



Tonsillectomy and Adenoidectomy

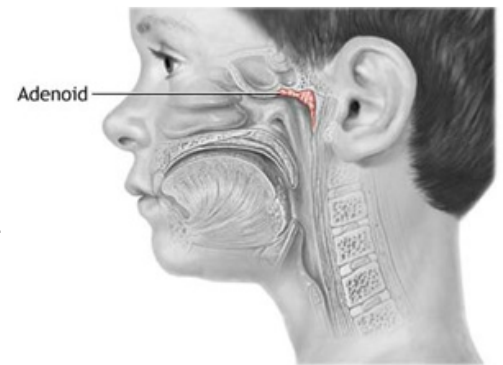
This is an operation to remove patches of lymphoid tissue from the back of the nose and throat. Access to these tissues is by way of the mouth. There are two separate operations, each with its own indications or reasons for performing the surgery. The two procedures are often combined. The operation, which is performed in the hospital or in an outpatient facility, usually requires general anesthesia.

RISKS AND BENEFITS

At one time, it was common to remove all enlarged tonsils and adenoids, whether they were causing any harm or not. Today, more conservative treatment is preferred, if possible. Better lab testing, especially rapid tests for strep germs, have led to more accurate diagnosis of tonsil infections, largely eliminating unnecessary treatment and surgery for conditions such as allergy, colds and even esophageal reflux which can mimic some of the symptoms of tonsillitis. There is particular reason to keep tonsils in very young children since they are most at risk from respiratory tract infection. In the first few months of life, tonsils and adenoids are an important defense against viruses and bacteria entering the respiratory tract. Along with general anesthesia's usual risks, tonsillectomy and adenoidectomy carries the risk of bleeding and dehydration.

WHY IS IT PERFORMED?

The tonsils and adenoids are related structures (clusters of lymphoid tissues) which together form what is known as Waldeyer's ring. This is a part of the body's natural defenses against infection. In children, the tonsils may become so enlarged they may interfere with breathing. Also in children, adenoidal enlargement may become so marked as to hinder sleep and breathing. Adenoid swelling can lead to middle ear fluid and infection. Surgery to remove tonsils and adenoids is recommended for children in whom these tissues are severely or repeatedly infected or in children whose tonsils and adenoids are so overgrown they interfere with breathing, sleep or hearing.



The operation is also performed in rare cases of children with tonsil and/or adenoid trouble who develop life-threatening conditions such as sleep apnea (where the breathing during sleep stops unaccountably) and recurrent pneumonia. In adults, tonsillectomy alone is more usual, the adenoids having atrophied, or withered away in early teen years. The main reasons for surgery are recurrent attacks of tonsillitis, an abscess behind the tonsil known as quinsy, sleep apnea or the occasional tumor. Adults are slower to recover from tonsillectomy than children.

PREPARING FOR SURGERY

On the day before the operation, the patient is given a complete physical examination and blood samples are taken for routine testing. On the day of surgery, the patient starts fasting at midnight and enters the surgery area with an empty stomach. A pre-medication is given to relax the patient shortly before the procedure is due to begin.

THE OPERATION

In the operating room, the surgeon works with the patient lying anesthetized on his or her back. A special instrument is used to hold the mouth open. First, the adenoids are removed using a small curette and the tonsils are dissected free. Bleeding is controlled by packing the postnasal cavity with gauze (which is removed after the operation) and cauterizing (sealing with an electric current) the blood vessels. Finally, the patient is moved to the recovery room, briefly, for monitoring while he or she comes out of the anesthetic. After surgery, the patient's vital signs, temperature, pulse, blood pressure and respiration are checked regularly. The patient is made comfortable; chipped ice or popsicles may be offered

to moisten the mouth. Soft food may be taken as soon as any nausea from the anesthetic has passed. Painkillers may be given as necessary and drugs to stop nausea. If all goes well, the patient may be taken home when fully awake.

GOING HOME

The patient's throat will be sore for at least five days and perhaps as long as two weeks. For the first few days after tonsillectomy and adenoidectomy, the patient should be urged to rest at intervals throughout the day and encouraged to drink fluids. While there is no danger in avoiding solid foods for a few days, liquid intake is of vital importance. Water, popsicles, ice cream and non-acid juices should be taken in large amounts. If the patient is hungry, soft, bland foods may be tried. He or she should be able to resume normal activity within about a week, returning to school or work within ten to fourteen days. There will be an appointment for a postoperative checkup with the surgeon.

PAIN CONTROL

The principle source of pain after this operation is tightness in the throat muscles. This pain, like all muscle pains, improves with the use of that muscle. That means talking, chewing and frequent swallowing is to be encouraged. Small children do well with Tylenol for pain relief. Liquid or chewable tablets are available at your drugstore and the dosage is listed on the package. Some children do better with the infant drops which are more concentrated and can be mixed with juice or milk. Pain medication is most effective when taken after sleeping, as a way of lessening the pain to allow swallowing to begin. For this reason, it is also best to maintain steady liquid intake throughout the day rather than resting between meals. This will prevent muscles from tightening and becoming sorer. Adults will be given a prescription for a narcotic painkiller which can be taken every three or four hours, but only when needed. Expected side effects of such medications are sleepiness, depression and constipation. Some patients develop headaches from taking these medications for prolonged periods of time. You should avoid Advil and all aspirin containing products as they interfere with normal blood clotting.

POSSIBLE COMPLICATIONS

The most frequent problems are dehydration or renewed bleeding. If the patient develops a fever, swallows excessively or vomits blood, you should call the doctor's office immediately. Fever is usually the first sign of dehydration and will often respond to increased fluid intake. If a fever of over 100° F persists more than a few hours, you should call the doctor's office.

Ear pain is a natural part of the recovery from this surgery and is caused by muscle tightness and stimulation of multiple nerve fibers.

There is a scab which forms over the tonsil bed as part of the healing. This scab is yellow to gray in color and does not mean there is an infection. The scab lifts off spontaneously six to ten days after the operation. There may be a small amount of blood in the saliva at this time. If you see any bleeding, keep the patient calm and at rest. Ice water to gargle or rinse the throat is helpful. If bleeding persists beyond twenty minutes or if there are large clots, you should call the doctor's office.

CONCLUSIONS

Tonsillectomy and adenoidectomy are common and safe procedures. If the patients are carefully selected according to their symptoms and history, it is an effective and satisfying method to solve problems in these areas.