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Interview with Laurie Zelinger, author of *The "O, MY" in Tonsillectomy & Adenoidectomy*

Today, Tyler R. Tichelaar of Reader Views is pleased to interview Laurie Zelinger, who is here to talk about her new book "The "O, MY" in Tonsillectomy & Adenoidectomy: how to prepare your child for surgery, a parent's manual."

Dr. Laurie Zelinger was born and raised in Queens, New York and is a successful product of the New York City public school system. She earned her Master's degree and Professional Diploma from Queens College over 30 years ago and later went on to earn a Doctoral Degree from Hofstra University. Her interest in children dates back to her days as a babysitter since age 8, and became the foundation of her later pursuit of school psychology and play therapy. During the course of her career, Dr. Laurie Zelinger and her psychologist husband, Dr. Fred Zelinger, raised four sons. As parents, they learned first hand the difference between reading about children and living with them. This book represents the author's actual experience with her son, Jordan's, tonsillectomy and adenoidectomy, as well as her hope that others will benefit from the information. Her concept of preparing a child for surgery is based upon the premise that information and preparation will reduce anxiety and help families to better manage the experience. Dr. Zelinger also writes a humor column that she developed for the quarterly newsletter of the New York State Association for Play Therapy, called, "Grin and Share It," where real life anecdotes about children warm the hearts and dimples of fellow counselors. She is also a Media Referral Specialist for the American Psychological Association, and Media Ambassador and Information Officer for the New York State Psychological Association where she holds the position of 'Chair of the Task Force on Child and Adolescent Issues.' Dr. Zelinger's ongoing devotion to children continues in her role as a full time school psychologist for the Oceanside Public School district in New York, as well as a private practice licensed psychologist and a registered play therapist/supervisor. She works and lives on Long Island, New York. Dr. Zelinger's parents take special delight in listening to her stories about the children she meets and the cute things they say.

Tyler: Welcome, Laurie. I'm curious to learn more about "The "O, MY" in Tonsillectomy & Adenoidectomy." First, I would like to know why you felt the need to write this book?

Laurie: I might sound a little like a politician, but I'd like to answer a different question first if that's alright. Before I even address your question, I'd like to tell you why I gathered so much information about the topic in the first place. You see, I'm very much a *detail* person and I needed to know as much as I could about the procedure my son was about to have. I tend to get nervous about hospital experiences, and recognized that if I could de-mystify it for myself, then I'd probably be in a better position to handle it as the parent in charge. True to form, I asked a million questions, (probably even drove the surgeon nuts!), but I got all my answers. Once that was accomplished, I wrote them down and saved them in case the information would be helpful to anybody else I knew—after all, I was traveling in circles with parents who had children the same ages as mine. Sure enough, people started borrowing my stapled notes. Slightly embarrassed by the condition they were in, I sat down to retype and edit them, finding that once again, my detail oriented obsessive side was nagging at me to organize and

refine them, until I felt that they were in good enough shape to share. Now, fast forward to 2008 when my kids are older and my parenting responsibilities were taking less of my time, I decided to indulge some of my professional aspirations and goals with the same tenacity that I approached motherhood during the earlier part of my life. I've become involved in several professional pursuits, one of them being the publication of this book. Resurrecting my notes from the safety of my dusty drawer required that I review new research in the field to ensure that my facts were current and accurate, especially since it was years since my son had had the procedure. While I indeed edited bits of information—the feeling that I tried to convey, where parents need to be responsive to their child's emotional needs—stayed the same throughout each of rewrites.

Tyler: When you talk about preparing a child for surgery, are we referring to a specific age group of children, or do preparations vary depending on the child's age?

Laurie: I wrote my book with the 3-7 year old child in mind; however, the information can be adapted to a child of any chronological or developmental age.

Tyler: How much of a big deal is it to a child to have one of these procedures? For example, are they extremely painful surgeries?

