

Teaching Handout For Tonsil and/or Adenoid Surgery

This patient education handout is intended to help patients and their families learn more about their medical conditions, the options available to them and the possible consequences of their decisions. This information is not intended to be used for diagnosis, or treatment, of any specific individual. Please consult with your physician regarding your particular circumstances.

Your tonsils and adenoids:

The tonsils are oval collections of tissue located in the back of the throat on the right and left sides. A thin layer of moist skin called the anterior tonsillar pillar covers the front part of the tonsil. 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. Some children and adults are prone to develop infections of the tonsils and adenoids.

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 systems' job easier.

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 persons' 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 can include the following:

a. 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.*

b. 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.*

c. 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, you may need to talk with your Ear Nose and Throat (ENT) doctor about other treatments, such as allergy testing, antibiotics or ear tubes.*

d. 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. Your doctor may be able to assist you in identifying the cause.*

e. 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.

This section will outline some of the risks of surgery:

*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 physician 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.

They will be able to tell you about the types of medicines that will be used, their duration and any possible side effects. Your surgeon and anesthesiologist are constantly monitoring for these kinds of problems, and will take immediate action should they occur.

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

a. Delayed bleeding from the tonsillar area: *Although delayed bleeding after tonsillectomy occurs in just a few percent of all patients, it can happen anytime after the procedure. The most common time frame is during the second week.*

*When bleeding does occur, it is usually because the scab that formed over the incision became infected or fell off too soon. Most of the time this bleeding is minor, however, there are large blood vessels nearby that can lead to more serious bleeding. If you have **any** bleeding after you leave the hospital, we recommend that you immediately go to the nearest Emergency Room.*

b. 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.*

c. Unusual scarring of the soft palate and tissues in the back of the throat: *Scarring in the region of the soft palate and tissues surrounding the adenoid pad occurs in far less than 1% of all patients. Advanced surgical techniques have made this complication very rare.*

d. 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. This section outlines them:

Before admission, 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.

Ask your doctor if he or she wants you to bring any of your own medicines from home. Your nurse may need to store those medications in a safe place. Remember, never take any medication during your hospital stay without first checking with the staff. Avoid aspirin and anti-inflammatories 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 just about back to normal.

It is possible to have ear pain. This can be caused by a phenomena called 'referred' pain. Referred pain is where injury in one area causes pain in another. It's sometimes hard to tell exactly where the pain is coming from, because the areas are so close together. Tell your doctor if it persists for more than a week or if it's extremely severe.

Your uvula may swell up for 3 or 4 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 degrees Fahrenheit.

Bleeding can sometimes occur after leaving the hospital. This occurs in a small percentage of patients. The most likely time is the second week after the procedure. If this happens, do your best to stay calm and immediately go to the nearest Emergency Room. And, if you can, have a friend or family member notify the Emergency Room that you're on your way.

In general, you should restrict strenuous exercise for at least 2 weeks after surgery. Ask your doctor for more specifics on this.

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 might also want to eliminate rough or spicy foods from your diet until the tonsil area is more fully healed.

You may want to avoid citrus juices and fatty milk products during this first week. Juices that are sour can irritate the raw area where the tonsils used to be, and fatty milk products can leave a thick mucous in the back of the throat that is hard 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 salt water to cleanse the back of the throat after eating and to help remove any bad taste.

Thank you for taking the time to learn more about tonsil and adenoid surgery. We hope that what you have learned will enable you to better communicate your questions and concerns.

Remember, YOU are the most important member of your health care team!