

Centre intégré de santé et de services sociaux de Laval

PREPARATION GUIDE FOR A SURGERY

**BRING THIS GUIDE
WITH YOU THE DAY
OF YOUR SURGERY**



Tonsillectomy & Adenoidectomy

**This guide will help you understand and get ready for your surgery.
Read it over with your family.**

Québec 

A publication of

Direction des services professionnels
Centre intégré de santé et de services sociaux de Laval
Clinique de Préadmission
1755, boul. René-Laennec
Laval (Québec) H7M 3L9
Telephone : 450 975-5566
Website : www.lavalensante.com

Researcher and writer

Manon Vinet, nurse clinician, AIC
Preadmission Clinic

Revision

Judith Dubois, nurse clinician, AIC
Preadmission Clinic

In collaboration with :

The O.R.L. department of the Centre intégré de santé et des services sociaux de Laval.

Secretariat

Karine Beaulieu, agente administrative

Language editing and layout:

Isabelle Miller, agent de communication

Diffusion

Any reproduction of excerpts from this guide by any method whatsoever is prohibited without written authorization from the publisher.

© Centre intégré de santé et de services sociaux (CISSS) de Laval, 2022

Legal Deposit - Bibliothèque et Archives nationales du Québec, 2022

ISBN 978-2-550-91180-7 (print)

ISBN 978-2-550-91181-4 (PDF)

Traduction and adaptation of Guide de préparation à une chirurgie : amygdalectomie ; adénoïdectomie, 2020

TABLE OF CONTENT

ANATOMY	4
AFTER YOUR VISIT TO THE PREADMISSION CLINIC	6
WHEN TO STOP OR CONTINUE YOUR MEDICATION	7
BEFORE YOUR VISIT TO THE PREADMISSION CLINIC	8
CONSENT TO SURGERY AND ANESTHESIA	8
TOBACCO.....	9
ALCOHOL.....	9
DISCHARGE PLANNING	9
PREOPERATIVE DIET.....	10
THE NIGHT BEFORE YOUR SURGERY	11
THE DAY OF YOUR SURGERY	12
SURGERY FOR CHILDREN	13
HYGIENE BEFORE YOUR SURGERY	14
WHAT TO BRING TO THE HOSPITAL	15
WHEN YOU ARRIVE AT THE SURGERY UNIT	16
OPERATING ROOM	17
IN THE RECOVERY ROOM	18
RETURN TO THE DAY SURGERY UNIT OR HOSPITAL UNIT	18
CONTROLLING YOUR PAIN	19
PAIN RELIEF TECHNIQS	20
BREATHING EXERCISES.....	21
YOUR DISCHARGE FROM THE UNIT	22
ONCE YOU GET BACK HOME – INSTRUCTIONS	23
FOOD AND HYDRATION.....	24
ACTIVITIES	24
COMPLICATIONS.....	26
RESOURCES	27
BIBLIOGRAPHY	28
NOTES AND QUESTIONS.....	29

ANATOMY

The pharynx (throat) is a tube that extends behind the nasal and oral cavity to the larynx and trachea.

The nasopharynx is located at the back of the nose and above the veil of the palate.

The oropharynx, or the middle part of the pharynx behind the mouth, contains the tonsils.

What are the tonsils?

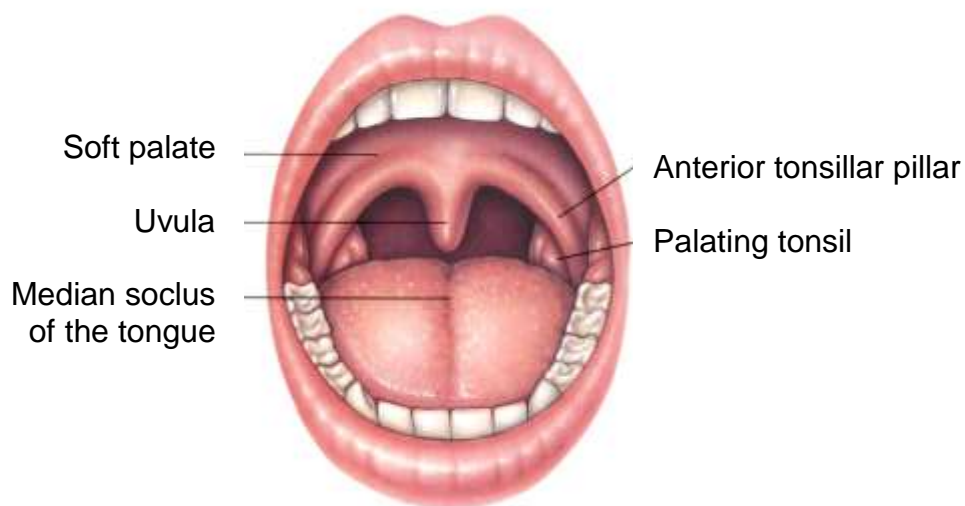
The tonsils are small tissue masses on either side of the uvula in the back of the throat. These organs protect the body against bacterial invasions, but they can also get infected repeatedly.

