is still showing up most clearly.

Then choose the provider most likely to help you understand that symptom.

Use the workbook page "Questions for Follow-Up Appointment" to write down what you want to ask, what the provider says, and what your next step will be.





Recommended Resources & Professional Directories

Helpful Places to Start

You do not have to figure out every next step on your own.

The resources below can help you learn more, find providers, ask better questions, and understand the bigger picture of children's airway health, oral function, jaw growth, sleep, and recovery.

These links are starting points.

They do not replace your child's medical team, and being listed in a directory does not automatically mean a provider is the right fit for your child.

Use these resources to begin your search, then ask questions, check credentials, and look for providers who understand your child's specific needs.



Airway-Focused Education & Directories

Airway Circle

Airway Circle is an interdisciplinary airway education community and directory. It can be a helpful place to look for airway-aware providers from a variety of backgrounds, including myofunctional therapy, dentistry, orthodontics, ENT, allergy, sleep, and related fields.

Best for: Families looking for providers who understand the bigger airway picture.

Website: [Airway Circle](#)

Directory: [Airway Circle Directory](#)

Facebook: [Airway Circle for Patients / Parents](#)





IAOM – International Association of Orofacial Myology

The IAOM directory can help families look for providers with training, membership, or certification connected to orofacial myology. Their directory includes healthcare professionals from backgrounds such as dentistry, dental hygiene, medicine, speech-language pathology, physical therapy, and occupational therapy.

Best for: Finding orofacial myologists or myofunctional therapy providers.

[IAOM FAQ](#)

[IAOM directory](#)



AOMT – Academy of Orofacial Myofunctional Therapy



AOMT offers a directory for finding myofunctional therapists and allied health professionals. Their directory may be useful when looking for support with airway, oral function, speech, and related concerns.

Best for: Finding myofunctional therapy providers.

Website: [AOMT Find a Therapist](#)

AAPMD – American Academy of Physiological Medicine & Dentistry

AAPMD is an interdisciplinary organization focused on airway-centered health, dentistry, medicine, growth, sleep, and function. Their work includes pediatric, myofunctional, physical therapy, and collaborative airway-focused sections.

Best for: Families wanting to learn more about interdisciplinary airway care.

Website: [AAPMD](#)





Children's Airway First Foundation

Children's Airway First Foundation offers parent education, resources, provider search links, podcast content, and support for families learning about children's airway disorders.

Best for: Parent education about mouth breathing, sleep concerns, airway disorders, and long-term health.

Website: [Children's Airway First Foundation](#)

Parent Portal: [Children's Airway First Parent Portal](#)



Facebook Parent Support Groups

Airway Circle for Patients / Parents

A parent and patient-focused community connected with Airway Circle.

Best for: Parents who want more airway education and community discussion.

Website: [Help for Enlarged Tonsils & Adenoids-Natural Relief for Kids \(Parents Only\)](#) | [Facebook](#)

Note: Facebook groups may change names, privacy settings, or links. Search the exact group name or use the link provided with this guide.



Child Palate Expander Support Group

A Facebook support group for parents navigating palate expansion with their children.

Best for: Parents who want practical support, questions, and lived experience from other families going through expansion.

Help for Enlarged Tonsils & Adenoids-Natural Relief for Kids

A parent education and support group for families navigating large tonsils, enlarged adenoids, mouth breathing, snoring, surgery decisions, recovery, and next steps beyond surgery.

Best for: Parents who want practical support, natural strategies when appropriate, and a clearer understanding of the bigger airway picture.



Recommended Listening

Airway First Podcast

Children's Airway First Foundation

A parent-friendly podcast focused on children's sleep and airway health, including mouth breathing, sleep concerns, oral function, and parent education.

Best for: Parents who want a broad introduction to children's airway and sleep health.



The DOC Podcast

Dr. Michael DeLuke / DeLuke Orthodontic
Coaching

A podcast focused on orthodontics, early treatment, airway-centered care, growth, function, and clinical decision-making.

Best for: Parents who want to better understand airway-aware orthodontics, expansion, growth, and why orthodontic treatment should look beyond simply straightening teeth.



Ask an Orthodontist

Dr. Derek Mahony

A podcast about orthodontics, early intervention, growth, breathing, disrupted sleep, and why children's health is about more than straight teeth.

Best for: Parents who want to learn more about orthodontics, expansion, growth, and airway-focused treatment discussions.





The Pediatric Breathing Project

Dr. Piya Gandhi, DDS

A pediatric-focused podcast about mouth breathing, snoring, jaw development, pediatric sleep apnea, feeding, tongue function, and long-term wellness.

Best for: Parents who want pediatric airway and oral function education.



Mind Your Mouth

Melissa Mugno / Melissa the Mouth



A podcast about oral function, airway health, tongue posture, myofunctional therapy, sleep, posture, and the mouth-body connection.

Best for: Parents who want approachable conversations about the mouth, airway, function, and whole-body health.

Helpful Places to Start

For practical recovery supplies, grocery ideas, comfort items, and optional books, see the recommended Tonsil & Adenoid Surgery Prep & Recovery Essentials list linked with this guide.

This list may include:

- Recovery cups, popsicle molds, and hydration tools
- Medication tracking supplies
- Soft food prep containers
- Comfort items for recovery
- Child-friendly books about surgery, doctors, or hospitals
- Parent books about airway health, mouth breathing, sleep-disordered breathing, and jaw development

These items are optional.

Focus on the basics first: fluids, soft foods, medication organization, tracking pages, comfort items, and your child's discharge instructions.

