Tonsillectomy and/or Adenoidectomy

Purpose
Tonsillectomy is commonly performed to treat patients with frequent episodes of tonsillitis. Tonsillectomy should decrease the number of these episodes and the need for repeated courses of antibiotics. It is still possible to get sore throats after a tonsillectomy. Tonsillectomy is also commonly performed to treat tonsils which have become so large that they block the upper breathing passages. Tonsillectomy will remove the large obstructing tonsils and enlarge the upper airway. There are often many causes of a blocked airway, and tonsillectomy alone may not address all upper airway obstruction. The adenoids are lymph tissue that sits in the very back part of the nose where it joins the throat. Adenoidectomy is commonly performed to treat excessively large adenoids. Adenoids can become so large that they can obstruct the flow of air through the nose. This can lead to difficulty with breathing, especially during sleep. Adenoidectomy is also performed in children who have an excessive number of ear or sinus infections. The adenoids can serve as a reservoir of bacteria. Studies have shown adenoidectomy to help to decrease the number of ear and sinus infections.

Procedure
These procedures are performed in a hospital under general anesthesia. Patients are completely asleep during the procedure. The operation is done through the mouth and does not involve any skin incisions. After the operation, patients go to the recovery room, and then to the ambulatory procedure unit for an observation period. If they are able to drink adequately and have no problems with nausea or bleeding, patients are allowed to go home 2-4 hours after the operation. Patients who have sleep apnea may need to stay overnight. If patients are unable to drink adequately or are nauseous from the anesthesia, they are kept overnight. Lastly, children under the age of 3 and children who live far from the hospital may be asked to stay one night.

Recovery
Tonsillectomy, no matter how the procedure is performed, is a painful operation. After the operation patients will have a bad sore throat for about 7 to 10 days. The throat pain gradually lessens after the first week. It is difficult to swallow at first, and patients need to modify their diet. Cool liquids, popsicles, water ice and sorbet seem to work best for the first few days. It is best to avoid citrus juices (orange, grapefruit, etc.) and spicy foods as they may burn. It may also be a good idea to avoid milk and ice cream as they produce a lot of phlegm. We ask that you limit the use of a straw, as the sucking action may promote bleeding. Whenever the patient feels up to resuming their normal diet it is all right to do so. Remember, the more you drink the faster you will recover! Ear pain is common after tonsillectomy. The same nerves which go to the back of the throat also provide the ear with sensation. The area where the tonsils were removed usually has a gray or tan appearance. This does not mean the site is infected. Bad breath is also very common due to the bacteria which grow in the tonsillectomy sites. After up to 102 degrees is not unusual for 2 weeks after a tonsillectomy or adenoidectomy. Patients are typically sent home with a prescription for a liquid narcotic for pain. This should be used on an as needed basis and can be discontinued when the pain subsides. Milder pain can be treated with Tylenol. Antibiotics are often prescribed to prevent infection and lessen pain. The antibiotics should be taken until they are gone. Steroids are sometimes used to decrease swelling and lessen pain. These also should be taken until finished. There may be nausea due to the anesthetic agent or from swallowing blood. An anti-nausea suppository can be used if this occurs.

Risks and Complications
Bleeding can occur after a tonsillectomy. Minor bleeding is common, especially when the scab comes off of the tonsil site around the seventh day. More significant bleeding can occur in the immediate post-op period or around the 7-10th day. This bleeding can be serious enough to require control in the operating room. It is very rare to require a blood transfusion, even when there is post-operative bleeding.

- Mild bleeding can occur after adenoidectomy. This bleeding is common and almost always stops on its own. In rare instances it may be necessary to return to the operating room to control bleeding.

- The adenoids assist the soft palate in closing the nose off from the throat during swallowing and speech production. It is uncommon, but possible, to have some mild difficulty with liquids coming into the nose during swallowing. There may also be difficulty producing speech sounds which require the nose to be blocked off from the mouth. These problems are almost always temporary. In rare instances further surgery could be required to correct these problems.

- Whenever surgery is performed in the mouth it is possible for loose teeth to be knocked loose.

- The tongue is retracted during the procedure. This sometimes causes numbness and/or swelling in the tongue. The numbness is almost always temporary. In rare instances the numbness can be permanent.
Follow-up

Generally follow-up visits are scheduled for three to four weeks. If families have questions or problems there is always someone available from our practice to address issues that arise even after hours, on weekends, and during holidays.

We ask that you sign below to indicate that you have read, understand, and accept the risks and complications of this operation. Alternative treatments have been discussed with me and I want to go ahead with the surgery.