When the tonsils become inflamed, they grow and can obstruct your airways.

You can have trouble breathing and swallowing and get congested when you have a cold or the flu.

Tonsillectomy

A tonsillectomy is the excision (removal) of enlarged (inflamed) or chronically infected tonsils.



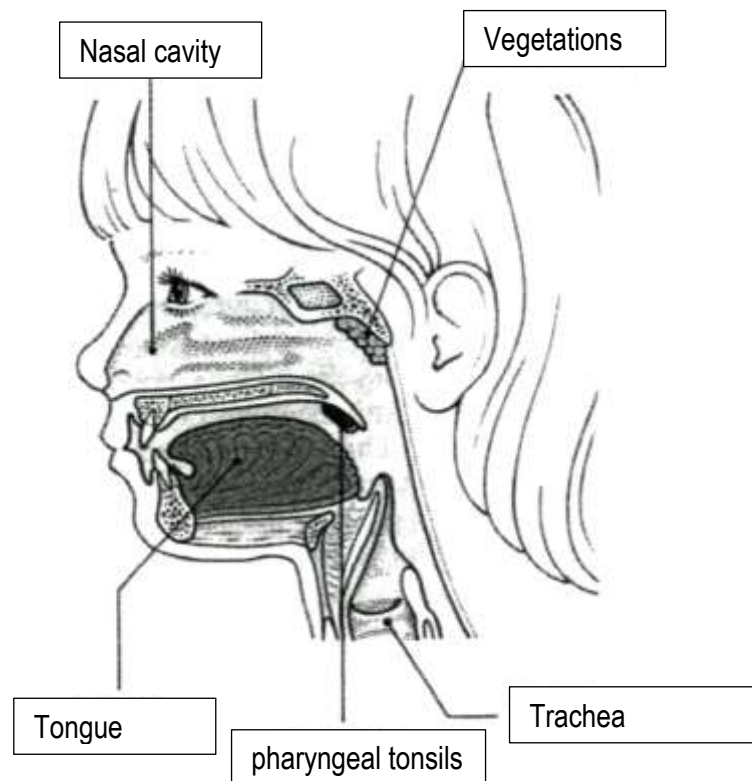
Source: Rhône-Poulenc Rorer, St-Laurent

What are the adenoids?

“Adenoid vegetation” is the name of pharyngeal tonsils when they are swollen. The adenoids are located near the eustachian tubes and can block them, causing ear infections. They can even keep air from getting to the throat from the nose, making breathing through the nose difficult.

Adenoidectomy

An adenoidectomy is the excision (removal) of adenoid tissue.



AFTER YOUR VISIT TO THE PREADMISSION CLINIC

Admission date and time

You will receive a call from the hospital's pre-admission department.

The secretary will inform you of the date of your surgery.



Surgery date : _____

Arrival time : _____

You will be informed of the time of your arrival at the hospital by phone 24 to 48 hours before the surgery.

SYMPTOMS TO MONITOR

If you have any of these symptoms or conditions one week before the date of your surgery:

- ☐ You have a sore throat, a cold or the flu.
- ☐ You have a fever.
- ☐ You are taking antibiotics.
- ☐ You have a contagious disease (e.g., chicken pox), or you have recently been exposed to someone with a contagious disease.
- ☐ You have a possible or unconfirmed pregnancy.
- ☐ Redness, inflammation, discharge, wound or any other problem at the operating site.



**CALL IMMEDIATELY to inform the
administrative officer at :
450 975-5394**

WHEN TO STOP OR CONTINUE YOUR MEDICATION

At your appointment with your surgeon or preadmission nurse, you will be informed whether you need to stop or continue your medication before your surgery.



☐ Aspirin®, ☐ Asaphen®, ☐ Rivasan®, ☐ Entrophen®, ☐ Novasen®, ☐ Persantine®,
☐ MSD AAS, ☐ Aggrenox® (dipyridamole/ASA), etc.

