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Tonsillectomy and Adenoidectomy

What is a tonsillectomy and adenoidectomy?

A tonsillectomy and adenoidectomy, often referred to as a T&A, is the surgical removal of the tonsils and adenoids.

Adenoids:

Adenoids are not always removed. Typically the doctor will look at them once the patient is asleep. The surgery is performed if the adenoids appear enlarged.

Indications

A T&A may be scheduled for any of the following symptoms:

- recurrent throat or adenoid infections
- obstructive sleep apnea
- tonsil and/or adenoid enlargement, which may cause a variety of symptoms

Hospital Stay

Generally you will be discharged on the same day as surgery. Occasionally an overnight stay is required. Rarely, longer hospitalization may be required to manage any pre or post-op difficulties.

Anesthesia

Before your surgery the Anesthesiologist will talk with you about anesthesia and what to expect. Typically, an IV is started in the preoperative area and a combination of medications is given. Make sure to mention to the anesthesiologist any problems with previous anesthetics, or family history of anesthetic problems.

Surgery

The tonsillectomy is done through the mouth after the patient is completely asleep. An instrument is used to open the mouth and hold it open during the procedure. The tonsils are removed using an electrocautery device. This instrument both removed the tonsils and controls bleeding.

Risks

As with any surgery, there are not only benefits but also risks. As with any operation, there may be some unanticipated complications besides those listed here. Postoperative bleeding is the most common risk from tonsillectomy. Immediate bleeding, within the first twelve hours after surgery, is rare. Delayed bleeding, which typically happens 5-7 days post op, is more common (1-3%). The bleeding can be brief and last a few seconds or persist and require re-operation to control it. Delayed bleeding is usually due to separation of the scab covering the surgical bed. Patients may rarely require hospitalization or blood transfusions. Life threatening bleeding is possible, but not common. A local infection may occur in the tonsillectomy bed. If an infection does occur, it can be treated with antibiotics. Postoperative

pain is very common and can last up to two weeks. Sore throat, jaw or tongue pain, and ear pain are always present to some degree. Ear pain is typically referred from the throat and rarely due to an ear infection. Take pain medications as ordered. Other risks from tonsillectomy include voice change, scarring or stricture of the throat, swallowing difficulty or pain.

POST OPERATIVE INSTRUCTIONS

Postoperative activity

Avoid strenuous activity for one week. Patients may return to work or school as tolerated. Most patients will need at least 1 week of recuperation before resuming their normal activities.

Postoperative diet

Choosing a comfortable diet after tonsillectomy can be challenging. There are no absolute restrictions of types of foods. The goal is to choose non-irritating foods and encourage small frequent meals. It is very important to maintain liberal fluid intake. Staying hydrated and avoiding dehydration makes pain less and increased general comfort. Care should be taken with hot or cold liquids. These can stimulate pain in some individuals. In others, cold drinks or popsicles can be soothing. Experiment with temperature, but the safest bet is to try a lukewarm or room temperature diet. Citrus juices or tomato juice may be uncomfortable but are not harmful. Water, flat soft drinks, and apple juice are good choices.

Some suggestions for diet are as follows:

- Generally a soft diet is better tolerated. This may include the following:
 - Cooked cereals
 - Eggs
 - Mashed potatoes or other soft vegetables
 - Custards
 - Pudding
 - Jello
 - Ensure
 - Popsicles
 - Ice cream
- Salty or spicy foods or hard and crunchy foods are usually uncomfortable such as:
 - Potato chips
 - Tacos
 - Celery
 - Popcorn

Increase diet as tolerated. Your diet should return to normal in approximately two weeks. Do not be afraid to be creative with your meals.

Postoperative pain

Severe to moderate throat discomfort is to be expected (it typically peaks during days three to seven). There is no cause for alarm unless pain is so severe that it prevents drinking fluids and leads to dehydration. To minimize pain, encourage fluids and take prescribed pain medications. Ear and jaw pain are very common after tonsillectomy due to some cross over between the nerves in the head. Chewing sugarless gum may help stretch the jaw muscles and decrease cramping or spasms in the muscles in the throat. There are other measures you can take to reduce your discomfort and secretions after surgery. Gentle gargling with

lukewarm saltwater (1/3 tsp salt with 1 glass of warm water) may soothe your throat. Sucking on anesthetic lozenges or cough drops may help reduce the urge to cough or clear your throat. Early in the postoperative course it is a good idea to take the prescribed medicine before meals. Do not forget that pain medicine takes time to begin working. Try to take pain medicine preemptively 30 minutes before the pain gets bad. Do not try to be a hero and avoid pain medicine or “tough it out”. The pain from tonsillectomy is severe, but will end. Take the medicine to make recovery tolerable.

White Patches

A gray-white coating over the area of the surgery is common and no cause for alarm. It should be gone within two weeks. Use lukewarm salt-water mixture described earlier as a gentle mouthwash and gargle. It may be used as often as needed and especially after meals. You may have bad breath. This will persist until the scab in the back of the throat comes off. Thick mucus is also common for weeks following surgery.

Bleeding and Fever

Between seven to ten days after surgery, the scab in the back of the throat will come off. Although this typically occurs unnoticed, it may be accompanied by some blood streaking of the saliva. This is normal and should clear quickly. However, if this bleeding increases or persists, the patient should be seen promptly. Rarely, this bleeding will not stop spontaneously and must be stopped in the operating room. A slight fever of less than 101 degrees is also common for a few days following surgery. This is usually controlled by taking the pain medications as instructed (as they aid in reducing fevers) and by increasing your fluid intake.

Reasons for contacting the office or the doctor after hours

Call for bleeding that does not stop in 10 minutes

Signs of dehydration such as decreased urine output

High fever >102

Any question or concern (we would much rather reassure about expected outcomes than have families worry that something is not right)

Follow-Up Appointment

Follow up is usually around four weeks after surgery. Please call the clinic to schedule this.

Reviewed 02/06

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