



TONSIL AND ADENOID SURGERY

Department of Otolaryngology – Head and Neck Surgery
VCU Health Systems

I. The Basics about Tonsillectomy and Adenoidectomy

Your doctor has recommended a tonsillectomy and/or adenoidectomy for you or your child. The tonsils and adenoids are lymphoid tissues, similar to the lymph nodes found in the neck, which may swell during upper respiratory infections. The tonsils are usually visible in the back of the throat, whereas the adenoids are tucked behind the roof of the mouth, at the back part of the nasal passage. Although the tonsils and adenoids serve to fight infection in the throat and nasal areas, they can become chronically infected and actually lead to infection. Chronically infected or enlarged tonsils or adenoids may cause chronic or recurrent sore throat, difficulty breathing through the nose, snoring, sleep apnea, bad breath, recurrent sinusitis, ear infections, dental malocclusion, abscess, or difficulty swallowing. Tonsillectomy and adenoidectomy are surgical procedures performed to remove the tonsils and adenoids for one or more of these reasons.

II. The Procedure

For most patients tonsillectomy and/or adenoidectomy is performed on an outpatient basis. The patient arrives at the hospital the day of surgery, has the procedure, and goes home later the same day. The procedure is performed under general anesthesia. For young children, the anesthesia team will put the patient to sleep by delivering anesthesia gas via a mask. Older children and adults are given medication through an IV to go to sleep. Once asleep, a breathing tube is placed in the windpipe. The procedure is done working through the mouth, such that there are no cuts or scars on the face or neck. A special device is used to hold the mouth open. The tonsils may be removed either with electrocautery (the electric knife) or with standard instruments such as a scalpel and scissors. The adenoids are scraped from the back wall of the throat with a special device called a curette. Any bleeding at either site is usually controlled using the electrocautery. Once the procedure has been completed, the anesthesia team will awaken the patient and remove the breathing tube. The patient will then spend roughly one to one-and-a-half hours in the recovery room. Patients having tonsils removed will then spend at least three to four hours in the hospital to monitor for bleeding and pain control. Patients having just adenoidectomy are discharged as soon as they are fully awake and comfortable.

III. Postoperative Issues

1. Pain

Pain is unfortunately to be expected after tonsil and adenoid surgery. The surgery leaves raw, exposed areas in the throat at the sites where the tonsils and adenoids were removed. As the tonsil sites are directly in the back of the throat where all food must pass, swallowing usually worsens the discomfort. Pain may be sharp or stinging for the first several days and usually changes to a dull ache as time passes. Younger children (3 years and younger) generally have pain for about one week, while older children and adults may have pain as long as two to three weeks. Many will also note ear pain following the procedure. This is due to common nerves which go to both the throat and the ears, thus fooling the brain into thinking that there is ear pain when all pain is actually coming from the throat.

To assist with pain control, and also to assist with fluid intake, Popsicles may be eaten as often as tolerated. This serves as an ice pack in the back of the throat and may help to reduce swelling for several days after the surgery. For mild discomfort, or for pain in younger children, acetaminophen (Tylenol, Panadol, or Tempra) products may be used as appropriate for the patient's age and weight. A prescription pain medication may also be prescribed to be taken on an as needed basis. **It is important to avoid non-Tylenol anti-inflammatory medications such as aspirin and ibuprofen products (Motrin, Advil, etc.) as these may increase the risk of bleeding.**

2. Bleeding

Small spots of blood in the saliva is not uncommon for the first several days after surgery. There should not be fresh, red blood dripping out of the nose nor should more than a quarter-sized spot of blood appear in the saliva. Bleeding may occur up to two weeks after tonsil and adenoid surgery, when the soft crusts may fall off of the healing areas in the throat. If bleeding occurs, please call one of the contact numbers, given at the end of this document. **For severe bleeding the patient should be brought immediately to the emergency room.**

Of those patients who experience significant bleeding, roughly one-half will stop on their own or can be treated in the emergency room. The remainder may need to go back to the operating room.

3. Fever

A low-grade fever (less than 100.5°) is not unusual after surgery. Please contact our office for higher temperatures that do not respond to Tylenol.

4. Diet

The throat pain most experience after surgery will greatly reduce the desire to eat or drink. It is most important that children drink following surgery to avoid dehydration. In the first several days following surgery, Popsicles are excellent as both the source of liquids but also as aid to pain relief. As far as solid foods, anything soft may be eaten. Cooler soft foods are always easier to tolerate. Other foods should be eaten warm or even near room temperature. Foods to avoid in particular are those that are somewhat sharp or scratchy, such as chips, pretzels, dry toast, pizza crust, or dry breakfast cereal.

Signs of dehydration include decreased energy, low-grade temperature and dramatic decrease in urination, as well as a dark color to the urine. Children who become significantly dehydrated may need to be seen in the emergency room to receive intravenous fluids.

5. Activity

It is best to avoid any strenuous activities for two to three weeks following surgery. Any strenuous activity carries with it a risk of raising blood pressure, and possibly leading to bleeding. Children should be excused from gym class, and should not be participating in any extracurricular athletic activities for three weeks. Light activity, such as deskwork or walking, should cause no problems.

6. Breathing

Many children undergo tonsillectomy and adenoidectomy to improve their breathing. However, following the surgery breathing may worsen due swelling in the throat. This usually improves within several days. Again, use of Popsicles should help keep the swelling down which may improve breathing. Any severe difficulties breathing should be reported immediately (see contact numbers below).

7. Bad Breath

It is common following the surgery for children to have bad breath. This is usually due to the mucus crusts and scabs, which form at the back of the throat, where the tonsils and adenoids were located. The scabs appear as a whitish area in the back of the throat on either side. This is the normal appearance of the scab in the throat and does not represent pus or infection. In general, gargling or other maneuvers intended to remove the scabs is not a good idea as this can lead to bleeding. These areas will resolve on their own once healing is completed.

8. Nausea/Vomiting

One or two episodes of nausea with or without vomiting is not unusual after tonsillectomy and adenoidectomy. This is usually due to the lingering effects of the general anesthesia and thus should clear in one to two days when the anesthesia has fully cleared from the system. Nausea may also be the result of a small amount of blood swallowed during the procedure. Most patients will receive medication during or after their surgery to reduce nausea. If there is excessive nausea or vomiting, or if this continues to be a problem beyond the second day after surgery, it should be reported.

9. Follow-up

Please call: Richmond Medical Commons/Stony Point Office (804) 323-0830

Downtown VCUHS Office – AD Williams Bldg (804) 628-4368

To schedule a follow up visit in _____.

9. Contacts

During business hours (Monday through Friday, 8 am – 5 pm) please call the office at which you are usually seen: Richmond Medical Commons/Stony Point Office (804) 323-0830; Downtown VCUHS – AD Williams Building Office (804) 628-4368. Ask to talk to a nurse or your doctor. After business hours (5 pm – 8 am and weekends) please call the VCU Health Systems page operator at (804) 828-0951 and ask to speak to the otolaryngologist (Ear, Nose and Throat doctor) on call.