[Tonsil & Adenoid Surgery Prep & Recovery Essentials:](#)

[Click here to view the Amazon list](#)

Disclosure: Some links may be affiliate links, which means I may earn a small commission at no extra cost to you.



How to Use These Resources Wisely

A directory is a starting point, not a guarantee.

Not every provider listed in a directory has the same training, experience, philosophy, or approach.

Before scheduling, ask questions.

For a child with airway concerns, look for providers who are willing to think beyond one body part and consider breathing, sleep, nasal health, oral function, jaw growth, tongue space, allergies, and long-term development.

When choosing a provider, consider asking:

- Do you work with children who have mouth breathing, snoring, or sleep-disordered breathing symptoms?

- Do you collaborate with other airway-focused providers when needed?
- Do you look at nasal breathing, tongue posture, lip seal, palate width, jaw growth, and oral function?
- Do you explain the “why” behind your recommendations?
- Do you understand that straight teeth are not the only goal?

You do not need every provider.

You need the right next step for your child.



References & Helpful Sources

Guidelines, Research, and Resources That Helped Inform This Guide

This guide was created using clinical experience, parent questions, professional guidelines, children's hospital resources, and published research.

It is educational only and does not replace your child's surgeon, pediatrician, dentist, orthodontist, myofunctional therapist, allergist, sleep provider, or medical team.

Always follow your child's medical team's instructions first.



Tonsillectomy, Adenoidectomy, and Recovery Guidance

These sources helped inform the sections on surgery preparation, pain management, hydration, food choices, red flags, and recovery expectations.

- American Academy of Otolaryngology–Head and Neck Surgery Foundation
Clinical Practice Guideline: Tonsillectomy in Children
- Mayo Clinic
Tonsillectomy overview and recovery information
- Cincinnati Children's Hospital
Tonsillectomy and adenoidectomy patient education
- UC Davis Children's Hospital
Tonsillectomy home care and pain medication guidance
- Nationwide Children's Hospital
Tonsillectomy and adenoidectomy recovery information
- Cleveland Clinic
Adenoidectomy and tonsillectomy recovery/diet education

Pediatric Sleep-Disordered Breathing and Persistent Symptoms

These sources helped inform the sections on snoring, mouth breathing, sleep-disordered breathing, sleep studies, and why some children may continue to have symptoms after surgery.

- American Academy of Pediatrics
Diagnosis and Management of Childhood Obstructive Sleep Apnea Syndrome
- American Thoracic Society
Management of Persistent, Post-Adenotonsillectomy Obstructive Sleep Apnea in Children
- American Academy of Sleep Medicine
Sleep medicine and sleep center resources
- HealthyChildren.org / American Academy of Pediatrics
Sleep apnea in children: detection and treatment
- ENT Health / AAO-HNS
Snoring, sleep-disordered breathing, tonsils, adenoids, and ENT education

Dental, Orthodontic, and Airway Development Resources

These sources helped inform the sections on dental airway screening, jaw growth, palate width, tongue space, orthodontic evaluation, and expansion.

- American Dental Association
Obstructive sleep apnea and the role of dental screening
- American Academy of Pediatric Dentistry
Policy on Obstructive Sleep Apnea
- American Association of Orthodontists
Child orthodontic evaluation guidance
- American Academy of Physiological Medicine & Dentistry
Interdisciplinary airway, growth, development, and function education
- Research on Rapid Maxillary Expansion and Pediatric Obstructive Sleep Apnea
Systematic reviews and umbrella reviews on expansion in selected children with obstructive sleep apnea or maxillary constriction



Myofunctional Therapy and Oral Function

These sources helped inform the sections on tongue posture, lip seal, mouth breathing patterns, oral function, and myofunctional therapy as a possible adjunctive support.

- International Association of Orofacial Myology
Orofacial myology education and provider directory
- Academy of Orofacial Myofunctional Therapy
Myofunctional therapy education and provider directory
- Camacho et al.
Myofunctional Therapy to Treat Obstructive Sleep Apnea: A Systematic Review and Meta-analysis

Parent Education and Professional Directories

These resources may help families continue learning or search for providers.

- Airway Circle
- Airway Circle Directory
- Children's Airway First Foundation
- Children's Airway First Parent Portal
- IAOM Provider Directory
- AOMT Find a Therapist
- AAPMD
- AASM Sleep Center Directory
- ENT Health Find an ENT

IMPORTANT REMINDER

Research and guidelines can help you ask better questions, but your child's care should always be individualized.

A resource, directory, podcast, book, or provider listing is a starting point, not a guarantee.

Use what helps you become more informed, then work with your child's healthcare team to decide what is appropriate for your child.





Moving Forward

You made it through the preparation, the procedure, and the most demanding days of recovery. What may have once felt unfamiliar or overwhelming is now something you understand far better than you did at the beginning.

As the weeks and months pass, take notice of what changes. Your child may breathe more quietly, sleep more soundly, wake more easily, eat more comfortably, or simply seem more like themselves. Some improvements may be obvious, while others may unfold gradually.

For many children, surgery brings the relief their family hoped for. For others, it becomes one important step in a longer process. If concerns remain—or symptoms begin to return—you now know what to watch for, what questions to ask, and when it may be time to reconnect with your child's care team.

Most importantly, you have helped your child through a significant experience and gained a clearer understanding of their breathing, sleep, recovery, and long-term needs.

Thank you for allowing this Roadmap to be part of that process. I hope it has made a complicated experience easier to understand and navigate—and that you will return to it whenever you need a reminder, a resource, or a place to begin your next conversation.

Wishing your child continued healing, easier breathing, and better sleep ahead. ❤️
Courtney Huffman, LDH, COM®, CSSC

