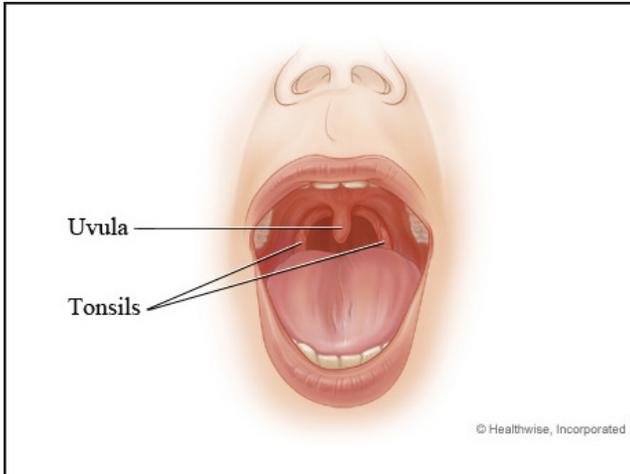


Tonsillectomy and Adenoidectomy



What are tonsils and adenoids?

The tonsils are small, round pieces of tissue that are located in the back of the mouth on the side of the throat. Tonsils are thought to help fight infection by producing antibodies. The tonsils can usually be seen in the throat of your child by using a light. Tonsillitis occurs when the tonsils become inflamed from infection.

What are adenoids?

Adenoids are similar to tonsils. The adenoids are made up of lymph tissue and are located in the space above the soft roof of the mouth (nasopharynx) and cannot be seen by looking in your child's nose or throat. Adenoids also help to fight infections. Adenoids may cause problems if they become enlarged or infected. Adenoiditis is when the adenoids become inflamed from infection.

Symptoms of tonsillitis

The symptoms of tonsillitis vary greatly depending on the cause of the infection, and can occur either suddenly or gradually. The following are the most common symptoms of tonsillitis. However, each child may experience symptom differently. Symptoms may include:

- Sore throat
- Not feeling well
- Fever (low or high grade)
- Nausea, vomiting, stomach aches
- Headache
- Painful swallowing
- Decrease in appetite
- Visual redness or drainage in the throat

Reasons to have a tonsillectomy and adenoidectomy (T&A)

The reasons for this surgery are well defined, and many surgeons differ in their views. The following are some of the more widely accepted reasons for having a T&A:

- Sleep apnea, or periods at night when your child stops breathing
- Trouble swallowing
- Bleeding from the tonsils that cannot be stopped
- Significant blockage of the nasal passage and uncomfortable breathing
- Chronic/ recurrent tonsil infections
- Tumor in the throat or nasal passage

The following are T&A Guidelines from the American Academy of Otolaryngology:

Sore throats:

- Seven sore throats in one year
- Five sore throats in each of two years
- Three sore throats in each of three years

The sore throats can be associated with the following:

- Fever above 101 degrees F
- Discharge on the tonsils
- Positive strep throat culture

The following are additional reasons that are more controversial regarding the removal of the adenoids and tonsils:

- Bad Snoring
- Recurrent ear infections
- Constant mouth breathing
- Hearing loss
- Frequent colds
- Chronic sinusitis, or infection in the sinuses
- Bad breath/ halitosis
- Cough
- Recurrent infections or abscesses in the throat

The following are some situations that DO NOT require removal of the tonsils, although each child will be evaluated on an individual basis:

- Large tonsils—Some children have large tonsils. The tonsils will decrease in size after the ages of 8-12 years. This in itself is not a reason to remove the tonsils, in most cases.

- School absence–If your child seems to miss a lot of school due to different symptoms, such as a sore throat, removing the tonsils will not increase school attendance.
- Poor appetite, allergies, or seizures.

A T&A will not help any of these problems.

Symptoms of adenoiditis, or enlarged adenoids

The symptoms of adenoiditis vary greatly depending on the cause of the infection, and can occur either suddenly or gradually. The following are the most common symptoms of adenoiditis. However, each child may experience symptoms differently. Symptoms may include:

- Breathing through the mouth
- Nasal Speech
- Noisy breathing, snoring
- Periods at night when breathing stops for a few seconds

What happens during tonsillectomy and adenoidectomy?

Tonsillectomy and adenoidectomy (T&A) surgery is the most common surgery performed on children in the U.S. About 400,000 surgeries are performed each year. The need for a T&A will be determined by your child's ear, nose, and throat surgeon and discussed with you. Most T&A surgeries are done on an outpatient basis. This means that your child will have surgery and then go home the same day. Some children may be required to stay overnight, such as, but not limited, children who:

- Are not drinking well after surgery
- Have complications after surgery, such as bleeding
- Have other chronic diseases or problems with seizures
- Are younger than 3 years of age

Before the surgery:

1. Do not eat or drink anything (not even water) after midnight the night before your surgery! If you do, surgery will be canceled.
2. Do not take any aspirin or aspirin products 1 week prior to date of surgery.

During the surgery, your child will be anesthetized in the operating room. The surgeon will remove your child's tonsils and adenoids through the mouth. There will be no cut on the skin. In most cases, after the surgery your child will go to a recovery room where he/she can be monitored closely. After the child is fully awake and doing well, the recovery room nurse will bring the child back to the day surgery area. At this point, if everything is going well, you and your child will be able to go home.

Bleeding is a complication of this surgery and should be addressed immediately by the surgeon. If the bleeding is severe, the child may return to the operating room.

At home after a T&A

The following are some of the instructions that may be given to you to help care for your child:

- Increased fluid intake
- Pain medication, as prescribed, prior to eating. Eating helps with pain control.
- Soft food diet
- Low-grade fever (99-101degrees) may occur and is normal; increase fluids.
- No heavy or rough play for 7 days
- Ear pain is common after T&A and originates from throat rather than ears
- Pain may increase on day 3-5.
- Coughing, hawking, and clearing of throat should be avoided.
- Temporary voice changes is normal
- Objectionable mouth odor is common and is relieved by fluids, gum, eating.

The Risks of having a T&A

Any type of surgery poses a risk to a child. About 5 percent of the children begin bleeding from the surgery site about five to eight days after the surgery, and may require additional blood and/or surgery. Some children may have a change in the sound of their speech due to the surgery. The following are some of the other complications that may occur:

- Bleeding (may happen during surgery, immediately after surgery, or at home)
- Dehydration (due to decreased fluid intake; if severe, fluids through intravenous (IV) catheter in the hospital may be necessary)
- Difficulty breathing (swelling of the area around the surgery; may be life threatening if not treated).