



DIGNE DE CONFIANCE,
à chaque instant

2023

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



Preparation guide for a surgery tonsillectomy and adenoidectomy



2nd edition

This guide will help you understand and get ready for your surgery.

Read it over with your family and bring this guide with you the day of your surgery.

Québec 

A publication of

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

Redaction

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, administrative officer

Language editing

Éric Bertrand, communication department

Diffusion

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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?

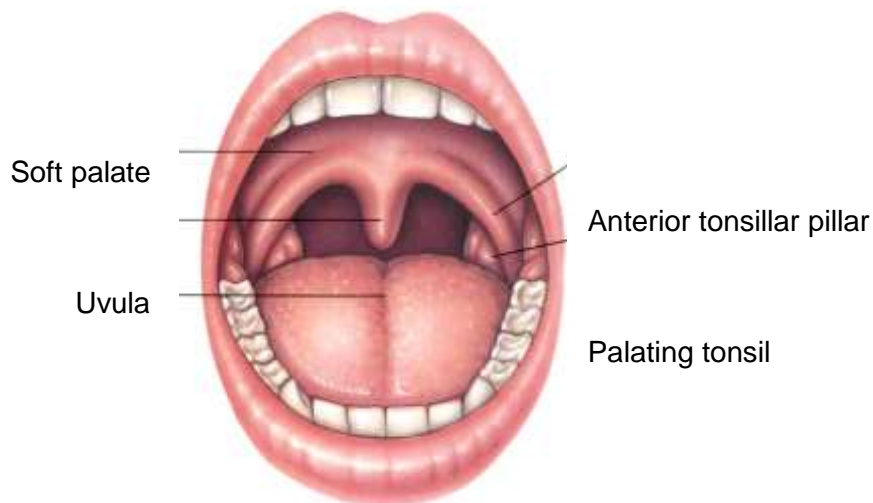
The tonsils are small tissue masses on either side of the uvula in the back of the throat. These organs protect the body against bacterial invasions, but they can also get infected repeatedly.

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.



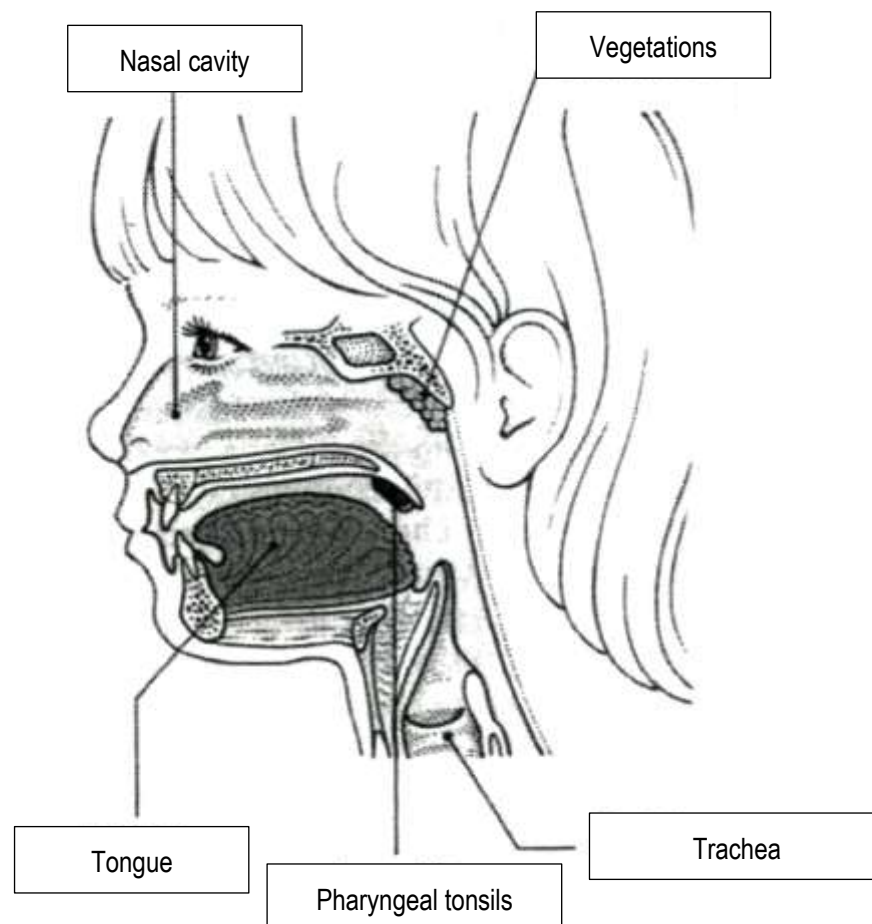
Source: Rhône-Poulenc Rorer, St-Laurent

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.



