

Tonsillectomy/Adenoidectomy

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Tonsils and adenoids are tissues in the throat that are part of the immune system. When these tissues work properly, they will respond to infection, induce inflammation and produce antibodies. In some people, the function of these tissues gets out of control and can create problems. When the tonsils and or adenoids become inflamed frequently, harbor infection or grow to a size that causes problems, they may need to be removed.

Tonsil and adenoid problems include:

- Chronic or recurrent throat infection
- Trouble swallowing
- Snoring
- Sleeping problems (Including Sleep Apnea)
 - Behavior problems
 - Memory and concentration difficulties
 - Enuresis (Bed Wetting)
- Speech problems
- Mouth Breathing
- Nasal Drainage
- Drooling
- Bad Breath
- Sinus, Nasal and Ear Infections

Decision For Surgery: Surgery may be considered a treatment for tonsil and adenoid problems when problems with the tonsils and/ or adenoids are felt to be chronic and likely to continue or severe enough to warrant intervention. The decision can sometimes be complicated and include factors like sinus and ear infections, sleep quality, speech and general health.

Risks of Surgery: Risks are always a major concern when deciding about surgery. Tonsillectomy and/or adenoidectomy are commonly performed operations, but like any operation carry some, albeit small, risk. Risks include bleeding, infection, pain and possible alteration of speech and trouble breathing. Life threatening bleeding is very rare but minor bleeding when scabs fall off is common. Serious infection is rare.

Pain Following Surgery

In general the younger the patient, the better they tolerate tonsillectomy. Adenoidectomy is usually well tolerated at any age. Following tonsillectomy only twenty percent of children will struggle significantly with throat pain whereas seventy percent of adults will struggle. Sore throat can occur up to 10-14 days but will usually resolve sooner. The majority of pain with tonsillectomy occurs from irritation to the muscles of the throat from the bacteria in the mouth. The bacteria irritates but rarely causes significant infection. It is not unusual to sense pain from the throat referred to the ears. It is also typical that pain may worsen around the third day.

Contrary to pop culture, there is no method for removing tonsils that prevents post-op pain. Newer methods such as Coblation® are heavily marketed and touted to be less painful. However, the least painful method of tonsillectomy is the non-thermal or traditional (cold steel) tonsillectomy. The drawbacks of cold steel are slight increase risk of bleeding. My preference is to combine the best factors of multiple techniques to gain the lowest risk of pain and bleeding. Additionally, I will typically use a combination of local anesthesia, antibiotics and steroids at the time of surgery to reduce pain. I am happy to use Coblation® for tonsillectomy, if requested, but am yet skeptical of its benefits.

Definition of Surgery Performed: Tonsils are located on both sides of the back wall of the throat, just above and behind the tongue. Adenoids are located in uppermost part of the throat behind the soft palate (this is also the very back of the nose.) Both the tonsils and adenoids are removed through the mouth. There are no external incisions.

Surgery is always performed with a general anesthesia. No discomfort will be felt during surgery. Sometimes local anesthetics or other medicines will be administered to reduce or eliminate pain immediately after surgery.

Preoperative instructions

- Do not take any aspirin or anti-inflammatory for 7-9 days prior to surgery.
- Do not eat or drink anything after midnight prior to surgery unless the hospital informs you differently.
- The hospital should call the afternoon prior to surgery to give arrival times and instructions, which are set by the hospital not the doctor.

Discharge Instructions for Tonsillectomy/Adenoidectomy

Diet:

Solid foods are ok, but fluids are mandatory

After surgery, it is important for the patient to stay well hydrated by drinking cold liquids such as Popsicles, slush, Gatorade, Pedialyte, Jell-O, water, Sprite and 7 up. As the patient's appetite increases, encourage foods that require lots of chewing. This will relieve some of the throat pain after surgery. Unless your doctor gives you a restriction, any food the patient desires is acceptable (There is no absolute restriction to any food or type of food.) If the patient can't tolerate solid foods this is ok, but they must still continue to drink fluids.

Nausea and vomiting

If the patient experiences nausea or vomiting, wait 30 – 45 minutes before giving any food or drink. Then begin again with clear liquids until the patient can tolerate them and slowly move on to more solid foods. A small amount of blood mixed with the vomited material is common right after surgery. If the patient continues to vomit after the first day, or if he or she vomited a large amount of blood, please call Dr. Child or the doctor on call.

Drinking

Infants and children in diapers should have at least 6-8 wet diapers a day. Older children may go to the bathroom less often or have dark urine. A dry mouth is also a sign the patient may not be drinking enough. A child should drink in ounces the equivalent of his or her body weight in pounds. (For example – if your child weighs 30 pounds he or she should drink 30 ounces per day). An absolute minimum is half of that amount.