- ☐ Stop ____ days before your surgery.
- ☐ Do not stop this medication.

☐ Plavix® (clopidogrel)

- ☐ Stop ____ days before your surgery.
- ☐ Do not stop this medication.

☐ Effient® (prasugrel), ☐ Ticlid® (ticlopidine),
☐ Brilinta® (ticagrelor)

- ☐ Stop ____ days before your surgery.
- ☐ Do not stop.

You can keep taking drugs such
as Tylenol®, Tylenol® Extra-
Strength, acetaminophen and
Tempra® until midnight the night
before your surgery.

Anti-inflammatory drugs (e.g., ibuprofen such as Advil®, Motrin® (including for children), Celebrex®, Maxidol®, Aleve®, Naprosyn®, etc.)

Stop 2 days before your surgery.

All natural products (glucosamine, omega 3, vitamin E, etc.).

Stop 7 days before your surgery.

If you are taking Coumadin®, Sintrom®, Pradaxa®, Xarelto®, Eliquis®, Lixiana® :

A hospital pharmacist will call you approximately 1 to 3 weeks before your surgery and may ask you to have a blood sample taken.

When the pharmacy department has received your results, you will be called again about when to stop taking this medication.



You must follow this instruction.

BEFORE YOUR VISIT TO THE PREADMISSION CLINIC

Your record will be transferred to the hospital's Preadmission Clinic. Someone will call you with the date and time of your Preadmission Clinic appointment.

Date and time of your appointment : _____

During your Preadmission Clinic visit

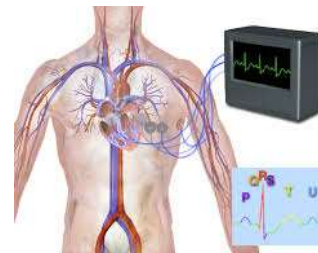
You will:

Meet with a nurse, who will explain how to prepare for surgery and what to expect during your hospital stay.

Have an ECG (electrocardiogram) if the nurse determines that you need one.

Have blood taken, if required. You will be sent to the hospital's test centre.

The nurse will tell you if you need more tests or have to meet with other doctors or professionals.



CONSENT TO SURGERY AND ANESTHESIA

- At your preadmission meeting, the nurse will ask you to sign the consent to surgery and anesthesia.
- This consent means that the surgeon clearly explained why you need this operation, what the procedure entails, the potential risks, and the desired results of the operation.
- If you did not get the proper information, you must contact your surgeon. The preadmission clinic nurse can help you. You will need to sign the consent form the morning of your surgery.
- * **Children under 14 years of age**: the father, mother or legal guardian (written power of attorney required in their absence) may sign the consent.
- **For further information about anesthesia, please read the guide on anesthesia and pain relief information guide which the nurse will provide when attending your preadmission meeting.**



TOBACCO

Quitting smoking or reducing the amount you smoke will decrease your risk of respiratory problems after your surgery, aid in the healing of your surgical wound, and help you better manage pain.



If you need help to quit smoking, don't hesitate to contact:

- Your CLSC at **450 978-8300, extension 3169** (for Laval residents).
- Your pharmacist or family doctor.
- The Quit Smoking Centre nearest you at **1-866-JARRETE (527-7383)**.
- Website: **tobaccofreequebec.ca/iquitnow/**.

ALCOHOL

Avoid drinking alcohol **7 days before your surgery**. Alcohol can interact with some medications and increase the risk of bleeding and complications.



To get help to stop right now, contact the regional hotline (for Laval residents):

Alcochoix+ Laval at 450 622-5110, ext. 64005.

<https://www.quebec.ca/en/health/advice-and-prevention/alcohol-drugs-gambling/alcochoix-plus/>.

DISCHARGE PLANNING

Before your operation, it is important that you prepare in advance for your return home.

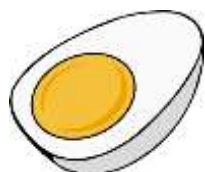
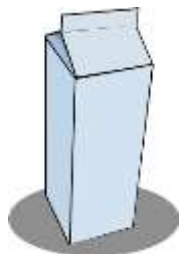


- Ask another adult to come pick you up at the hospital. You must organize a ride home in advance. This person must be available to pick you up once your discharge is signed.
- Prepare meals in advance for the days after your operation.
- Get help for errands, housework and appointments.
- If you live by yourself and your operation reduces your mobility, you need to think about having another adult stay with you during your recovery.

PREOPERATIVE DIET

The goal of this diet is to ensure that you have the strength and nutrients you need to recover quickly.

