

713-486-5000
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Tonsillectomy and Adenoidectomy

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WHAT ARE THE TONSILS AND ADENOIDS?

Tonsils and adenoids are part of the body's lymphatic system. The lymphatic system is part of body's immune response, helping the body sample pathogens and mount an effective immune response. The tonsils can be seen clearly in the back of the throat, while the adenoids are located behind the soft palate and are not visible. However, the tonsils and

adenoids can often become more problematic than beneficial.

Tonsils can become enlarged or infected. Enlarged tonsils or adenoids can frequently cause snoring, sleep apnea, and difficulty breathing while sleeping. Tonsils can also be the cause of recurrent sore throats, difficulty swallowing, and bad breath.

WHEN IS TONSILLECTOMY OR ADENOIDECTOMY INDICATED?

The first line of defense against infections of the tonsils and adenoids are usually antibiotics. However, antibiotics may not always be the best solution to ongoing or recurrent infections.

In cases of recurrent infections or difficulty breathing, your doctor may suggest surgical removal of the ton-

sils or adenoids. In rare cases, cancer or bleeding tonsils may also be cause for surgical removal.

The removal of tonsils and adenoids is a decision that will be made in conjunction with your ENT specialist after taking into account your age, health problems, and medications.

HOW DO I PREPARE MY CHILD FOR TONSILLECTOMY & ADENOIDECTOMY?

If your child is having surgery, it is important to be open with them. Reassure your child that you will be there for them before and after the surgery and your doctor is making them healthier through surgery. Be honest and explain to your child that they may experience pain following the surgery but there are

ways to alleviate their discomfort. If possible, try to arrange a tour of the surgical facility before the surgery so that your child can become familiar with the operating room.

For at least one week before the surgery, pain relievers containing aspirin or aspirin-like products

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including Advil, Motrin, or Ibuprofen should be avoided.

You will be given instructions about what to do the night before and morning of surgery. The patient should not take anything by mouth for at least 6 hours prior to the surgery. This includes water,

WHAT WILL HAPPEN DURING SURGERY?

In most cases, the surgery will be performed as an outpatient procedure, making your recovery more comfortable in the familiar environment of home. Occasionally, you or your child may be required to spend the night in the hospital for observation based on specific medical conditions. An anesthesiologist will be present to administer the general anesthetic. During the surgery, the patient's blood oxygen saturation and heart rate will be monitored.

WHAT CAN I EXPECT AFTER SURGERY?

The patient will be monitored for several hours in a recovery room. Family will be invited into the room as soon as it is appropriate. After several hours, if the patient is doing well, you will typically be allowed to go home. A relative or caregiver should be with the patient the first night following surgery.

A light diet consisting of soft food and liquids should be followed for the first 10-14 days after surgery. Warm liquids should be avoided. Following surgery, the patient may vomit the first few times after eating. Your physician may prescribe an antibiotic to prevent infection following surgery, a narcotic to provide pain relief, and if the patient

continues to have upset stomach a medication to prevent vomiting may be prescribed. Your ENT specialist will provide information on postoperative care and answer any questions you may have. Avoid aspirin and aspirin-based products such as Motrin, Ibuprofen and Advil for two weeks after the surgery. In addition, the patient should be on restricted activity for two weeks after the surgery to prevent any additional strain on the throat during healing; this means no heavy lifting, exercise or sports for two weeks after the surgery. For children, they may resume school after one week but should be kept out of sports, gym or PE classes and any outdoor play or running for two weeks.

toothpaste, or chewing gum. It is important to have a completely empty stomach at the time of surgery to prevent the risk of vomiting under anesthesia. If the patient is ill or has a fever at the time of surgery, call the surgeon's office to find out if it is appropriate to bring in the patient for consultation.

In addition to the anesthesiologist and surgeon, there will also be a nurse and surgical technician present. The ENT surgeon may use a number of different surgical devices to remove the tonsils and adenoids. The procedure under normal circumstances should be completed in about an hour. The patient should not feel any discomfort during the surgery while under anesthesia.

WHAT ARE THE RISKS OF TONSILLECTOMY OR ADENOIDECTOMY?

Although tonsillectomy and adenoidectomy is one of the most common medical procedures, all surgeries carry risks after the procedure is completed.

Your ENT specialist will work with you to minimize all possible risks from surgery.

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Risks During or Immediately Following Surgery

Allergic Reaction: Anesthesia, like any other medications, can cause a mild or serious reaction. Your anesthesiologist will ask questions about you and your family's allergies to medication to minimize this risk.

Bleeding: Certain patients are more prone to bleeding during surgery. Your ENT specialist will minimize such risk, which can lead to a longer hospital stay.

Tongue Numbness: Due to a tool used to allow better access to the tonsils and adenoids during surgery, the patient may experience numbness of the tongue. The effect of this tool is temporary, and the numbness typically will recover over the first few days after surgery.

Risks During Recovery and the Post-Operative Period

Throat Pain: This is a common side effect of surgery and is more severe in adults than in children. This pain may last several weeks and can cause difficulty swallowing. Your ENT specialist will prescribe medications as needed to minimize pain. It is normal to have moderate to severe discomfort for up to two weeks after the surgery, including pain while swallowing, pain in the throat, and pain in the ears. Pain in the ears usually does not represent an ear infection and is related to the muscles in the back of the throat in the healing process. Children may become dehydrated if they do not take in adequate

liquids after the surgery; encourage them to take in adequate food and liquids, and give them their prescribed pain medicine regularly to prevent dehydration.

Bleeding: Bleeding may occur from the throat any time in the first two weeks after surgery is performed when the scabs in the back of the throat fall off. While this is usually minimal, any bleeding that occurs after tonsillectomy needs to be evaluated by a physician. If you (or your child) has bleeding from the throat any time in the first few weeks after the surgery, you should immediately go to the emergency room to be evaluated. Again, a soft diet, avoiding aspirin-based products and limited physical activity will reduce the risk of postoperative bleeding.

Infection: All surgeries carry the risk of infection. If an infection develops, medication will be prescribed as needed. It is normal to have fevers and bad breath for 10-14 days after having your tonsils or adenoids removed. The back of the throat where the tonsils were removed will often look white and irritated; this is a normal part of the healing process and does not necessarily indicate an infection.

Voice Changes: After removal of the tonsils and/or adenoids, you may experience a change in voice with a more nasal tone during the healing process. Voice changes are usually temporary and resolve without further treatment; in very rare cases, they may persist for longer than six months and require treatment.

WHEN SHOULD I CALL THE OFFICE?

Call your ENT surgeon if

- There is persistent or excessive bleeding from the throat or nose after surgery,
- Your child appears dehydrated and will not take in adequate food or liquids,
- Your child experiences fevers of more than 102 degrees that do not respond to Tylenol,
- Your child develops a severe stiff neck,
- Your child is getting progressively worse, rather than better, after the first few days after surgery.