



TONSIL AND PALATE SURGERY

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I. The Basics about Tonsillectomy and Palate Surgery

Your doctor has recommended a tonsillectomy and/or palate surgery. The tonsils 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, and can become red or swollen when infected. Chronically infected or enlarged tonsils may cause chronic or recurrent sore throat, snoring, sleep apnea, bad breath, abscess, or difficulty swallowing. Tonsillectomy is the surgical procedure performed to remove the tonsils for one or more of these reasons. The palate is also called the roof of the mouth. If your doctor has recommended palate surgery, you likely have snoring or sleep apnea. In these disorders, the palate can block the breathing passage during sleep and interrupt the normal breathing pattern. The palate can also vibrate during breathing, which creates the loud sounds we know as snoring. Palate surgery, or palatoplasty, involves removal of a portion of the palate, which can both improve breathing in sleep apnea and also reduce snoring. If the tonsils are present, they are usually removed at the same time.

For most patients tonsillectomy 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. Medication is given through an intravenous (IV) line to put the patient 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 are usually removed with electrocautery (the electric knife), but a number of different instruments can also be used. Any bleeding is usually controlled using the electrocautery. Once the procedure has been completed, the anesthesia team will awaken the patient and remove the breathing tube. After a brief period of recovery, usually 1 – 4 hours, the patient is discharged home. Palate surgery is performed in a similar fashion, although patients with severe sleep apnea undergoing tonsillectomy and/or palate surgery are usually admitted to the hospital overnight to allow their breathing to be closely monitored.

II. Postoperative Issues

1. Pain

Pain is unfortunately to be expected after tonsil or palate surgery. As the palate and tonsil surgical 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. Most adults will have pain for as long as two to three weeks. Many will also note ear pain following the procedure. This is due to common nerves that 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.

Eating Popsicles or sucking on ice cubes will assist with pain control, and help to reduce swelling for the first several days after the surgery. For mild discomfort, acetaminophen (Tylenol) products may be used. A pain medication will 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 (smaller than a quarter) in the saliva are not uncommon for the first several days after surgery. Bleeding may occur even up to two weeks after the surgery. 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.**

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 to drink fluids to avoid dehydration. Signs of dehydration include decreased energy, low-grade temperature and dramatic decrease in urination, as well as a dark color to the urine. In the first several days following surgery, eating popsicles or sucking on ice cubes will serve as a source of liquids and as an aid to pain relief. As far as solid foods, anything soft may be eaten. Cooler soft foods will be easier to tolerate. 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, as these can irritate the throat and even lead to bleeding.

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. Light activity, such as deskwork or walking, should cause no problems. Ask your doctor what specific restrictions are appropriate for your job or other daily activities.

6. Bad Breath It is common to have bad breath following the surgery. This is due to the mucus crusts and scabs that form at the back of the throat. The scabs appear as a whitish area in the back of the throat; this is the normal appearance, and does not represent pus or infection. In general, gargling to remove the scabs is not a good idea as this can lead to bleeding. These scabs, and the bad breath, will resolve on their own once healing is completed.

7. Nausea/Vomiting Nausea and/or vomiting is not unusual after surgery; this is usually due to the lingering effects of the anesthesia, and should clear in one to two days when the anesthesia has fully cleared from the system. 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.

8. 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.