

Tonsil and/or Adenoid Surgery Handout

Your Tonsils and Adenoids

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The tonsils are oval collections of tissue located in the back of the throat on the right and left sides. The uvula hangs down from the middle of the soft palate, between the tonsils. The adenoids are located above the soft palate on the back wall of the throat near the eustachian tubes. The eustachian tubes are small air passages that connect the space under the eardrum with the back of the nose. When you clear your ears on an airplane, you are equalizing air pressure through the eustachian tubes.

The primary purpose of the tonsils and adenoids is to trap and destroy viruses and bacteria.

However, sometimes the tonsils and adenoids can cause problems:

Infections: These infections can be caused by many different kinds of bacteria, though the one most people hear about is streptococcus. If these infections are especially severe, or if they occur frequently, it may be best to remove the tonsils and adenoids. Removing the tonsils or adenoids does not cause any problems with the immune system. In fact, if frequent infections have been a problem, removing them can make the immune system's job easier.

Obstruction: Large adenoids and tonsils blocking the airway can cause heavy snoring or constant mouth breathing. This can be another reason for surgery in certain patients. In some cases, a person's overall health can be significantly improved by removal of the tonsils and adenoids. Each patient is different and results may vary.

The Benefits of Surgery

Fewer sore throats: Once the tonsils are removed, patients are less likely to have bacterial infections in the back of the throat. However, it is still possible to get viral infections in this area.

Decreased snoring and mouth breathing: Patients who snore, or mouth breathe because of enlarged tonsils and adenoids, often have a decrease in these symptoms after surgery. However, if other problems exist, such as a crooked nasal passage, a long soft palate or a thick tongue, these symptoms may continue after the procedure.

Fewer ear infections: Patients with frequent ear infections may benefit from removal of the adenoids if they are blocking the opening of the eustachian tubes. If frequent ear infections continue after surgery, additional treatments may be needed, such as allergy testing, antibiotics or ear tubes.

Fresher breath: If halitosis (another word for bad breath) is present because of chronically infected tonsils or adenoids, this may improve after surgery. However, bad breath may persist if it is caused by bacteria in other areas of the mouth. Gum disease, failure to floss, or other medical or dental problems can also contribute to bad breath.

Improved voice quality: If the tonsils and adenoids are extremely large they may cause a stuffy sounding, or muffled voice. Removal of these tissues can help improve air flow and voice quality.

Some Surgery Risks

If you have any questions please write them down and discuss them with your surgeon or anesthesiologist. There are a number of risks associated with **any** surgical procedure.

Some are common to all surgical procedures, and others are specifically related to removal of the tonsils and adenoids. Standard surgical risks may include excessive bleeding and anesthesia complications such as allergic or adverse reactions to medications.

Your anesthesiologist is a doctor or certified nurse practitioner fully licensed to administer anesthesia. Before surgery, you will have an opportunity to discuss the risks of anesthesia in detail with your anesthesiologist.

Some postoperative risks that are specifically related to tonsil and/or adenoid surgery include:

**** Delayed bleeding from the tonsillar area:** Although delayed bleeding after tonsillectomy occurs in just a few percent (3-5%) of all patients, it can happen any time after the procedure, up to 14 days post-operatively. The most common time for bleeding to occur is 7-10 days after surgery.

When bleeding does occur, it is usually because the scab that formed over the incision fell off too soon and exposed blood vessels. Any bleeding from the mouth after tonsillectomy is abnormal, so call your doctor immediately if bleeding does occur. If it is heavy bleeding, please go directly to the nearest emergency room or call an ambulance if you don't have someone to drive you.

For two weeks after tonsillectomy, we recommend that you don't get into a position where you couldn't get to a hospital. For example, no airplane travel, no long car rides, no camping in the woods. If you are planning any trips after surgery, please discuss this with your doctor.

Postoperative infection: As with **any** surgical incision, the tonsillar area can become infected after surgery. Your doctor **may** want to prescribe some antibiotics to help avoid this problem.

Problems sealing the soft palate against the back wall of the throat: Children with extremely large adenoid pads may have some short term problems moving the soft palate after removal of the adenoids.

The soft palate may have become a bit "lazy" because the adenoid pad was helping to seal off the back of the nasal cavities during speech and swallowing. If the seal is weak, children can have temporary changes in speech quality or have fluid leak from the nose when drinking rapidly.

Usually time and simple speech exercises are adequate therapy for development of necessary strength and bulk in the muscles of the soft palate, so that it can create a good seal.

There are several important aspects about the surgery with which you should be familiar.

Before the surgery, take the time to write down a list of any medicines you are currently taking. Be sure to list the exact name, dosage and number of times a day you take each medicine. Tell us if you have ever had a reaction to a medicine, local anesthetic, tape, or skin cleanser.

Avoid aspirin for one to two weeks prior to any surgical procedure, unless your doctor tells you otherwise.

Don't eat or drink anything after midnight, the night before your surgery. If you're taking a medicine that has a morning dose, you should ask your doctor if he or she wants you to stop the medication the night before, or take the medicine with a small sip of water at an earlier time.

Call your doctor if you develop an acute illness or have an asthma attack within three days of your scheduled surgery. If you are exposed to measles, mumps or chicken pox within 21 days of the procedure, you should also notify your doctor. He or she may want to consider rescheduling the procedure.

After You Leave the Hospital

During the second week, postoperative pain normally begins to improve slowly with each passing day. By the end of the third week, you should be about back to normal.

It is common to have **ear pain**. This is called 'referred' pain. Pain from the throat after surgery will often cause pain in the ears as well, and this will go away as the throat heals.

Your uvula may swell up for three or four days after surgery. It can give you the feeling that there is something constantly in the back of your throat that needs to be swallowed. Don't be alarmed - this is normal!

You may also have a low-grade fever for a few days. Notify your doctor if it persists or if it goes above 102.5° Fahrenheit.

If any bleeding occurs: call your doctor immediately or go directly to the nearest emergency room. If no one can safely drive you, call an ambulance.

In general, you should restrict strenuous exercise for at least two weeks after surgery.

Drink plenty of fluids. It is very important that you stay well hydrated! Patients who get dehydrated tend to have more problems after surgery than those who stay on top of their fluid intake.

It is not unusual to be constipated after this procedure. Increasing your fluid intake can help with this problem. Another benefit is that drinking lots of fluids helps to cleanse the back of the throat.

You should avoid rough or spicy foods for two weeks: avoid pretzels, dry crackers, dry cereal, chips, pizza or anything with a hard crust. Avoid citrus juices which may cause burning and stinging in the throat. Milk products and ice cream may leave film in the back of the throat making it hard to swallow.

We encourage the following: popsicles, Jell-O®, applesauce, soft cereals, Italian ice, ice chips, and popsicles made from Gatorade®, scrambled eggs, pasta with butter, etc. You may be flexible and experiment with various foods and liquids, as long as they are soft and easy to swallow.

Take all the medications your doctor prescribes. Avoid products that contain aspirin because they interfere with blood clotting. You can gargle gently with warm saltwater to cleanse the back of the throat after eating and to help remove any bad taste.