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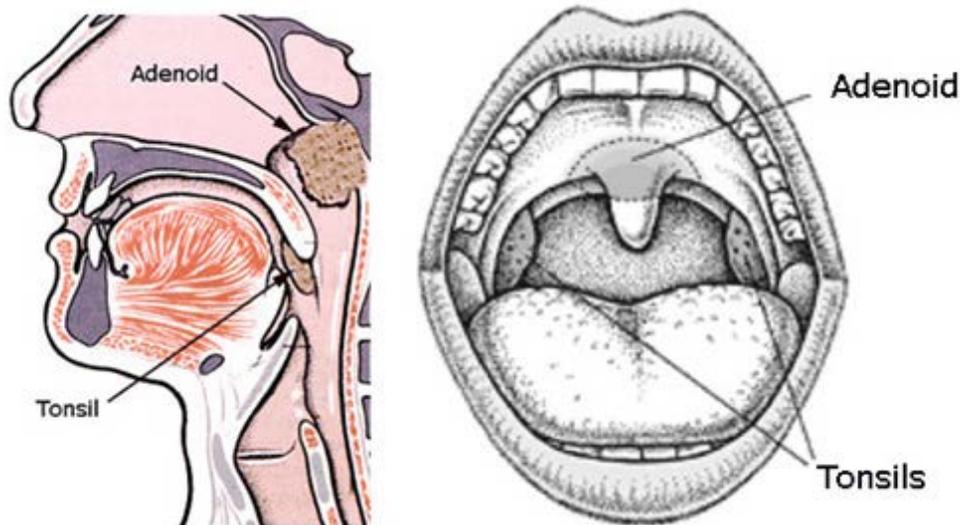
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PATIENT EDUCATION ON TONSILLECTOMY AND ADENOIDECTOMY

The tonsils are located at the back of the throat. The adenoids are located at the back of the nose. There is also a structure called the lingual tonsil on the back of the tongue. These are all related organs comprised of lymphoid tissue. These organs “sample” everything that enters the nose and mouth and help the body identify foreign matter. This process happens during the first year of life. After that there is no known function for these organs. In particular, the tonsils do not function as “filters for bacteria.”



The tonsils and adenoids may swell up when the body is fighting infections in the throat similar to what lymph nodes do. Although they usually shrink back after the resolution of infection, they may become scarred in the enlarged state and persist as “enlarged tonsils.”

Tonsils are no longer removed simply because they are large. They are removed if they are causing difficulties, such as recurrent infections (particularly strep infections), difficulty with swallowing, or difficulty with breathing. Other indications for the surgery are being identified such as bed wetting in some children.

The tonsils are roughly egg shaped, but they are not smooth on the surface. They have pockets or crypts that can become hiding places for bacteria. Antibiotics can kill the infection in the throat, but they cannot get into these pockets and kill the bacteria. This leads to the pattern of recurrent tonsillitis. In these cases, removing the tonsils will remove the bacteria and eliminate the problem.

Large tonsils and/or adenoids may cause breathing difficulty with chronic mouth breathing during the day, or chronic snoring at night. There may even be sleep apnea in children. The Tonsils and/or Adenoids should also be removed in these situations.

RISKS OF SURGERY

- **Pain** - Recovery from tonsillectomy generally takes about 2 weeks. It is painful because every time you swallow, even saliva, it hurts. The patient is given liquid pain medication. Initially they are on a liquid diet slowly progressing to soft food in the first 2 weeks. Dosing the medication at regular intervals can be helpful to “stay ahead of the pain.” Ear pain referred from the throat is not uncommon as well.
- **Bleeding** - occurs less than 5% of the time. It is relatively uncommon to have any appreciable amount of bleeding after returning home, but when it does the most common time is about one week after surgery (when the scabs fall off). Usually this amounts to spitting or coughing out several blood clots or a teaspoonful of bright red blood over a period of 20-30 minutes. Bleeding may occur from the nose as well as the mouth. If bleeding is profuse or lasts more than 30 minutes please call our office immediately for instructions. Do not hesitate to call if you have any concerns regarding bleeding. **630-981-0032.**

*It is very important to remember that you should not be taking aspirin for ten days prior to surgery and for two weeks following the surgery. Aspirin acts as a “blood thinner” and could cause increased bleeding during or after surgery. Some supplements can also increase bleeding such as Vitamin E, fish oil, garlic pills, ginger, ginseng, and ginkgo. If you are taking prescription blood thinners such as Coumadin or Plavix, please inform your surgeon. You will need to check with the physician that prescribed these medications for instructions about discontinuing them. For headaches or muscle aches prior to your surgery you may take Tylenol (acetaminophen).

- **Velopharyngeal Insufficiency (VPI)** – Inability of palate to block off nose during swallowing and speech; may lead to hypernasal voice, or aspiration of food/drink into nose. Usually this is self-limited to a few weeks. If this occurs, drink in small sips and tuck your chin to your chest when you swallow. More common in patients with congenital defects of palate.
- Tongue Numbness/Change in taste – Usually temporary (4-6 weeks)
- Persistence of snoring – Usually temporary, due to swelling of the surgical sites
- Change in voice
- Risks of general anesthesia – Rare, may include death, stroke, heart/lung problems

DEHYDRATION

In children under the age of seven, it can sometimes be difficult to get them to cooperate with taking their pain medication and drinking fluids. In these cases dehydration may become a concern. In these cases you should call the doctor at **630-981-0032**. Usually the child is brought to the Emergency Room for intravenous fluids and pain management.

ADENOIDECTOMY

The recovery from adenoidectomy is usually not difficult. Nothing moves in the back of the nose as it does in the back of the throat every time you swallow. In some situations an adenoidectomy will be done without removing the tonsils and in these cases the recovery takes 1-2 days, with only Tylenol for pain. Patients start on a soft diet after surgery and may progress to a regular diet rapidly.