Laurie: Certainly there is no single answer to this question, and a child's reaction might be as individualized as any other experience the child might have. However, there are several factors to be considered. What do we know of the child's temperament and adjustment in general? Is this a child who has been anxious or highly reactive to new experiences in the past? How does the child respond to separation? Have there been any medical issues in the past that required treatment, and how did the child fare both physically and emotionally to them? How do the parents handle medical procedures and what might they be communicating about their own feelings? Is this surgery viewed as an emergency or crisis, or does it unfold with preparation? We know that the surgery itself is not painful since the child is under anesthesia and asleep. However, the blood tests, x-rays and throat cultures taken in advance can be uncomfortable, and the recuperation period can be painful. Most children take 10-14 days to return fully to normal activity following a tonsillectomy and adenoidectomy, but increased pain is often reported on the fifth day following surgery. The "big deal" you asked about is not necessarily just the physical pain, but the overall experience of medical consults, waiting in doctor's offices, getting probed or stuck with needles, being in unfamiliar places, having one's routine changed, seeing worried looks on parents' faces and from a child's perspective, just trying to interpret what's going on. Remember, all this activity takes place while the child is probably feeling miserable due to sore throats and infection.

Tyler: What are some warning signs that your child may need to have a tonsillectomy or adenoidectomy?

Laurie: T&A's are often recommended when there are repeated throat infections and tonsillitis, and recurrences shortly after antibiotic treatment has been completed. Chronic mouth breathing and nighttime snoring might signal enlarged adenoids. Some of the more widely accepted reasons for surgery include periods at night when your child stops breathing, difficulty swallowing, tumors in the throat or nasal passages, extreme bleeding from the tonsils, and blockages of the nasal passage.

Symptoms of tonsillitis include:
Sore throat
Painful swallowing
Fever
Headache
Reduced appetite
Stomach ache

Symptoms of enlarged adenoids include:
mouth breathing
snoring
nasal sounding speech
noisy breathing
sleep apnea (breathing stops when sleeping)

The American Academy of Otolaryngology has established the following guidelines to determine the need for T&A procedures:
Seven sore throats in one year or
Five sore throats in two consecutive years or
Three sore throats in each of three years

Tyler: Could you explain a little about the relationship between the tonsils and the adenoids and why you included both in the title and as the subject for the book?

Laurie: The tonsils (pink bumps located on either side of the back of the mouth near the throat) are made of glandular tissue. As part of the immune system, they help fight infection. Adenoids are similar to tonsils and are also made of glandular tissue. They are located behind the tonsils and also help to fight infection. Both tonsils and adenoids trap bacteria and viruses when you breathe and they contain antibodies of the immune system to help prevent throat and lung infections. Adenoids reach their maximum size when a child is about 7 years old, and begin to shrink thereafter. As a result, they are usually not needed beyond early childhood and can be removed without any negative outcome.

Tyler: Laurie, I never had either procedure myself, so can you tell us some statistics on how many children typically need these procedures, and are they common for adults to have as well?

Laurie: Although some tonsillectomies are performed on adults and can be performed under general or local anesthetic, T&A's represent the second most common major surgery performed on children in the United States. There are about 250,000 tonsillectomies performed each year, and some statistics indicate that 400,000 T&A's are performed annually.

Tyler: What is the most common surgery, then, that is performed on children in the United States?

Laurie: Ear tube surgery is the most common surgical procedure performed on children under anesthesia, with more than half a million procedures completed each year.

Tyler: Would you tell us a little about Jordan's experience with these procedures and the recovery?

Laurie: Jordan had difficulty coming out of anesthesia and became combative; he thrashed and hit one of the nurses. They put him back to sleep and awakened him a short while later with better results. He was also very cold in the recovery room and seemed confused. He hated the restraint caused by the intravenous tube, and succeeded in pulling it out. I think the nursing staff was quite relieved when he finally urinated and they were able to send us home. Once home Jordan did well; however, we all panicked when he drank through a straw and the juice came out of his nose!

