

Tonsillectomy and Adenoidectomy

What is the purpose of tonsils and adenoids?

Tonsils and adenoids are composed of tissue that is similar to the lymph nodes or glands found in the neck, groin, and other places in the body. They are part of a ring of glandular tissue that encircles the throat. The adenoids are located high in the throat behind the nose and above the roof of the mouth and, unlike tonsils, are not visible without special instruments. The tonsils are two masses of tissue on either side of the throat.

Tonsils and adenoids are located near the entrance to the breathing passages where they can catch incoming infections. They sample bacteria and viruses and can become infected themselves. It is thought that they then help form antibodies to those germs as part of the body's immune system to help resist infections. This function is performed in the first few years of life, but it is less important as the child gets older. In fact, there is no evidence that tonsils or adenoids are important after the age of three. One large study showed by laboratory tests and follow-up examinations that children who must have their tonsils and adenoids removed suffer no loss whatsoever in their future immunity to disease.

What diseases affect tonsils and adenoids?

The most common problems affecting the tonsils and adenoids are recurrent infections (causing sore throats) and significant enlargement (causing trouble with breathing and swallowing). Recurrent acute infections of the tonsils also occur in adults. So do abscesses (large pockets of pus) around the tonsils, chronic tonsillitis, and infections of small pockets (crypts) within the tonsils that produce bad smelling, cheesy-like formations.

Tumors can also grow on the tonsils, but they are rare. Bacterial infections of the tonsils, especially those caused by strep, are treated with antibiotics. The two primary reasons for tonsil and/or adenoid removal are:

1. Recurrent infection despite antibiotic therapy
2. Difficulty breathing due to enlarged tonsils and/or adenoids

Obstruction to breathing causes snoring and disturbed sleep patterns may lead to daytime sleepiness in adults and behavioral problems in children. Sometimes sleep apnea (temporary suspension of breathing during sleep) occurs. Some studies indicate chronic mouth breathing from large tonsils and adenoids causes malformations of the face and improper alignment of the teeth.

Chronic infection in the tonsils and adenoids can also affect nearby structures such as the Eustachian tube (the passage between the back of the nose and the ear). This can lead to frequent ear infections. In adults, the possibility of cancer or a tumor may be another reason for removing the tonsils and adenoids.

How should the patient prepare for surgery?

If you or your child requires a tonsillectomy and/or adenoidectomy there are several preparations that are needed. Parents should discuss openly and frankly the child's feelings about the surgery and provide strong reassurance throughout the process. Try to be with the child as much as possible before and after the surgery.

The patient should be aware that they will have a sore throat after surgery lasting about seven days, often less in children. If there is a friend who has had this operation, it may be helpful for the child to talk to the friend about it.

For at least two weeks before surgery and two weeks after surgery, the patient should avoid taking aspirin or medications that contain aspirin. The surgeon should be informed if there is any family history of problems with anesthesia. If the patient has sickle cell disease, bleeding disorders, is pregnant, or has specific views on the transfusion of blood then the surgeon needs to be informed.

Nothing is to be taken by mouth after midnight the day of surgery without physician approval. If the restriction is broken, the operation may be canceled. Food or liquids in the stomach at the beginning of anesthesia may be vomited and this is dangerous. A blood test is usually required before surgery.

After surgery the patient will be observed for any problems. The common problems are nausea and vomiting. After the patient has recovered he or she will be released to go home. If the patient has special medical conditions they may be admitted to the hospital for observation.

What are the risks?

Tonsillectomy and/or adenoidectomy are generally safe and effective surgical procedures. However, no operation is absolutely risk free. The most concerning risk is that of bleeding. About two to three percent of patients will have some bleeding after surgery and it is usually mild and self-limited. Rarely patients may have bleeding that requires observation in the hospital or another operation to stop the bleeding. The two main periods where bleeding may occur are the day of surgery or about one week later. For this reason, it is recommended that patients who live out of town stay in Wichita the day of the operation, just to be on the safe side.

It is helpful to put surgical risks into perspective. It has been estimated that the risk of serious injury or life threatening complication from tonsillectomy is about 1 in 40,000. This is statistically less than the chance of serious injury when a person drives an automobile. Sometime patients may have a subtle change in voice quality, especially children who have very large tonsils and adenoids. Usually the voice is clearer, with less of a nasal tone.

Normal Post-Op Symptoms include:

- Earache due to throat irritation.
- Sore throat
- Bad breath
- Gray scabs in back of throat

After the operation

After a tonsillectomy it is very important that the patient drink enough fluids. The normal tendency with a sore throat is to limit swallowing. This tendency must be overcome, especially with young children. After the patient has recovered from the nausea of anesthesia they should start drinking fluids. Water, milk, apple juice, Gatorade®, Kool-Aid® and popsicles are all acceptable. Orange juice sometimes causes a burning sensation. Once the patient is drinking enough fluids they may start eating some soft foods.

When the patient feels ready they may resume a regular diet. Patients should avoid extremely hot foods, very spicy foods, or foods with sharp edges (chips) for two weeks. After surgery a pain reliever and an antibiotic are usually prescribed. Avoid using aspirin, medications that contain aspirin, Motrin® (ibuprofen) or Advil®. These medications thin the blood and may cause bleeding after surgery. When the patient no longer requires the prescription pain medication, Tylenol® can be used for minor discomfort. For any problems or questions call the office.

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