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



Date of your surgery: _____

Arrival hour: _____

Location: _____

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.
- Redness, inflammation, discharge, wound or any other problem at the operating site.
- You have a possible or unconfirmed pregnancy.
- Any other discomfort.



Call immediately to inform the administrative officer at :

ORL..... 450 975-5598

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[®], Rivasa[®], 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.
- Prasugrel^{MD} (Effient), Ticlid^{MD} (Ticlopidine)
 Ticagrelor^{MD} (Brilinta)
 - Stop ____ days before your surgery.
 - Do not stop.
- **Anti-inflammatory drugs** (e.g., ibuprofen such as Advil[®], Motrin[®] (including for children), Celebrex[®], Maxidol[®], Aleve[®], Naprosyn[®], etc.)
Stop 3 days before your surgery.
- **Anti-inflammatory drugs** : meloxicam (Mobicox), piroxicam (Feldene)
Stop 7 days before your surgery.
- **Anti-inflammatory drugs** : tenoxicam (Mobiflex)
Stop 10 days before your surgery.
- **All natural products** (except for melatonin) : glucosamine, omega 3, vitamin E, etc.
Stop 7 days before your surgery.

You can keep taking drugs such as Tylenol[®], Tylenol[®] Extra-Strength, acetaminophen and Tempra[®] until midnight the night 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: _____

Location: _____

During your Preadmission Clinic visit

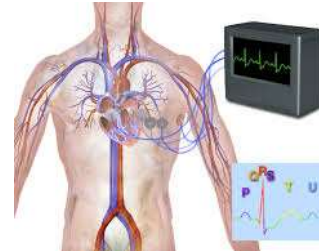
You will:

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.

The anesthesiologist will discuss with you on the morning of the operation which anesthesia (general or spinal) is best for you.

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: <https://www.tobaccofreequebec.ca/iqitnow>.

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



To complete your diet, 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

PREOPERATIVE DIET

The night before your surgery

You can eat normally.



The 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

The nurse will tell you if you need to follow the following beverage 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 and 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.

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 your speech to the child's age. Use simple and positive words. Be honest. Books can help.
- You can bring a toy, a game or an object that is important to your child. An animated movie will be shown in the area reserved for children in day surgery. Rocking chairs are also available.
- Parents have access to the operating room waiting room to meet the anesthesiologist and surgeon. You will be able to ask questions.
- Afterwards, parents must return to the day surgery department or to the child's hospital room, if it is ready. This is not always an easy time, but by notifying your child of the process, it becomes easier for you and your child.
- Parents should remain available to reassure the child as he or she leaves the recovery room.
- The nurse will be there to make sure the child's recovery is going well and to answer any questions you may have.
- You must continue observing your child once you get home.



Suggested children's book for "Children's Surgery" :

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 area to be operated on





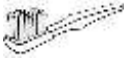

Medication

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



**If you do not follow all these instructions
your operation may be cancelled.**

WHAT TO BRING TO THE HOSPITAL

- This guide.
- Your valid, unexpired 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.

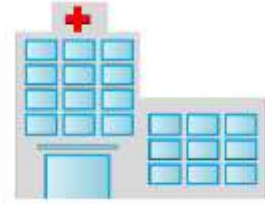
The hospital is not responsible for lost or stolen items.

(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 the urologist will be ready to receive you may 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 « Role of anesthesia information guide », the nurse will provide when attending your preadmission meeting.

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

IN THE RECOVERY ROOM

- You will wake up in the recovery room.
- No visitors are allowed in the recovery room.
- The staff will make you comfortable on your stretcher or bed.
- You will not be able to eat or drink right away. The nurse will allow you to do so when you are stable.
- When your condition is stable and your pain is well controlled, you will be transferred to the care unit.



