Adult Tonsillectomy

It has been recommended that you undergo a tonsillectomy.

This information must be read completely before signing the surgical consent form. The information serves as the "informed consent" regarding the risks and benefits of the procedure. Please initial the risks on the last 2 pages, sign the last page, and bring the last 2 pages with you on the day of surgery.

Where are tonsils?
There are two tonsils, one on each side of the back of the mouth. They can be seen through the mouth.

What are tonsils?
Tonsils are "lymphoid" or "immune" tissue, which means they are involved with recognizing and processing germs and allergens as they pass into the upper airway. They can become enlarged because of genetic tendencies, heavy allergen exposure, or for a variety of less understood reasons. Extensive scientific studies have confirmed that removal of tonsils does not produce "immunologic" problems because there are so many other areas throughout the airway and gastrointestinal tract that process germs and allergens.

Why undergo a tonsillectomy?
This can be for a number of reasons.
1) Recurrent tonsillitis/pharyngitis/strep throat - This is important if there are a number of episodes each year, or if there are less episodes but each one was very severe. You can still get a sore throat (usually due to viruses) and even strep throat once the tonsils are removed. This is because there are many other smaller areas of lymphoid tissue in the throat that cannot be removed with surgery and within which viruses and bacteria can grow. However, episodes should be dramatically less severe.

2) Chronic tonsillitis - This is a persistent low-level inflammation (not necessarily infection) of the tonsils. It is often due to food particles and other "debris" getting stuck inside the deep crevices and furrows within the tonsils. Sometimes "tonsil balls" can form - these are the white colored squishy balls that you can sometimes spit out and may be foul smelling and bad tasting. Throat allergies can sometimes be the cause of chronic tonsillitis.

3) Obstructive Sleep Apnea (OSA) - Tonsils can be so large as to significantly block the throat and airway during sleep. During the daytime the throat muscles are tense and hold the throat and airway open. At night, the muscles relax and collapse in, collapsing the tonsils as well. You then breathe against blockage and have pauses in your breathing. In severe cases this can lead to heart and lung problems. It also causes restless sleep, daytime fatigue, and sometimes morning headaches. Obstructive sleep apnea is usually mild to moderate.
4) Snoring - Snoring can arise from reverberating tissue or narrow passages anywhere from the
nose to the back of the tongue. In my examination I looked for all potential sites. Tonsillectomy
may be combined with a nasal procedure if necessary.

5) Difficulty swallowing - Tonsils and/or thickened throat tissue can cause difficulty swallowing,
gagging, or decreased exercise capacity.

6) Mouth breathing, daytime "snoring" sounds - These are considered "lesser" indications for
surgery but can become important when combined with other issues such as dental cavities or an
inability to exercise well.

I have heard about adenoids. Do my adenoids need to be removed?
Adenoids are similar to tonsil tissue. There is actually only one adenoid. It is located deep
behind the nose just above the tonsils. In children the same enlargement that affects the tonsils
also affects the adenoids. However, adenoids almost always shrink by young adulthood. If I
have a concern for adenoid enlargement I would either perform a telescope exam of the back of
the nose in clinic or take a direct look at the time of the tonsillectomy. I may have looked at your
adenoids with a mirror in clinic and you may already be informed that I felt the adenoids were a
significant cause of blockage. Sometimes I make an intra-operative decision to perform the
adenoidectomy (I would make you aware of this ahead of time if I felt it was a potential issue for
you.)

Do I need blood work before surgery?
You will need to have a blood clotting and blood count test before surgery.

What happens at the time of surgery?
This is a common surgical procedure done under general anesthesia usually in an outpatient
surgery center. On the day of surgery, the anesthesiologist (or nurse anesthetist), operating room
nurse, and myself will see you at the pre-operation holding area. Family may not be allowed in
this area. An I.V. will be placed and sedation may be given. You are then taken to the operating
room.

Once under anesthesia a breathing tube is placed. The surgery is performed through the mouth
and the breathing tube is removed before you are aware of it. The surgery takes about 30
minutes. There are no outside incisions. We then go to the recovery room and I will go talk to
your family, whom you will see once you are more fully awake. I often get asked if I use lasers.
I do not. I do not feel the safety or efficacy has been proven.

In the recovery room you may be awake enough to notice EKG (heart monitor) wires, an oxygen
probe on the fingertip, a blood pressure cuff, a mask on your face blowing humidified oxygen, a
lot of nurses, technicians, beeping, and buzzing. All of this is normal! It is not uncommon for
you to be very nauseous and vomit. We give the best medicines to prevent this but it is still
common. There may be old blood in the vomit. The I.V. remains in place until you are
discharged.

Do I need to stay the night?
All patients with moderate or severe obstructive sleep apnea must stay the night in the hospital to
monitor breathing and vital signs. Most patients will go home within 2 hours of surgery.

What should I expect after surgery?
Energy will be very low and it will be difficult to drink and talk. However, drinking is essential and if fluid intake is not high enough to generate urine output at least several times a day, you may need an I.V. placed in the urgent care, emergency room, or hospital. Vomiting is also common and is due to general anesthesia. There may be old, dark blood in the vomiting in the first few hours. Do not start taking the antibiotic and pain medication until the vomiting stops.