Suggestions to boost your protein intake.



You can also take a supplement such as Ensure or Boost.

Add this	To this
Skim milk powder or protein powder supplement (Nestlé Beneprotein®)	Cooked cereals, scrambled eggs, sauces, mashed potatoes, soups, cream sauces, milk, milkshakes, cream desserts, custards, etc.
Milk (2% or 3.25% MF)	Hot cereals, soups, casseroles, hot chocolate (instead of water)
Soy beverage	Smoothies, soups
Greek yogurt	Fresh or canned fruit, vegetables, potatoes, rice, pancakes, casseroles, stews, soups, vegetable or fruit dips
Hard-boiled eggs	Sandwiches, salads, vegetables, potatoes, sauces and soups
Peanut butter or nut butter	Cookies, milkshakes, sandwiches, crackers, muffins, fruit slices, toast, ice cream
Tofu	Milkshakes, soups, casseroles, stir-fries, salads
Canned dried peas or beans, legumes and lentils (if you can tolerate these)	Casseroles, soups, stews, salads, rice, pasta and dips
Seeds and nuts (if you can tolerate these)	Salads, cereal, ice cream, yogurt
Pieces of cooked beef, pork, poultry, seafood or fish	Salads, soups, scrambled eggs, quiches, baked potato, pasta

THE NIGHT BEFORE YOUR SURGERY

Preoperative diet

1. The night before your surgery:

- ❖ You can eat normally up to the night before your surgery.



2. Day of your surgery

➔ For all users

Starting from midnight the night before your surgery :

- Do not eat solid food.
- Do not consume dairy products.
- Do not consume alcohol and do not smoke.
- For the consuming of clear liquids, refer to the tables on the following page.



THE DAY OF YOUR SURGERY

At home

Your nurse has given you specific instructions:

- **You MUST remain fasting** (nothing to eat or drink from midnight the night before your surgery). Do not chew gum or eat candy.



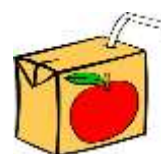
You can brush your teeth but avoid swallowing the water.

OR

- **You MUST drink clear fluids** before the surgery.

Allowed clear fluids include :

- Water
- Juice without pulp (no pulp is mandatory)
- Coffee or black tea (no milk)



Make sure that you **ONLY** drink these clear fluids and nothing else.

When should I stop drinking clear fluids?

You must stop drinking these fluids the morning of your surgery. The exact time depends on when you need to arrive at the hospital that morning. Someone will call you 24 to 48 hours before your surgery will give you at what time you must arrive at the hospital.

I need to arrive at the hospital at...	I have to stop drinking clear fluids at...
Before 10 a.m.	6 a.m.
After 10 a.m.	8 a.m.
I do not have a specific time and have to wait at home to be called for my surgery.	11 a.m.



You must follow these instructions to ensure your surgery is safe and to prevent serious complications. If you have not followed these instructions, you must advise the nurse once you get to the hospital.

SURGERY FOR CHILDREN

- Both parents (or 1 parent and 1 accompanying adult) may accompany the child.
- It is important to prepare the child for the operation. Adapt how you explain the procedure to the child's age. Use simple and positive words. Be honest. Books can help.
- You can bring a toy, game or an object that is important to your child. An animated movie will be played in the space reserved for children having day surgery. Rocking chairs are also available.
- You have access to the surgery's waiting room to meet with the anesthetist and surgeon, and you can ask any questions you may have.
- You must then go back to the day surgery unit or the child's hospital room if the room is ready. This might not be an easy moment, but by explaining what will happen to the child, help ease the process.
- You must remain available to reassure your child once they exit the recovery room.
- The nurse will be there to ensure that the child recovers well and to answer your questions.
- You must continue observing your child once you get home.



Suggested book for children:

Title: The surgery book for Kids
Author: Shivani Bhatia, md
Publisher: AuthorHouse
ISBN: 978-1-4520-2197-3 (sc)



HYGIENE BEFORE YOUR SURGERY

Usual hygiene : The morning of your surgery, perform your usual hygiene routine.

Put on **clean clothes** after your shower.



No makeup, no nail polish (fingers and toes), no fake nails, no fake eyelashes, no cream, deodorant or perfume/cologne, no jewelry or body piercings.

Do not shave the surgical area.



Medication

Take these medications **ONLY**
(with some water).



If all of these instructions are not followed, your surgery may be cancelled.

