

What is a tonsillectomy and adenoidectomy?

Tonsillectomy and Adenoidectomy is the removal of the tonsils and adenoids. The tonsils are a pair of small oval shaped masses of lymphoid tissue found on either side of the back of the throat. Their main purpose is to help fight infection that may enter the body through the mouth. The adenoids are made out of the same tissue as tonsils. They sit in the back of the nose next to where the Eustachian tubes open and close to equalize pressure in the ears. When the adenoids themselves are enlarged or chronically infected, they can affect the middle ear. The adenoids themselves can also be a source of bacteria for the ears and nose. Infected or enlarged adenoids can cause sinus infections, nasal congestion, and chronic nasal drainage along with ear infections.

Why is a tonsillectomy and adenoidectomy necessary?

The tonsils and adenoid tissue of children are removed when they become a source of chronic infection or interfere with swallowing or breathing. Adenoid tissue may cause obstruction of the outlet from the nose causing your child to breathe mainly through his/her mouth. Enlarged adenoids may aggravate chronic sinusitis or mimic the symptoms of sinusitis. They can contribute to problems such as frequent ear infections and persistent ear fluid and/or hearing loss. Enlarged tonsils can cause sleep disorders and sometimes sleep apnea. Enlarged tonsils or adenoids may also affect the growth of your child's facial structures. This in turn may lead to dental problems.

What to expect the day of surgery?

Your child should not eat or drink anything for at least 8 hours prior to surgery. Children who have surgery in the late afternoon may be able to eat an early breakfast. **Ask your surgery coordinator for the time your child should stop consuming food/beverages.** If your child is given anything to eat or drink after the time designated by your surgery coordinator, surgery may be postponed or cancelled. Your child will be given general anesthesia by a pediatric anesthesiologist. The removal of the tonsils and adenoids are performed through the mouth with no incisions on the face. The surgery will last about one hour.

What to expect after surgery?

When your child first wakes up following surgery they may not feel well. They will likely feel upset and confused from anesthesia. They may experience some nausea which may take up to 24 hours to resolve. Most children will take up to 2 weeks to recover from surgery. Some may recover more quickly. Complete healing will take up to one month.

The following guidelines are recommended:

Drinking: Children may have clear liquids, followed by full liquids after the nausea of anesthesia has resolved. This may take at least 4-6 hours and sometimes until the next morning. Some children may require anti-nausea medications as prescribed by your physician. Parents should encourage and push liquids the day following surgery. Cool liquids and popsicles will ease some of the discomfort of surgery. Contact your physician if they are not tolerating fluids or show signs of dehydration (urinating less than 2-3 times per day

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or crying without tears). Some patients may require intravenous fluids to help with rehydration. **Do not drink from a straw.**

Eating: Your child may not feel like eating after surgery. It is more important that they are staying hydrated. When they are ready to eat, give them soft foods such as ice cream, mashed potatoes, macaroni and cheese, spaghetti and pancakes. **Only soft mushy foods are allowed.** No hard foods like pretzels, chips or pizza crust should be eaten for the first 2 weeks after surgery.

Pain: Nearly all children and young adults will have mild to severe throat pain for 7-10 days. It is also common for them to develop ear pain 3-6 days after surgery. This is referred pain from the throat. They can also experience neck pain and stiffness following an adenoidectomy.

Pain Control: Your physician will recommend or prescribe appropriate pain medications such as acetaminophen, ibuprofen, or acetaminophen with hydrocodone. Contact our office if side effects are suspected. Some children will be placed on a short course of steroids to decrease inflammation or antibiotics.

Fever: Many children will run a fever for the first week. Regular Tylenol will likely help with this. Increase fluid intake if your child is starting to have fever. **If your child's fever is above 102 and does not improve with Tylenol, please call our office.**

Activity: Activity may be increased slowly with a return to school after eating and drinking resumes and pain medication is no longer required. Your child should be sleeping well with normal energy. No strenuous physical activity should be performed for 2 weeks after surgery, such as running, jumping and contact sports including PE at school. You should receive excuses for school and physical restrictions from your nurse upon discharge from surgery. **Travel by airplane or far away from a medical facility is not recommended for 4 weeks after surgery.**

Breathing and voice: Snoring and mouth breathing may occur after surgery until swelling decreases and healing occurs. Extra nasal congestion and thick mucus in the nose and throat is common. A change in voice following adenoidectomy is common. Hyper nasal speech will usually resolve in a few weeks. In extreme cases hyper nasal speech can persist and may require speech therapy.

Scabs: A wet, colored scab will form where the tonsils and adenoids were removed. **These will cause very bad breath. This is normal.** Most scabs fall off in 5-14 days after surgery.

Bleeding: With the exception of small specks of blood from the nose, or small streaks of blood in the saliva, **bright red blood should not be seen.** Postoperative bleeding occurs in a small percentage of children within the first 3 weeks after a tonsillectomy and adenoidectomy. **Call our office immediately at 210-733-4368** if bright red blood is noticed. If you are unable to reach our office, please proceed to the nearest Children's Emergency Room at Methodist Children's Hospital, Medical Center or NC Baptist Hospital in Stone Oak.

If you have any questions and/or concerns, please call our office immediately.



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