NORTH COUNTY EAR, NOSE, & THROAT - HEAD AND NECK SURGERY
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Pediatric Tonsillectomy and Adenoidectomy

Here is some additional information on tonsillectomy and adenoidectomy.

Where are tonsils and adenoids?
There are two tonsils, one on each side of the back of the mouth. They can be seen through the mouth. There is one adenoid. It is located deep behind the nose just above the tonsils but cannot be seen without performing a telescope exam or ordering an xray. 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 alot of other similar tissue throughout the body. Therefore, not having tonsils and adenoids does not cause any long term problems.

Why might a child need to have the tonsils and adenoids removed?
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, difficulty swallowing, bedwetting if it is due to sleep problems, mouth breathing, speech difficulties, snoring, sleep apnea, frequent or chronic bad breath, crooked teeth, abnormal facial growth, frequent or chronic sinus infections, or very rarely to look for a tumor. Usually only one or two of the reasons noted above pertains to any one patient.

Why remove the adenoids?
Adenoids usually behave the same as tonsils and contribute to the same problems. The adenoids are directly examined at the time of surgery and if they are tiny and completely healthy appearing, they will not be removed. It is *very* unusual for them to be small and healthy when the tonsils are causing enough problems to warrant tonsillectomy.

Is a blood test needed before surgery?
If your child has had surgery before without bleeding problems, then blood work may not be necessary. Other children will require a blood test to be sure they clot their blood normally.

What is the surgery like?
This is a common surgical procedure done under general anesthesia. Usually there are no needles or shots until after the child is completely asleep and unaware of what is happening. To go to sleep, a small mask attached to a balloon is gently placed over the nose and mouth. A sweet flavor of the child's choosing is often placed inside the mask. The child is then asked to blow up the balloon. With each breath, oxygen and laughing gas or another anesthetic is breathed in. Within several breaths the child is asleep. An IV is then started.

The surgery is done through the mouth and takes about ½ hour. There are no outside incisions. Children usually go home about 1 or 2 hours later. However, if the child weighs less than 30 pounds, is less than 3 years old, or has other potentially worrisome medical problems, it may be necessary to stay in the hospital overnight.

What should we expect after surgery?

The doctor will talk to the family right after the surgery. The family will not be able to see their child for about 15 minutes more. Usually the family is back with their child before the child is awake enough to know who is there.

Children are often fussy and upset while awakening from the anesthetic. They do not remember this. Expect some blood tinged secretions and oftentimes some mild nose bleeding. It is also not uncommon for the children to be nauseous and vomit. The I.V. will remain in place until your child is discharged. Removing it is not painful.

During the 10-14 day recovery period the throat is extremely sore and often the ears hurt. Usually this is the worst during the 5^{th} to the 7^{th} day after surgery. Fatigue and bad breath are also expected. Headaches and neck aches can also occur for about 2 weeks, but are less common. If the throat is examined during this time, 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 at least1 quart of liquids and/or soft foods each 24 hour period. This is needed to prevent dehydration. There is also a 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 includes sports, jumping up and down, running, or other activities that would excite the child. Talking, casual walking, riding in the car, and other quiet activities are safe as soon as the child feels well enough to do them. It is common to be unable to go to school for 10 – 14 days.

Motrin, aspirin, and other anti-inflammatory medicine should avoided. They can cause bleeding. Tylenol, (also known as acetaminophen), by mouth or suppository is OK to take. But caution is needed. There also is usually Tylenol in the prescription pain medicine. Based on the child's weight, there is a limit to the total amount of Tylenol per 24 hours that is safe to take. More than that can cause liver damage. During a 24 hour period, children should have absolutely no more than 50 milligrams of Tylenol for every 2 lbs that they weigh. Ask your doctor for more specific instructions.

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 of concern. The child is not eating or drinking enough if the child is not urinating very much and the urine is very dark. If this is the case, I.V. fluids may be necessary.

An office visit will be arranged for about 14 days after the surgery.

When is it ok to return to school?
This is at your discretion. Generally, children can return to school within 10-14 days. All children should stay out of recess and physical education for a full 14 days from the surgery.

Some vigorous physical activity in certain sports may not be tolerated until 3 weeks after surgery due to low energy.

What should my child eat and drink?
For 1 to 2 days - cool/clear liquids, tepid broth, Jell-O, popsicles, ice cream, ice sherberts, puddings, applesauce, milkshakes, and flat sodas. Then until 10 days after surgery - soft foods can be added such as mashed potatoes, soft pasta (macaroni and cheese), soft scrambled eggs, soft bread, soft fruits. Absolutely nothing hard such as crusty bread, chips, carrots, peanuts, and similar things for 10 days. Drinking is more important than eating. *Dehydration is common and can lead to more pain and even bleeding.* Older children should have at least 1 to 1 1/2 quarts of fluid a day. Younger children should have about a quart a day. As mentioned above, inadequate drinking may require an I.V. for fluids.

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. 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. Rarely there can be infection, jaw or other dental problems, neck ache, altered voice quality that on occasion requires speech therapy or even surgery to correct, and / or dehydration requiring I.V. fluids. 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. If the child has allergies requiring allergy medicine, the medicine will likely still be needed after the surgery. The risk of a life threatening problem occurring is extremely unlikely.

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, dental, speech problems, or other tonsil and adenoid related problems, hoping they will resolve in time and not cause any serious or permanent 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 us know if you have any questions.

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