WHAT TO BRING TO THE HOSPITAL

- This guide.
- A valid health insurance card.
- Your hospital card.
- Your medications, drops and pumps in their original containers.
- A complete list of your medications (ask your pharmacist for this list).
- Slippers, dressing gown, clothing and comfortable shoes.
- Tissues, toothbrush and soap.
- Notebook and pencil.
- If you wear glasses, contact lenses, a hearing aid or dentures: bring your kits or containers and label them with your name.
- If you use a cane, crutches or a walker, bring them to the hospital and label them with your name.
- If you need to, bring sanitary napkins, baby diapers or incontinence products.



Please leave all your jewelry and other valuable objects at home.

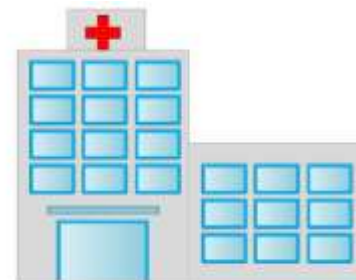
The hospital is not responsible for lost or stolen items.

(The lockers do not have locks).

Rings will have to be cut off if not removed beforehand.

WHEN YOU ARRIVE AT THE SURGERY UNIT

- ❑ **The surgery is made as a day surgery:** Go directly to the day surgery unit on the first floor of Block B (Room 1.165). The time of your surgery will be given to you when you arrive at the unit. **YOU WILL NOT BE STAYING AT THE HOSPITAL OVERNIGHT!**



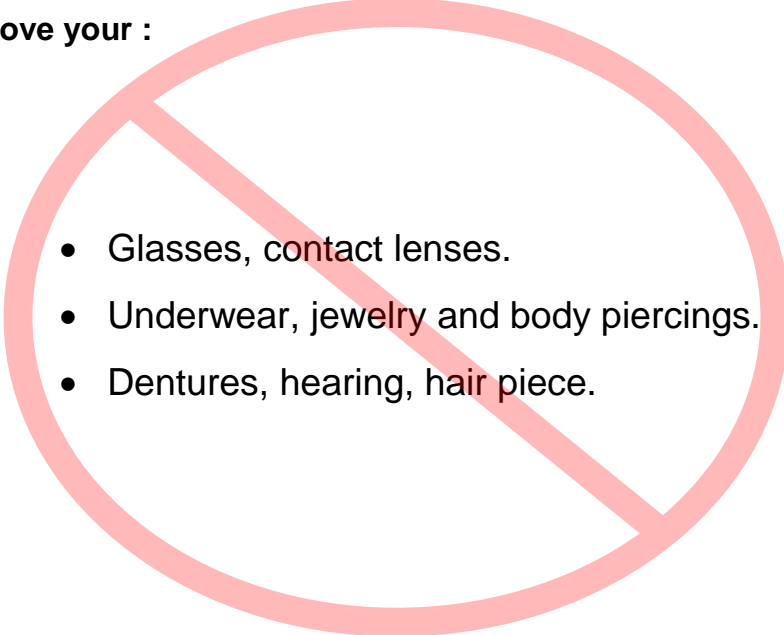
- **Hospitalisation – If you have to stay after your surgery :** Go to the reception area of room RC-5, the time of your operation will be given to you when you arrive at the unit.
- **Only one person** can accompany you.
- After you arrive at the unit, you should expect to wait a moment until being called for your surgery. Bring something to entertain yourself if you want (something to read, a music player with headphones, etc.).
- Your room might not be ready when you arrive. In this case, you will be prepared in the day surgery unit. Please leave your suitcase in your car. The suitcase can be retrieved after your surgery once your room is available.



OPERATING ROOM

When you leave for the operating room, you must only wear the hospital gown and no other personal clothing.

You must remove your :

- 
- Glasses, **contact** lenses.
 - Underwear, **jewelry** and body piercings.
 - Dentures, hearing, **hair** piece.



Staff will direct you to the operating room.

The anesthesiologist will meet with you when you arrive in the operating room to discuss with you the most suitable methods of anesthesia and pain relief for you.

For further information about anesthesia, please read the guide on anesthesia – information guide, the nurse will provide when attending your preadmission meeting.

NOTE : Your child can keep their favourite stuffed toy and wear a diaper (if necessary).

IN THE RECOVERY ROOM

You will wake up in the recovery room after your surgery.

No visitors are allowed in the recovery room.

Staff will place you comfortably on a stretcher or bed.

You won't be able to eat or drink right away, but the nurse will give you the go-ahead once your condition is stable.



Once you are stable and your pain is controlled, you will be transferred to the day surgery unit.