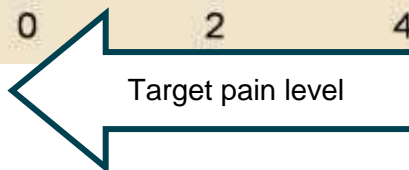
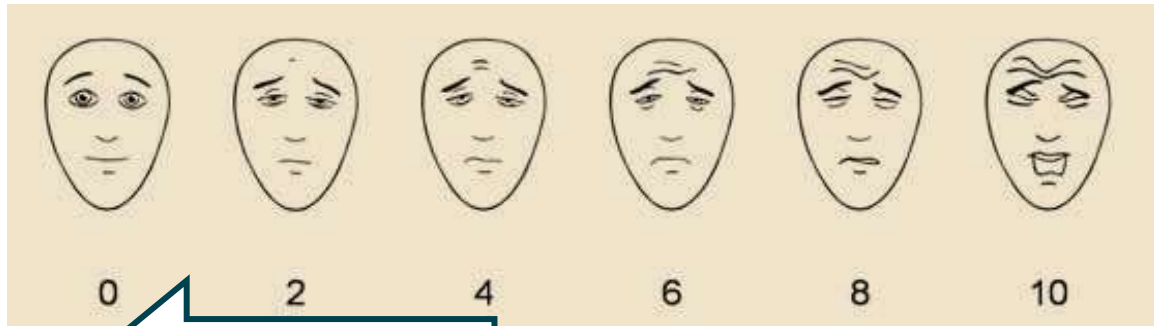
RETURN TO DAY SURGERY UNIT OR HOSPITAL UNIT

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.



Our goal is to keep your pain 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.

Analgesia (pain medication)

- Injections (shots) will be given to you if your pain is too great.
- Medication in tablet form (pill) will be given as soon as you can tolerate it or feed yourself.



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 EXERCICES

Deep breathing

To do as soon as
you wake up

1. Lie on your back, with your legs slightly bent. Place one hand on your stomach and the other below your breasts.



2. 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.
3. **Inhale slowly and deeply through your nose or mouth.** Feel your lungs inflate. Just the hand on your belly should rise.



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

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 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: _____

Location: _____

- 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 - 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.

NUTRITION 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:

- Eat plenty of fiber (grains, whole-grain bread, fruit, vegetables, etc.).
- Drink 7 to 8 glasses of water a day (unless you have a medical restriction).
- Walking can help with bowel function.



If, despite these tips, you are unable to have a bowel movement:

You can use a mild laxative such as Metamucil[®], Colace[®], Lax A day[®]

or

Prodiem[®] at a pharmacy. Ask your pharmacist for advice.

**If you have not had a bowel movement
for at least 3 days despite these tips, 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 is to lie on your stomach with your head turned to the side. This position facilitates the drainage of secretions.
- There is a possibility that the child or adult may develop a slight fever, which can last from 24 to 48 hours. This is caused by a slight dehydration following the surgery. Everything will return to normal when the person starts to rehydrate.
- If the child is irritable and refuses to drink, give the medication before bedtime and meals. Your child will be calmer, rest better and eat more easily.
- Continue with the ice pack as in the hospital.
- Resume activities as tolerated. It is important to know your limits and respect them.
- Walking is one of the best exercises. Slowly increase the distance you walk each day and alternate with rest periods.
- Avoid vigorous exercise, sudden movements or contact sports.



COMPLICATIONS

If you have difficulty breathing:

**Immediately call
Urgence-santé at 911**



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

 <p>Fever (38.5 °C or 101 °F or higher) for more than 24 hours</p>	<p>Your pain increases and is not relieved by medication.</p> 
<ul style="list-style-type: none"> • 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 : <ul style="list-style-type: none"> ○ Immediate medical attention is required. ○ You must call Urgences-Santé at 911. 	



Contact an Info-Santé nurse at 811 at any time (24 hours a day)

For all other questions, contact one of the resources listed on the following page.

RESOURCES



For emergencies, call 911.
For health advise, call 811.
24 hours a day, 7 days a week.

Outpatient clinics

Preadmission (preoperative only)	450 975-5566
ORL	450 975-5570

Private offices of Urologist surgeons in Laval

Clinique Le Carrefour, 3030 boul. Le Carrefour, suite 401, Laval	450 687-1750
--	--------------

CLSC

Laval aera

Accueil première ligne	450 627-2530, ext. 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

Laurentian area

Centre intégré de santé et de service 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 area

Lanaudière Sud	450 654-2572
Lanaudière Nord	450 839-3864

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REFERENCE

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**Centre intégré
de santé
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Québec 

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