

Tonsillectomy and Adenoidectomy

Surgical Information



ENT Bowling Green

Tonsillectomy Information

Indications

History... one required

- a) *Patient with multiple infections of tonsils and/or adenoids per year despite adequate medical therapy.
- b) **Hypertrophy causing dental malocclusion or adversely affecting orofacial growth documented by orthodontist.
- c) **Hypertrophy causing upper airway obstruction, severe dysphagia, sleep disorders, or cardiopulmonary complications.
- d) Peritonsillar abscess unresponsive to medical management and drainage documented by surgeon, unless surgery performed during acute stage.
- e) Persistent foul taste or breath due to chronic tonsillitis not responsive to medical therapy.
- f) Chronic or recurrent tonsillitis associated with the streptococcal carrier state and not responding to beta-lactamase-resistant antibiotics.
- g) Unilateral tonsil hypertrophy presumed neoplastic.
- h) Recurrent suppurative or otitis media with effusion. (Adenoidectomy alone. Tonsillectomy added requires one of the indications listed above.)

**For infectious conditions, it is recommended that there be information regarding dates of last two infections, description of fever, severity of discomfort, information about throat cultures, use of antibiotics, and history of otitis media management.*

*** For hypertrophy or noninfectious conditions it is recommended that history include information regarding growth and weight gain, any medical conditions necessitating removal of tonsils and adenoids, and polysomnography (optional) including hourly number of apnea or hypopnea episodes*

Tonsillectomy and Adenoidectomy (T & A)

As a patient you have just undergone a T & A. The next week or two may be difficult for you, but the staff at Bowling Green ENT is always available to help make the post-operative period as smooth as possible. This instruction sheet is provided to help answer the most common questions about care after a tonsillectomy. If you have any questions, please do not hesitate to contact us.

What should I do if I bleed?

There are two peak periods of time that patients can bleed after a T & A, although bleeding can occur at any time in the first two weeks. The first peak is within 4 to 6 hours after surgery. The vast majorities of these bleeds occur while you are still in the recovery room and will be dealt with by the staff. Very rarely a patient must return to the operating room to control the bleeding.

The second peak is at 7 to 10 days after the surgery. This is the time when the scabs are coming off the back of the throat. Bleeding will be noticed from the nose or you may spit out blood or vomit blood. While this bleeding generally stops on its own, almost all cases of bleeding require evaluation by a physician. If you experience bleeding, go to the nearest emergency room or contact your surgeon. Small amounts of blood are generally not cause for alarm. If you bleed, gargle with ice water and notify your surgeon or go to the ER where your procedure was performed and have the on call physician paged.

Is vomiting normal after the surgery?

Some patients are nauseated or vomit after a T & A. This is generally due to the anesthetics used or swallowed blood. Most vomiting stops after the first day, although the Tylenol with codeine can cause nausea, especially on an empty stomach. It is not uncommon to vomit up old, dark blood immediately postoperatively. If you vomit after discharge from the hospital, let us know.

How do I take care of my pain?

Almost every patient will experience pain after a T & A. The pain can, at times, be severe. It is not uncommon to require this for the first several days.

Pain control is important in the post-operative period as it helps you start drinking and eating more normally. The real risk is that your pain will not be controlled, leading to increased swallowing difficulty, refusal of fluids, with possible dehydration. For the first 4-5 days after surgery, plan on giving pain medicine every 4-6 hours. My preference is to give age and weight appropriate dosing of Tylenol for these first days. If the Tylenol does not seem to control the pain, you may also give weight appropriate dose of Ibuprofen (Advil, Motrin)

What should I drink?

The best answer is: Whatever they want. One of the biggest challenges postoperatively is getting enough to drink. Water, sucking on crushed ice, fruit juices, Kool-Aid, popsicles and jello are great for the first several days. Orange juice or other citrus juices maybe poorly tolerated as the citric acid may cause burning. Milk products may cause a phlegm like buildup or thickened saliva. (Like when you are hot and thirsty and you drink milk).

How do I know if I am getting enough fluids?

It is difficult to give an exact answer, as fluid intake is based on body weight. If the patient urinates several times a day, has moist eyes and is making saliva, they are probably getting enough to drink. If eyes appear sunken, or if the mouth is dry, let us know. We make sure that you leave the hospital with more than enough fluids (through the IV) so not drinking the first day is all right.