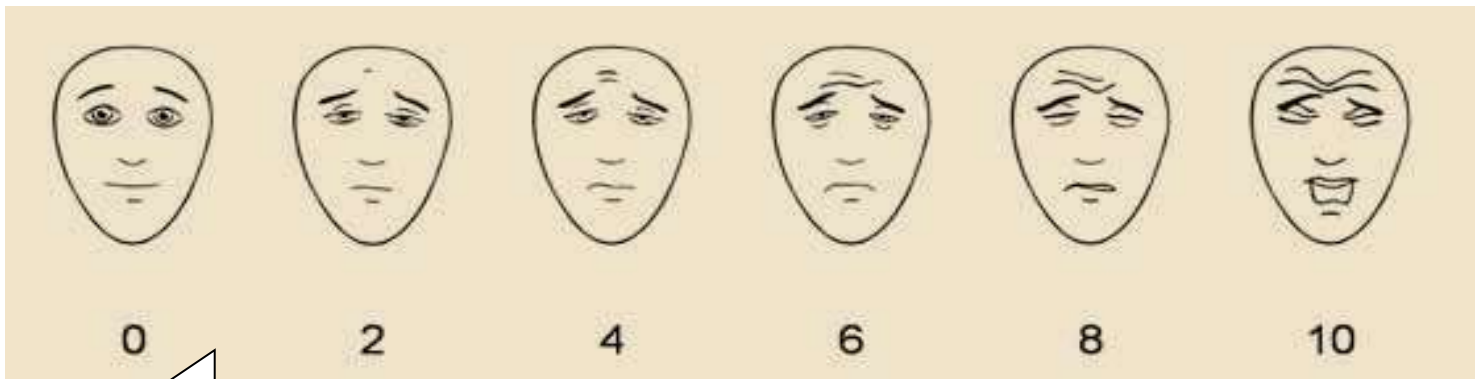
RETURN TO THE DAY SURGERY UNIT OR HOSPITAL UNIT

Staff will set you up comfortably on your stretcher or bed and will take your vital signs a few times. The nurse will also check the surgical site. There is no suture or bandage.

CONTROLLING YOUR PAIN

It is normal to have pain after an operation. The amount of pain is different for everyone. However, you can control your pain with the medication prescribed by your surgeon.

You will be asked to assess your pain on a scale of 0 to 10



Target pain level

Our goal is for your
pain to stay below
4 / 10.

Pain relief is important because this will help you :

- Breathe more easily.
- Move around more easily.
- Sleep better.
- Eat better.
- Recover more quickly.
- Do things that are important to you.

PAIN RELIEF TECHNIQS

Analgesics (pain medication)

- You may receive injections if your pain is too intense.
- You will get your medication in tablet (pill) form once you can tolerate it or once you can eat food.



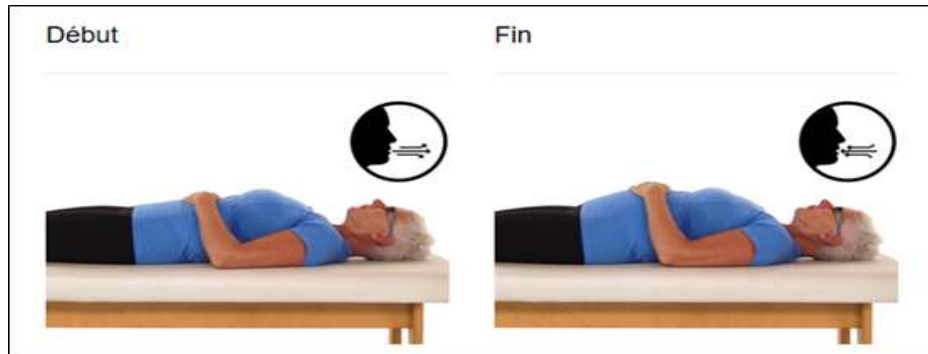
Pain relief for children

- For pain relief, the surgeon will prescribe acetaminophen (Tempra®, Tylenol®) with or without codeine, in a liquid form or as a suppository.
- Medications containing acetylsalicylic acid (aspirin) must be avoided, as these increase the risk of bleeding in children and adults.
- Do not hesitate to provide your child with pain relief. Medication must be taken regularly for the first 48 hours after surgery, but do not wake your child at night (observe your child only).
- Pain relief will help keep your child comfortable, go back to a regular diet more quickly, and therefore recover that much faster.
- The pain following a tonsillectomy can spread to the ears, which usually happens in the first 48 hours after surgery.

