

Randal W. Swenson, M.D.
David K. Palmer, M.D.
John E. Butler, M.D.
Justin D. Gull, M.D.

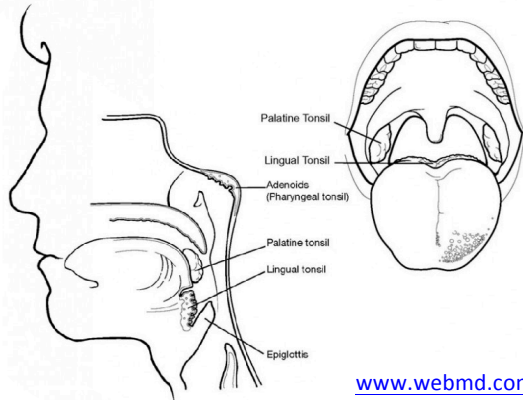


ENT SPECIALISTS
www.entslc.com

Joshua G. Yorgason, M.D.
Wesley R. Brown, M.D.
Nancy J. Stevenson, PA-C
Kristin G. Hoopes, PA-C

TONSILLECTOMY / ADENOIDECTOMY

The tonsils are located on each side of the throat, near the back of the tongue. The adenoids are found above and behind the soft palate, or roof of the mouth, where the nose and mouth join. These tissues help defend against infection, but can safely be removed as there are many lymph nodes throughout the head and neck.



From the 2011 Clinical Practice Guidelines, American Academy of Otolaryngology-Head and Neck Surgery: The 2 most common indications for tonsillectomy are recurrent throat infections and sleep disordered breathing.

RECURRENT TONSILLITIS

Surgical removal of the tonsils and adenoids is recommended for recurrent throat infections totaling 7 episodes per year, 5 episodes per year for 2 years, or 3 episodes per year for 3 or more years. It is recommended to document the number of infections, presence of fever, as well as enlarged neck lymph nodes or positive Strep tests prior to considering surgery. Patients who develop antibiotic allergies or intolerance, fever with pharyngitis and aphthous ulcers, or tonsillitis with a peritonsillar abscess should also be considered for surgery.

OBSTRUCTIVE SLEEP APNEA

Tonsillectomy and adenoidectomy is recommended for children with enlarged tonsils and sleep apnea, also known as sleep disordered breathing. Growth retardation, enuresis (bedwetting), poor school performance and behavior problems may also resolve after tonsil surgery as the quality of sleep improves. Children with an abnormal sleep study should be considered for tonsillectomy, although a sleep study is

not required prior to surgery if sleep apnea is suspected. Sleep disordered breathing may persist after tonsillectomy, and the child may require further management by a sleep specialist.

TONSIL AND ADENOID SURGERY

During surgery, the tonsils and adenoids are removed from the wall of the throat. The adenoids are reached by lifting the soft palate. The operation takes about 30 minutes. The patient recovers from general anesthesia and usually goes home the same day. Young children and patients with severe sleep apnea or other medical conditions often require overnight observation in the hospital. The risk of bleeding after tonsillectomy ranges from 0.1-3%, which may result in readmission for observation or in further surgery to control bleeding. Other risks of surgery which may require readmission include pain, vomiting, dehydration and fever.

WHAT TO EXPECT AFTER SURGERY

After surgery, your child may lack energy for several days. Many children are restless and don't sleep through the night. Nasal congestion may occur if the adenoids are removed. Constipation may also occur. This is due to less food and fluids taken in and/or the use of pain medications with codeine. To avoid nausea, give your child food/drink with medication. Symptoms, including pain, gradually improve over 5-10 days.

MEDICATIONS AFTER SURGERY

At the time of surgery, **steroids** may be given for nausea prevention, as most clinical trials do not show an increased risk for post-tonsillectomy bleeding. **Antibiotics** are not routinely given at the time of or following surgery, as scientific studies do not show a benefit, and adverse effects of antibiotics, including rash, allergy, gastrointestinal upset and bacterial resistance, may be avoided. If the physician feels it is necessary, antibiotics may be used such as in patients with an ongoing infection or in those who are at greater risk for systemic infection.

