



TEACHING HANDOUT - TONSIL AND/OR ADENOID SURGERY

Your tonsils and adenoids:

The tonsils are oval collections of tissue located on the right and left sides in the back of the throat. A thin layer of moist skin, called the anterior tonsillar pillar, covers the front part of the tonsils. The uvula hangs down from the middle of the soft palate located 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 kinds of bacteria; although 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/or adenoids.

Removing the tonsils or adenoids does not cause any problems with the immune system. In fact, if frequent infections have been a problem, then removing them can make the immune system's 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 person's overall health can be significantly improved by removal of the tonsils and/or adenoids. Each patient is different and results may vary.

The benefits of surgery can include the following:

- **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 or adenoids often have a decrease in these symptoms after surgery. However, if other problems exist that contribute to the snoring/mouth breathing (such as crooked nasal passage, a long soft palate or a thick tongue) then 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, you may need to talk with your Ear, Nose, and Throat (ENT) doctor about other treatments (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 caused by bacteria located in other areas of the mouth. Gum disease, failure to floss, or other medical problems can also contribute to bad breath. Your doctor may be able to assist you in identifying the cause.
- **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.

The Risks of Surgery:

Standard surgical risks may include excessive bleeding and anesthesia complications such as allergic or adverse reactions to medications.

Your anesthetist 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 anesthetist. He/she will be able to tell you about the types of medicines that will be used, the duration of the medications, and any possible side effects. Your surgeon and the anesthetist are constantly monitoring the patient during the procedure and will take immediate action should a problem occur.

If you have any questions, please write them down and discuss them with your surgeon or anesthetist prior to surgery.

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 a small percent of patients, it can happen anytime after the procedure. The most common time frame is during the second postoperative week. If 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, the 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 Emergency Room **at Bon Secours St. Mary's Hospital or CJW Chippenham Hospital**.
- **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.
- **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.
- **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 plate 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 plate so that it can create a good seal.

Please do not plan to travel out of town for at least 2 weeks following the procedure.

Following are other important aspects about the surgery with which you should be familiar:

- Before the day of the surgery, take the time to write down a list of any medicines you/your child 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 wants you to bring any of your own medicines from home. Your nurse may need to store these medications in a safe place.
- **Avoid aspirin and anti-inflammatory medications (such as such as Ibuprofen, Motrin, Aleve, naproxen) for one to two weeks prior to any surgical procedure unless your doctor tells you otherwise.**
- **Do not eat or drink anything after midnight the night before your surgery.** If you are taking a medicine that has a morning dose, then you should ask your doctor if he wants you to stop the medication the night before or if you should take the medicine that morning with a small sip of water.

**Please contact our office at
804-484-3700
if you have questions/concerns before or after surgery**