BREATHING EXERCISES

Deep breathing

****Do this as soon as you wake up from surgery****



1. Lie on your back, with your legs slightly bent. Place one hand on your stomach and the other below your breasts.
2. **Inhale slowly and deeply through your nose or mouth.** Feel your lungs inflate. Just the hand on your belly should rise.
3. Keep your lips pursed and exhale **slowly** through your mouth. This will double the length of your breath. Move your belly back in to expel the air from your lungs.

👉 This exercise is not easy to do. Therefore, you need to practice before your operation.

YOUR DISCHARGE FROM THE UNIT

- Your surgeon is the one who will discharge you.
- You must ask another adult to come pick you up, since you cannot drive after your operation. You must plan a ride home.
- If you live by yourself, it is a good idea to ask another adult to stay with you for 24 hours for your safety reasons.
- The nurse may give you a prescription for pain medication, which you must get at your pharmacy. Your nurse will also give you a pamphlet about what you need to know if you need to take a narcotic medication for pain.
- The nurse will give you a follow-up appointment with your surgeon. You must absolutely go to this appointment, even if you feel well.



Surgeon name : _____

Date & time of appointment : _____

- You will receive a proof of hospitalization or medical leave from work form if you need one. You must notify your surgeon if you need these documents.
- If you need to have your insurance forms filled out, contact the surgeon secretary at his private office (p. 27). All insurance forms must be sent to the private office. The nurse from the preadmission will direct you in the steps to follow to have your paperwork filled out.



ONCE YOU GET BACK HOME – INSTRUCTIONS

Remember

To reduce pain, apply a towel-covered ice pack to the neck for 15 to 20 minutes and repeat every 2 hours for the first 48 hours (depending on comfort). Beware of frostbite: never apply ice directly to the skin.

Vomiting brownish fluid is possible following surgery, as the fluid contains blood swallowed during surgery. This should not persist for more than 6 hours.

Start eating normally only when you return home.

Hygiene

It is important to have good oral hygiene: brush your teeth gently, gargle your mouth and throat gently with salt water (children should not use mouthwash).

Small white spots may appear on the sides of the throat. This is part of the normal healing process. They will go away on their own. Bad breath may persist for 7 to 10 days.

Chewing gum may help the throat wound heal (suggested for adults only).

For an adenoidectomy: Do not blow your nose hard for 3 days after the operation.

Resuming your activities

Going back to work

- You must avoid any physical effort for two weeks (for children, this includes swimming, physical education or other activity) unless otherwise advised by the surgeon.
- Children should also stay home from school or daycare for 2 weeks after either a tonsillectomy or adenoidectomy.
- Adults must stay home from work for 3 to 4 weeks.



FOOD AND HYDRATION

It is important to drink plenty of fluids to avoid getting dehydrated (for children and adults).

- If you feel sick to your stomach, continue to drink fluids, but drink more water instead.
- **Avoid dairy products in the first 24 hours** after your procedure; these foods are more difficult to digest and can increase your risk of nausea and vomiting.
- Here are some tips:



- For children, frequently offer:
 - * small sips of Pedialyte® (flavoured or unflavoured), sold at pharmacies
 - * Pedialyte® freezer pops, sold at pharmacies
 - * small sips of water
 - * small sips of fresh acid-free juice (e.g. apple, peach)
 - * regular Popsicle®-type frozen treats
- Have your child eat slowly and gradually as they can tolerate foods.
- Make soft, cold, and easy-to-swallow foods (use a blender if need be). Examples:
 - * Jell-O™-type gelatins, sorbets, yogurt, fruit purees, ice cream, milkshakes.
- Then start eating cereal, pureed vegetables, etc.
- Children will generally take about 1 week to return to their regular diet, and adults may need up to 2 weeks to do so.
- Avoid foods that are too hot or that irritate the throat (spicy).

Note: For an adenoidectomy, give this diet to your child for 2 to 3 days or as tolerated.



To avoid constipation, which can be caused by pain medication:

1. Eat plenty of fibre (grains, whole-grain bread, fruit, vegetables, etc.).
2. Drink 7 to 8 glasses of water a day (unless you have a medical restriction against this).
3. Walking can help with bowel function.
If these tips don't help you have a bowel movement:
4. You can use a mild laxative such as Metamucil®, Colace® or Prodiium® at a pharmacy. Ask your pharmacist for advice.



If you have not had a bowel movement for over 3 days despite trying these steps, consult a health care professional (family doctor, pharmacist, Info-Santé at 811).

