

Pediatric and Adult
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Adult Tonsillectomy and Adenoidectomy

Here is some additional information about tonsil and adenoid surgery.

Where are the tonsils and adenoid(s)?

There are two tonsils, one on each side of the back of the mouth. They can be seen through the mouth. The adenoid is high in the throat, behind the nose. It cannot be seen when looking in the mouth. Although there is only one adenoid, it is often referred to as adenoids.

What are tonsils and adenoids?

Tonsils and adenoids are "lymphoid" or "immune" tissues that are involved with recognizing and processing germs and allergens. They can become enlarged because of allergies, infection, and other reasons. There is lots of other similar tissue throughout the body. Therefore, not having tonsils and adenoids does not cause any long term problems.

Why undergo a tonsillectomy?

There are a number of reasons to consider a tonsillectomy. Some of the reasons are frequent sore throats, very large tonsils interfering with breathing and/or sleeping, snoring, sleep apnea, frequent or chronic bad breath, frequent expectoration of foul-tasting whitish-yellow debris, crooked teeth, or to look for a tumor.

Why remove the adenoids?

Adenoids usually behave the same as tonsils. However, adenoids frequently shrink or disappear by young adulthood. When tonsils are going to be removed, the adenoids will usually be examined in the office or during surgery. If they are there and appear to be causing problems, they will be removed along with the tonsils.

Are any blood tests needed?

Most patients need to have a blood test before surgery.

What is the surgery like?

This is a common surgical procedure done under general anesthesia with the patient completely asleep. It takes about ½ hour and is done through the mouth. There are no outside incisions. Patients usually go home about an hour or two later. However, if the patient has significant sleep apnea or other serious medical problems, it may be necessary to stay in the hospital overnight.

What happens after surgery?

While awakening from anesthesia there may be nausea and sometimes vomiting. If this occurs it may last for several hours. During the 10-14 day recovery period the throat is extremely sore. Usually this is the worst during the 5th to the 7th day after surgery. Fatigue and bad breath are also expected. Headaches, neck aches, sore jaws, mild tongue swelling, numbness of the tongue, and altered taste can also occur for about 2 weeks, but are less common. If the throat is examined, one will see a white to brown colored coating where the tonsils used to be. This is normal and lasts about 3 weeks.

Starting the day after surgery it is important to take in 1 1/2 quarts of liquids and/or soft foods each day. This is needed to prevent dehydration. There is prescription pain medicine and sometimes an antibiotic to take after the surgery. The medicine should be started when there is no nausea or vomiting and once some soft foods have been eaten.

There should be no strenuous activity for the 14 days following the surgery. This would include working out, sports, straining during a bowel movement, or heavy lifting. It is also best to keep the head above heart level. All of this is to prevent bleeding. Talking, casual walking, driving, desk work, returning to school or a sedentary job, or similar activities are safe as soon as one feels well enough to do them. Your energy will not return to completely normal for 4 to 5 weeks. It is common to be unable to work or go to school for 10 – 14 days.

One should avoid taking aspirin, ibuprofen, Motrin, Aleve, or other anti-inflammatory medicine. They can cause bleeding. Regular Tylenol, (also known as acetaminophen), is OK to take. But caution is needed. There also is usually Tylenol in the prescription pain medicine. Limit the total amount of Tylenol per 24 hours to 4 grams or less. More than that can cause liver damage.

One should call the doctor for a temperature over 101, persistent vomiting, bleeding as described below, an inability to drink or eat enough over a 24 hour period, or anything that concerns you.

Post operative dietary instructions:

For 1 to 2 days - cool/clear liquids, tepid broth, Jell-O, popsicles, ice cream, ice sherbets, puddings, applesauce, milkshakes, flat sodas, or similar easy to swallow things.

Then until 10 days after surgery – add soft foods such as mashed potatoes, soft pasta (macaroni and cheese), soft scrambled eggs, soft bread, and soft fruits.

Absolutely nothing with a hard edge for 10 days. This would include crusty bread, chips, carrots, peanuts, and the like.

What are the risks of surgery?

Bleeding is the most common complication occurring in about 3 to 4 % of the patients. If it happens it may require an emergency operation to stop it. Rarely there can be infection, jaw or other dental problems, and / or prolonged tongue numbness. Also, depending on why the surgery is being done, there may be a chance that the problem that was present before the surgery will persist or recur after the surgery.

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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 call if you have any questions.

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