Pain is manageable with the pain medication prescribed. However, it may last for over 2 weeks. You may require the narcotic medication this entire time.

You are limited to rest and quiet activity for 10 days since vigorous activity can cause bleeding. Then gradually increase activities. Your energy will not return to normal for 4 to 5 weeks.

Expect bad breath, headaches, neck aches, fatigue, and altered taste for about 2 weeks.

Do not take aspirin, ibuprofen, Motrin, or Aleve-type medicines for 10 days because they can cause bleeding. They must be avoided. Regular Tylenol is OK, but not within four hours of the prescribed pain medication since it, too, contains Tylenol (acetaminophen).

You should call the doctor for a temperature over 101 (after 36 hours from surgery), persistent vomiting, bleeding as described below, or an inability to drink or eat for a 24 hour period.

A visit to my office will be arranged for 10 to 14 days after the surgery.

*When can I return to school/work/sports?*
This is at your discretion. Generally, you should plan on taking 2 weeks off. If your job requires a lot of physical activity or continual talking, you may consider taking 3 weeks. You may return earlier if doing well. You may resume normal physical activity/sports after 10 days. However, some vigorous physical activity in certain sports may not be tolerated until 3 to 5 weeks after surgery.

*What should I eat and drink?*
For 1 to 2 days - cool/clear liquids, tepid broth, Jell-O, popsicles, ice cream, ice sherberts, puddings, applesauce, milkshakes, flat sodas.

Then until 10 days after surgery - soft food only such as mashed potatoes, soft pasta (macaroni and cheese!), soft scrambled eggs, soft bread, soft fruits.

Absolutely nothing with an edge (even the edge of certain breads can be too rough) for 10 days. Drinking is more important than eating. *Dehydration is common and can lead to more pain and even bleeding.* You should have at least 1 1/2 quarts of fluid a day. As mentioned above, inadequate drinking may require an I.V. for fluids. You can expect to lose 5 to 15 pounds.

*What are the risks of surgery?*
1) Bleeding - This is the number one risk of tonsillectomy. Adults have a 3 to 4% chance of a severe enough episode of bleeding in the first 10 days that requires a return trip to the operating room to control the bleeding. Streaks of blood or old dark blood with vomiting are common. Streaks of blood when crusts break away are also common. Steady teaspoonfuls of blood require you to go to the nearest emergency room or to call 911 if severe.
The dietary and exercise precautions are in place because of the risk of bleeding. You should also be careful with any other activity that may increase blood pressure such as bending over to tie shoes or straining with a bowel movement.

2) Infection - This is very rare. Antibiotics are given after surgery, although this is more to help with pain control. It is normal for a whitish/grayish, moist, thick layer to develop where the tonsils were. This is not infection! This is the "scab" which eventually comes off on its own.

3) Pain - Discussed above. Deep ear pain is almost universal and often sets in five to seven days after surgery, even after throat pain has subsided. This is because the throat and the ear nerves travel similar pathways to the brain. You can be fairly certain it is not an ear infection. It may hurt to yawn for a month or longer. The tongue may be swollen, painful, or numb because of the retractor. It may have indentations or tingling sensations. This is normal. The act of swallowing itself will be uncomfortable even with the pain medication.

4) Difficulty swallowing and speaking - This to be expected and subsides as pain and swelling subsides. Some patients have stitches which may cause some irritation but eventually dissolve on their own. After two weeks I can remove any that remain if they are truly bothersome.

5) Voice change - A nasally voice is normal for a number of weeks after surgery.

6) Aspiration pneumonia - This is very rare and easily treated. Difficulty swallowing after surgery may result in liquids going down the windpipe instead of the esophagus and cause a lung infection. Alternatively, if you had an active throat infection at the time of surgery, the bacteria might get seeded into the lungs as the breathing tube is placed. This requires stronger antibiotics and possible admission to the hospital.

7) Hospital admission - About 2% of patients require readmission to the hospital for one night. This is usually for severe nausea/vomiting, observation for mild bleeding, or uncontrolled pain.

8) Failure of surgery to improve the symptoms.

What medications will I go home with?
A narcotic pain medication, an antibiotic, and an anti-inflammatory (which is also a type of pain medication) unless you are allergic to sulfa. Liquids forms are given when available. Pills may be crushed and slurred. Caplets may be opened and slurred.

What are the alternatives to surgery?
The alternatives are not to have surgery and, instead, to continue antibiotics for infections and to tolerate any breathing or dental problems. Continued infections can cause missed school or work, discomfort, and, in rare instances, can progress to heart and kidney infections or a throat abscess. Breathing problems may lead to impaired growth, poor work and school performance, and, in the long term, heart failure and high blood pressure. Not all patients are the same. Sometimes frequent infections will stop and enlarged tonsils and adenoids will shrink and stop interfering with breathing even without surgery.

Please let me know if you have any questions.

Julie A. Berry, M.D.
Adult Tonsillectomy

Patient Name ___________________________ Date of Birth __________________

Please initial that you understand the risks, sign the last page, and bring both pages with you to give to me on the day of surgery.

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I understand the above risks and wish to proceed with surgery.

____________________________________  ______________________
Patient Signature       Date