ACTIVITIES



You can drive when:

- **You no longer feel dizzy.**
- **You no longer have pain and you have stopped taking narcotic medications for at least 24 hours.**

- For the first few days, the most comfortable sleeping position will be lying on your stomach with your head turned to the side. This position helps secretions to drain.
- You may have a slight fever that can last 24 to 48 hours (in both adults and children). This is caused by mild dehydration following surgery. Everything will go back to normal once you start to rehydrate.
- If your child is irritable and persistently refuses to drink, give medication before bedtime and meals. Your child will be calmer and will rest better and eat more easily.
- Continue to apply the ice pack wrapped in a towel to the neck as was done in the hospital.

COMPLICATIONS

If you have difficulty breathing:

**Immediately call
Urgences-Santé at 9-1-1**



If you have one or more of the following signs or symptoms:



Fever (38.5 °C or 101 °F or higher) for more than 48 hours

Your pain increases and is not relieved by medication.



- Blood loss may not be apparent from an adenoidectomy because the adenoid vegetations are located at the back of the throat. The blood therefore tends to go straight down into the stomach. To check for bleeding, tilt your head forward or lie down on your stomach to get the blood to flow from your mouth.
- Pain that increases rather than decreases or persists for more than 10 days.
- In young children, monitor for frequent swallowing for no apparent reason (this could be a sign of bleeding).
- Watch for severe bleeding from the nose or mouth or vomiting of bright red blood.
- If you vomit secretions (brownish blood), this means that you swallowed a small amount of blood during the surgery. However, if the vomiting persists for more than 6 hours after surgery : Immediate medical attention is required.



- **Contact a nurse at Info-Santé by calling 811 at any time (24 hours a day).**
- **For all other questions: Contact one of the resources listed on next page**



RESOURCES

**For emergencies, call 911
Info-Santé – CLSC, call 811
24 hours a day, 7 days a week**

Outpatient Clinic

Preadmission (preoperative only)	450 975-5566
ORL	450 975-5570
Dr Monika Knapik	450 975-5570

Private offices of ORL surgeons in Laval

Address : Le Carrefour Clinic, 3030 boul. Le Carrefour, suite 401, Laval (Québec)

Telephone 450 687-1750

CLSC

Laval region

Accueil première ligne	450 627-2530, poste 64922
CLSC des Mille-Îles	450 661-2572
CLSC du Ruisseau-Papineau	450 682-5690
CLSC et CHSLD Sainte-Rose	450 622-5110
CLSC de l'Ouest de l'île	450 627-2530
CLSC et CHSLD Idola-Saint-Jean	450 668-1803

Laurentides region

Centre intégré de santé et de services sociaux des Laurentides :

Thérèse de Blainville	450 433-2777
Des sommets	819 324-4000
St-Jérôme	450 432-2777
Pays d'en haut	450 229-6601
Jean-Olivier Chenier	450 433-2777
Argenteuil	450 562-3761
Antoine Labelle	819 275-2118

Lanaudière region

Lanaudière South	450 654-2572
Lanaudière North	450 839-3864

BIBLIOGRAPHY

Brunner & Suddarth's Textbook of Medical-Surgical Nursing – Volume 6; Volume 3, 3rd Edition.

Paul, P., Day, R. and Williams, B. (2015). *Brunner & Suddarth's Canadian Textbook of Medical-Surgical Nursing* (3rd ed.). Wolters Kluwer.

Brochure:

Centre de santé et de services sociaux de Laval. (2002). *Tonsillectomy and adenoidectomy*. (Original publication in 1996).

Centre de santé et de services sociaux du Lac-des-Deux-Montagnes. (2005). *Tonsillectomy and adenoidectomy*.

Centre de santé et de services sociaux de Laval. (2002). *Tonsillectomy and adenoidectomy* [Brochure]. (Original publication in 1996).

Centre de santé et de services sociaux du Lac-des-Deux-Montagnes. (2005). *Tonsillectomy and adenoidectomy* [Brochure].

McGill University Health Centre. Patient Education Office (2013). *Tonsillectomy and/or Adenoidectomy – Surgery Preparation Guide*.

Montreal Children's Hospital, McGill University Health Centre. (2013, July). *Tonsillectomy and/or Adenoidectomy*. <https://www.thechildren.com/health-info/conditions-and-illnesses/tonsillectomy-andor-adenoidectomy>

[illegible]

[illegible]

[illegible]

**Centre intégré
de santé
et de services sociaux
de Laval**

Québec 

June 2022
Direction des services professionnels
62-100-093