Tyler: What year did Jordan have the procedure, and in doing research to make sure your book was updated, what changes have happened since that time to the present?

Laurie: Jordan had his surgery in 1993. Since then, they've developed some new medical techniques to remove tonsils, but the recuperative process remains the same. It has also become common for families to tour the surgical center in advance of the procedure. One of the children's resources I reference in my book also released an updated version in the interim.

Tyler: Do you know if tonsillectomies and adenoidectomies are more or less common now than they were say twenty or thirty years ago? Have there been medical advances, or is there preventative medicine out there that more frequently can ward off the need for such surgeries by healing or reducing the problem?

Laurie: Tonsillectomies were first described in the year 1000 BC in India. They became a popular treatment in the 1800's and peaked in 1959 when 1.4 million procedures were performed in the United States. By 1987 the number had declined to 260,000. In 2004 Dutch researchers published a study suggesting that most tonsillectomies might be unnecessary, leaving current statistics for US procedures at about 250,000 per year.

Tyler: What are some of the suggestions the book contains about preparing your child to have a tonsillectomy and adenoidectomy?

Laurie: I feel the book's biggest asset is its ability to reduce anxiety surrounding a surgical procedure. I tried to break down the information into its simplest terms and then provide a sequence that allows the reader to find information for the stage they are in at any point. For example, if you were to buy a complicated piece of equipment that required assembly, you'd likely prefer to have instructions to guide you, than to figure it out on your own. I offer scripted passages that a parent can read to their youngster to explain what will be happening, using analogies and pictures that are familiar to a child. There are suggestions for acquainting the child with the surgical center, the anesthesia experience and the operating room, the recovery room, and the long recuperative phase at home. There is also a page devoted to organizing important information for the caregiver to have available, as well as an "Ultimate Preparation List" of supplies and miscellaneous items to have on hand before, during and after the operation. It is my feeling that if you have information at a level that you can understand and organize in some practical sequence, you will feel some control over the situation and will be able to tame the anxiety.

Tyler: Laurie, I understand your book also discusses what to do after surgery as the child recuperates. Can you tell us how long the typical recovery takes and what concerns a parent may have during this time?

Laurie: The first few days after a T&A procedure usually find the child listless from anesthesia, perhaps nauseous and probably sleepy. They may wake to find dried blood around their mouth or on the pillowcase. Pain can be subdued with analgesics, but pain tends to worsen on the fifth day. Thereafter, the child will show improvement and will usually return to normal diet and full activity in 10-14 days. Parents often feel worried about possible bleeding during this time, difficulty breathing, reducing their child's pain, maintaining fluids and finding ways to occupy their child with quiet activities. They need to restrict contact with others, and avoid introducing solid foods, company and activities too early, in order to avoid increased bleeding and aggravation of scabs. It is also very important that parents keep track of the various medications prescribed.

Tyler: We all have heard about children getting to eat ice cream when they have their tonsils out? What else is recommended for children to eat during this time—how do you know when to start introducing solid foods again and is there a gradual procedure for doing so or certain foods definitely to avoid?

Laurie: You need to avoid textured and spicy foods—the kinds of things you would find least appealing when you have a sore throat. Pureed or creamy, bland foods are best and cold foods help in reducing swelling. Jello, ice cream, ices, mashed potatoes, pastina, baby food, oatmeal, scrambled eggs…. They're all good.

Tyler: Laurie, do you have plans to write any more books regarding children and medicine?