It is important to drink for several reasons. The more you swallow, the sooner the throat pain will resolve. Avoiding dehydration is important, as this is one of the biggest reasons children are readmitted to the hospital after a tonsillectomy.

When should I begin to eat?

This is very individualized, but most patients start eating a soft diet within 2-3 days. It may be a week or more before you feel ready for solid food.

What should I eat?

Generally speaking, whatever you will tolerate. Puddings, jello, cooked fruits, soup, mashed potatoes, pasta or ice cream are good foods to try. It is not a good idea to ever eat foods with sharp edges (i.e., chips, bacon, toast) until after the post-operative visit. While your nutrition is extremely important, not eating very much or eating an unbalanced diet for several days or weeks after a tonsillectomy is not of concern. Almost all patient's will lose weight after the surgery, but they will quickly gain the weight back after they have finished the healing process.

When can I go back to regular activities?

Patients are allowed to return to school/work 10 days after the date of surgery. Normal physical activity can be assumed 14 days after the date of surgery. Parents are generally very good at determining what their child is ready to do. As you improve, it is not uncommon for you to attempt more than you are ready for and to be tired and drained the next day. As they recover their strength, these alternating "good days and bad days" will diminish and your child will generally feel much better overall.

What about exposure to sick people?

It is a good idea to limit your exposure to crowds or people with colds or other illnesses for the first week after the surgery.

What about swimming?

Swimming should be avoided until 14 days after surgery.

What about travel?

While it is certainly fine to go for short trips in the car, it is not a good idea to go on a trip until after 14 days.

Why does my voice sound different?

Temporary voice changes are very common after the surgery and can persist for several weeks or months. Swelling of the soft palate and uvula (the "punching bag" in the back of the throat) make it hard for you to talk. This swelling goes down after about a week. Voice change can also be due to the adenoidectomy. If you had large adenoids before the surgery, you would move the soft palate against the adenoid tissue to help close the back of the throat during production of certain speech sounds, such as "s" or "b". Now that the adenoids are removed, the soft palate has to re-educate itself. This process will happen naturally as you heal.

Why is it that when my I swallow, liquids come out of the nose?

When we swallow, the soft palate rises up and closes against the back of the throat. This makes the liquids go down toward the stomach instead of out through the nose. After the surgery, the soft palate hurts and you try to swallow without moving the palate. This can cause liquids to come out of the nose (like when you drink and laugh at the same time). In addition, the soft palate is accustomed to closing against the adenoid tissue. With the removal of the adenoids, the palate has to relearn this task.

Why do I have such bad breath?

This can occur postoperatively and will improve as the healing process takes place.

Why do I snore after the surgery?

Snoring after a T & A is due to swelling of the soft palate. As a palate returns to normal during the healing process, the snoring will resolve.

When do I need to be seen again?

Your child will need a checkup by his or her surgeon three weeks after the surgery. By that time, almost everything will be back to normal. The next week or so will be hard for you, so hang in there.

Why do I have ear pain?

It is not uncommon to complain of ear pain after a T & A. The ear itself is rarely infected and the pain is what is called referred pain. There is a nerve behind the tonsil that is irritated during the surgery. A branch of the nerve goes to the ear. Therefore, when the nerve sends pain signals to the brain, the brain cannot decide if the ear is hurting or if the tonsil area is hurting. .

Is it normal for me to run a temperature?

Almost all children will have fevers after a T & A. This should not be more than 101.5 orally or 102.5 rectally. The pain medication will be helpful with the fevers. Call us if the fever is higher than 102.5 orally or 103.5 rectally. If your child does not drink, the resulting dehydration will cause the fever to go up. The fevers may last for 2 to 3 days after the surgery. If the fevers continue, give us a call.

Should I be on antibiotics?

Usually, only if there is active infection at the time of surgery. If the patient develops a fever, cough, or discolored drainage from the nose please call the office for further discussion of possible antibiotic use.

When will I get better?

It is not uncommon for a patient to do fairly well immediately after the surgery and then experience a letdown or increased pain, 2-3 days after the surgery. The first week after a tonsillectomy is a difficult time, but most patients will have a definite improvement after 7 to 10 days. When you look back on the experience, you will note a definite point in time that you got better. Response to pain is very individualized.

**If we can be of help please don't hesitate to call us at
270-782-7768.**