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## **Information on Tonsillectomy and Adenoidectomy**

### **What is a tonsillectomy and adenoidectomy?**

It is the removal of the tonsils and adenoids. The tonsils are a pair of small oval shaped masses of lymphoid tissue. They are found on either side of the back of the throat. Their main purpose is to help fight infection that may enter the body through the mouth. The adenoids are made out of the same tissue as tonsils. They sit in the back of the nose next to where the Eustachian tubes open and close to equalize the ears. When the adenoids themselves are enlarged or chronically infected, they can affect the middle ear. The adenoids themselves are also a source of bacteria for the ears and nose. Infected or enlarged adenoids can cause sinus infection, nasal congestion, and chronic rhinorrhea along with ear infections.

### **Why is a tonsillectomy and adenoidectomy necessary?**

The tonsils and adenoid tissue of children are removed when they become a source of chronic infection or interfere with swallowing or breathing. Adenoid tissue may cause obstruction of the outlet from the nose causing your child to breathe mainly through his/her mouth. Enlarged adenoids may aggravate chronic sinusitis or mimic the symptoms of sinusitis. They can contribute to problems such as frequent ear infections and persistent ear fluid with hearing loss. Tonsils become enlarged causing sleep disorders and sometimes sleep apnea. Hypertrophy of tonsils or adenoids may also affect the growth of your child's facial structures. This in turn may lead to dental problems.

### **What to expect the day of surgery**

Your child should not eat or drink anything for at least 8 hours prior to surgery. Children who have surgery in the late afternoon may be able to eat an early breakfast, ask your surgery coordinator for the time your child should stop consuming food/beverages. If your child is given anything to eat or drink after the time designated by your surgery coordinator, surgery may be postponed. Your child will be given general anesthesia by a

pediatric anesthesiologist. A small device will then be placed in your child's mouth to help hold it open during surgery. The tonsils are located and dissected from the back of the throat and any bleeding vessels are tied off with sutures or cauterized. After the tonsils are removed the adenoid tissue is visualized with the aid of a dental mirror. A small instrument is used to remove the adenoid tissue and bleeding is controlled by cauterization.

### **What to expect after surgery**

When your child first wakes up following surgery they may not feel well. They will likely feel upset and confused from anesthesia. They will experience some nausea which may take 24 hours to resolve.

Most children will take 7-10 days to recover from surgery. Some may recover more quickly. Complete healing will take 2 ½ to 3 weeks. The following guidelines are recommended:

**Drinking:** Children may have clear liquids, followed by full liquids after the nausea of anesthesia has resolved. This may take at least 4-6 hours and sometimes until the next morning. Some children may require anti-nausea medications as prescribed by your physician. Parents should encourage and push liquids the day following surgery. Cool liquids and popsicles will ease some of the discomfort of surgery. Contact your physician if they are not tolerating fluids or show signs of dehydration (urinating less than 2-3 times per day or crying without tears). Some patients may require intravenous fluids to help with rehydration.

**Eating:** Your child may not feel like eating after surgery and that is OK. It is more important that they are staying hydrated. When they are ready to eat, give them soft foods. Like ice cream, mashed potatoes, macaroni and cheese, spaghetti and pancakes. Only soft mushy foods are allowed. No hard foods like pretzels, chips or pizza crust should be eaten for 2 ½ to 3 weeks.

**Pain:** Nearly all children and young adults will have mild to severe throat pain for 7-10 days. It is also common for them to develop ear pain 3-6 days after surgery. This is referred pain from the throat. They can also experience neck pain and stiffness following an adenoidectomy.

**Pain Control:** Your physician will recommend or prescribe appropriate pain medications such as acetaminophen, ibuprofen, or acetaminophen with hydrocodone. Contact your physician's office if side effects are suspected. Some children will be placed on a short course of steroids to decrease inflammation.

**Bleeding:** With the exception of small specks of blood from the nose, or small streaks of blood in the saliva, bright red blood should not be seen. Postoperative bleeding occurs in a small percentage of children within the first 3 weeks after a tonsillectomy and adenoidectomy. Call our office immediately if bright red blood is noticed. If you are unable

to reach our office, please proceed to the nearest Children's Emergency Room. Methodist Children's Hospital in the Medical Center, North Central Baptist, or Children's Hospital of San Antonio.

**Fever:** Many children will run a fever for the first week. Regular Tylenol will likely help with this. If your child's fever is above 102 and not controlled with Tylenol please call our office. Increase fluid intake if your child is starting to have fever.

**Activity:** Activity may be increased slowly with a return to school after eating and drinking resumes, pain medication is no longer required. And your child is sleeping well with normal energy. No strenuous physical activity should be performed for 3 weeks, such as running, jumping and contact sports including PE at school. You should receive excuses for school and physical restrictions from your nurse at discharge from the outpatient surgery center or hospital. Travel on airplanes or far away from a medical facility is not recommended for 2 ½ to 3 weeks after surgery.

**Breathing and voice:** Snoring and mouth breathing may occur after surgery until swelling decreases and healing occurs. Extra nasal congestion and thick mucus in the nose and throat is common. A change in voice following adenoidectomy is common. Hypernasal speech will usually resolve in a few weeks. In extreme cases hypernasal speech can persist and may require speech therapy.

**Scabs:** A wet, colored scab will form where the tonsils and adenoids were removed. These will cause very bad breath. This is normal. Most scabs fall off in 5-14 days after surgery.

**If you are troubled about any phase in your child's recovery, please contact the physician's office immediately.**

Please call our office if you have any questions or concerns. **(210) 614-0171**

**\*\*Thank you for allowing us to be your child's ear, nose and throat provider. \*\***