Laurie: Actually, I just completed a manuscript for a children's book that arose out of my frequent storytelling with children in my school and private practice. I work with many youngsters who are anxious about a variety of issues. While fear of "robbers," "kidnappers" or "monsters" is a common developmental concern, many children are also afraid of separation, school, the dark, being alone, doctors and death. Of course many children also have their unique, individual worries. Yet, all of these children experience similar physical complaints that often present themselves as stomachaches or headaches. I've seen many children's books on the market that describe characters who feel anxious or worried, yet I have never come across one that explains, in child-friendly language, what is happening inside their body that accounts for their symptoms when they feel worried or scared. And so, I wrote one with the help of my son, a college student majoring in neurobiology. Our manuscript uses dinosaurs to describe *in very simple terms*, the biological changes that occur with anxiety, how to recognize when they are adaptive, and practical techniques to quench them when they interfere. The working title of this book is "Explain anxiety to me" and is not yet committed to a publisher.

I am listed among the editorial development credits for an American Girl book that will be released in the spring, as I was hired to write some of the pages concerning feelings and activities. (My contract says I can't release information about the content of the book, so I am keeping my comments deliberately vague).

Also, I am under contract with John Wiley & Sons, Inc. and busily writing a chapter for the forthcoming collective work *School Based Play Therapy, 2nd ed,* to be edited by Athena Drewes, Psy.D. and Charles E. Schaefer, PhD. due out in 2009. My chapter is about how to use play interventions in general education school settings with children with selective mutism.

Tyler: Laurie, will you tell us a little more about your school and private practice? Are fear-based issues one of the major reasons children see a school psychologist?

Laurie: I've been in my current school for 14 years, after having worked in a public high school and several special education and preschool settings. I love my current job as School Psychologist where I have impact at a grass roots level. It is an elementary school in a stable community suburb of New York City and has over 500 students in grades 1 through 6. I work with all the children in the school from time to time when I go into the classroom to lead discussions on bullying, diversity, understanding disabilities or other particular requests. I work closely with the school social workers to run counseling groups. Then of course, I perform some duties individualized for only psychologists, such as intellectual and personality testing. Several times a week I chair a committee on special Education conferences and Child Study Team meetings. I also have a limited private practice for children ages 3-11 in Hewlett, New York, a small community on the southwest tip of Long Island. Primarily my referrals revolve around anxiety issues, parental divorce, and social skills deficits.

Tyler: Laurie, just for fun, you also mentioned you enjoy telling people about the cute things children say? Would you share a couple of these cute sayings with us?

Laurie: I write a column for the New York State Association for Play Therapy newsletter, and these were a few of my entries:

I was working with a youngster who had occasion to meet my husband. She asked who he was, and I responded that his name was 'Dr. Zelinger'. She responded, "But that's your name!" I explained that we had the same last name, because we're related. "We're married." Amidst some confusion she exclaimed, "How can you be related? You don't look a thing alike!"

While working with a child in my office, we were able to hear a commotion coming from her brother in the waiting room. The parent was unsuccessful at hushing his exuberance, and finally in a loud voice, warned him to behave. Confused by her expectations, he responded, "But Mommy, I am being haved!"

In the process of learning about pairs, a child described to me that he had 2 arms, 2 legs, 2 hands, 2 eyes, 2 ears but only one nose. He quickly added, "but it has 2 booger holders!"

Hannah and I were playing house. She was the mommy and instructed me to lie on the floor since I was just born and couldn't do anything yet. I got to be the "*cute new boring baby*."

David's father was describing that the youngster was having nightmares that were waking him up and leaving him terrified. Upon hearing his father say this, David then piped up, "And I'm having day mares too!"

Tyler: Thanks for the humorous note to end on, Laurie, and thank you for letting me interview you today. Before we go, will you tell us about your website and what additional information may be found there about "The "O, MY" in Tonsillectomy & Adenoidectomy: how to prepare your child for surgery, a parent's manual"?

Laurie: My website can be accessed at www.DrZelinger.com. Thank you, Tyler.

Tyler: Thank you for the interview, Laurie. I'm sure many children and their parents will benefit from your advice and from reading your book.

Listen to interview on Inside Scoop Live
Read Review of The "O, MY" in Tonsillectomy & Adenoidectomy