Adults should drink as much as possible. When an adult makes a normal amount of urine they are achieving their minimum fluid requirement.

Pain:

Throat pain and **even ear pain** are common after a tonsillectomy. It is important to keep the patient comfortable so he or she is able to drink cold fluids or eat. Typically a child will experience the most pain between 3 and 7 days after surgery, adults between 3 and 10 days.

Patients who eat solid foods tend to have less pain and pain of shorter duration. Ice chips and chewing gum help to moisten the throat and chewing helps reduce muscle pain. A heating pad at a low setting can soothe a sore jaw or head.

Medicine:

Antibiotics

Antibiotics can help reduce pain by reducing the number of bacteria that grow on the wounds. If a patient can't take the antibiotics for a few doses this is not serious, but should be resumed as soon as tolerated.

Pain Medicine

*****Caution*** caution should be exercised with pain medicine in patients undergoing tonsillectomy for sleep apnea or any type of nighttime breathing difficulties. Pain medicine can suppress the body's desire to breathe and can lead to serious complications. This is especially important in the first 24 hours following anesthesia. In these situations the lowest effective dose should be used and it is wise to err on the side of pain. Do not awaken a child to give them pain medicine and never administer pain medicine if the patient appears sedated or lethargic.**

For a Child: You may give your child pain medicine as needed every 4 hours. Some children may be able to go without the pain medicine. Tylenol can be used instead of narcotic pain medicine.

Adults: you may take the pain medication as prescribed, however, understand that these medications cause nausea and overuse can be harmful. Do not operate a motor vehicle or complex equipment while taking pain medication.

Do not give pain medication on an empty stomach and start slowly!

AVOID ASPIRIN OR NONSTEROIDAL MEDICATIONS (ADVIL, MOTRIN, IBUPROFEN, ALEIVE) as they increase the chance of bleeding. However, your doctor may request that a few doses are given in certain situations.

Drainage and Bleeding

There should be NO NEW BLEEDING (bright red blood) from the nose or mouth after you return home. 5 –10 days after surgery, the patient may spit up a small amount of dark, bloody material when the membrane that forms across the back of the throat has broken away. If fresh bleeding (bright red blood) occurs after you have returned home, call your ENT doctor. If adenoids were removed, do not allow your child to blow his or her nose for 3 days - this may cause bleeding.

Snoring

If your child had surgery to help with labored breathing at night, loud snoring or nasal congestion, do not expect immediate improvement. Snoring and nasal congestion may temporarily increase because of excess saliva, scabs and swelling. Call Dr. Child or the on call physician if you are concerned about your child's breathing.

Bad Breath

Bad Breath is common after a tonsillectomy or adenoidectomy. It is caused by the white-yellowish membrane that forms in the throat where the surgery took place. Bad breath may be improved by taking the antibiotics.

Activity:

Child

Your child will be more tired than usual for about 24 hours after surgery. Anesthesia can also effect your child's coordination. Activities such as sports, riding bikes or swimming should be avoided for the first 72 hours after surgery. Teenagers and young adults should not drive a car for 24 hours or while taking narcotics. Narcotic pain medications such as Lortab and Tylenol with Codeine may make your child dizzy or sleepy. Small children may need assistance when walking. Do not allow your child to fully resume normal activity for about ten days. Your child may attend school or daycare 4-7 days following surgery. No gym or recess for 2 weeks after surgery.

Adult

Walking and light activity are fine but no exercise or strenuous activity should be performed for 10 –14 days, especially lifting. Lifting up to 15 pounds is ok.

Behavior:

A child may experience alternating "good" and "bad" days for 2 weeks after surgery. You may also notice your child's voice changing after surgery. This improves over time and typically returns to normal within 1 month.

What to watch for/When to call

- Bleeding that does not stop within one minute.
- Temperature over 101 degrees Fahrenheit, combined with lethargy or breathing difficulty.
- Increased swelling
- Signs of dehydration (dry mouth, less than 4-6 wet diapers, lack of tears.)
- Excessive diarrhea/constipation
- Chest pain or shortness of breath: **GO TO THE EMERGENCY DEPARTMENT!**

Whom to call:

In the event of an emergency, call 911 or if less urgent, call Dr Child at 801-464-7510 or the answering service 801-408-5060

If unable to contact the doctor, or one of his colleagues in the event of an emergency, go to the nearest emergency room.

Follow-up Appointment:

Call the office at 801-464-7510 as soon as possible to make an appointment 3-4 weeks after surgery.