Pain control after tonsillectomy is very important. Pain is greatest in the first few days, especially in the mornings, and may last up to two weeks. It can get worse after a week when the scabs come off. Ear pain is very normal after a tonsillectomy, and can occur anytime during the healing process. Regular pain medication, even if the child is not complaining, may be necessary to stay on top of the pain. Tylenol alone or combined with narcotics, such as **Lortab**, is often prescribed for postoperative pain. NSAIDs, such as **ibuprofen**, although theoretically thought to increase bleeding, have not been shown to increase this risk and can help improve pain in children. Please consult your doctor for individual recommendations. Lollipops with topical anesthetic are also used for pain after surgery. Hydration is equally important as dehydration is associated with worse pain. Encourage your child to communicate about pain to better assess the pain control. Other ways to decrease throat pain are to give your child cold liquids to moisten the throat and reduce the swelling, use cool compresses or ice collars on the neck, and use ice chips or chewing gum (only for children 6 and over) to moisten the throat.

NAUSEA/VOMITING

Promethazine (Phenergan), prochlorperazine (Compazine), or ondansetron (Zofran) pills or suppositories may be used to control nausea and vomiting. The dose may be repeated once after 6 hours. If vomiting continues after the second dose, call your child's doctor or the local hospital Emergency Room. Vomiting and poor pain control can lead to dehydration. Dehydration can further lead to pain and nausea, and this can be a vicious cycle. Other signs of dehydration are high temperature, headache, less-frequent urination and lethargic behavior. If you notice signs of dehydration, your child may require IV hydration at an instacare or emergency facility.

BLEEDING

Bleeding can happen anytime after surgery, but the risk is highest 7-10 days after surgery. This may result in hospital admission for observation or in further surgery to control bleeding. No new bleeding (bright red blood) is expected from the nose or mouth. **If fresh bleeding occurs after you have returned home, call our office or take your child the closest emergency room for examination.** For older children and adults, first try to gargle with cold water, or 50/50 salt water and peroxide. This may help to constrict the bleeding vessel. If the adenoids were removed, do not allow your child to blow his or her nose for 3 days as this may also cause bleeding. It is safe to sniff gently as needed.

TEMPERATURE

A slight fever is **NORMAL** for 24-48 hours after surgery. Giving your child plenty of fluids will help keep the fever down. If the fever rises above 101.5°F or persists, please contact your doctor.

BAD BREATH

Bad breath is common after a tonsillectomy. It is caused by the white-yellowish membrane that forms in the throat where the surgery took place. Bad breath may be improved by gargling with a mild salt-water solution. This is made by adding 1/2 teaspoon of table salt to 8-ounces (1 cup) of tepid tap water.

ACTIVITY

No lifting, bending or straining (excessive play or exertion) for two weeks after surgery. Your child may experience alternating "good" and "bad" days for 2 weeks after surgery – recovery can be irregular. It is a good idea to keep your child away from crowds and ill people for 7 days, since the throat is susceptible to infections during this period. Restrict travel to within 30 minutes of a medical center or E.R. for 2 weeks following surgery. Finally, always follow your doctor's orders if they differ from these instructions.

DIET

Encourage your child to drink clear, cold liquids every waking hour for the first 24 hours. Good choices include cold water, fruit juice (non-acid), Jell-O, popsicles, slush, Gatorade, and Pedialyte. You may advance the diet to soft foods for the first 2 weeks, then solid foods after the follow up appointment. Avoid sharp or scratchy foods like chips as they may increase pain and cause bleeding. Salty foods such as soups, broths, and French fries may help relieve discomfort and promote healing. If your child is nauseated and vomits, do not provide any food or drink for 30 minutes. Then start with clear liquids, progressing to solid foods once your child tolerates clear liquids without vomiting.

For additional information, please visit:

www.myentspecialist.com

www.entnet.org/healthinformation

www.webmd.com/oral-health/tc/tonsillitis-topic-overview

