

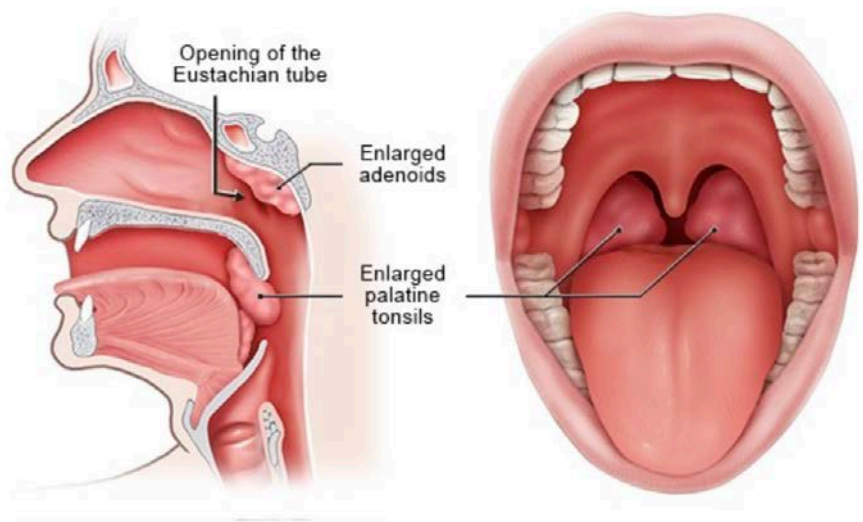
Surgery to remove the tonsils and adenoids

What are tonsils?

The tonsils are a pair of lymph gland organs that sit just behind the tongue at the back of the throat. During early development, they play a role in teaching the immune system how to protect against various microbes. As we get older, the tonsils tend to harbour colonies of bacteria potentially causing infection and bad breath. When the tonsils are enlarged, they can obstruct breathing and swallowing. The tonsils are part of a circle of lymphoid tissue that lie around the nose and throat. The tonsils only comprise a small proportion of this lymphoid tissue - and removing them does not interfere with immune function in any way.

What are adenoids?

Adenoids are made of the same tissue as tonsils and they form a central lump of tissue that is situated at the back of the nose, above and behind the soft palate. Like the tonsils, they play a role in the immune system in early development.



Occasionally they can become enlarged and infected in response to microbes and allergens. When they are enlarged, they will lead to a blocked nose, causing upper airway obstruction, mouth breathing and even sleep apnoea.

What conditions can affect the tonsils and adenoids?

When the tonsils and adenoids are enlarged, they interfere with breathing. Sleep becomes obstructed, and obstructive sleep apnoea can lead to delayed neurological and cognitive development in children or cardiovascular complications in adults. Obstructive sleep apnoea and a constant open-mouth-posture is also associated with poor dental and facial development in some children. Snotty kids with a constant open mouth posture and drooling may have enlarged adenoids and/or tonsils. Adults who snore heavily with pausing in breathing often have undiagnosed sleep apnoea.

Recurrent tonsil infections can also occur with children and adults leading to them missing significant amounts of school or work. Tonsil infections can occasionally lead to

complications such as abscesses that can be very painful. Damaged and scarred tonsils can have deep pits in them that collect food, leading to pain and bad breath. This foreign material is often termed a 'tonsil stone'.

What happens to the immune system if you remove the tonsils and adenoids?

Many patients and their carers voice concern that removing the tonsils and/or adenoids will mean that their immune system will be compromised and that they might get more infections. In ENT surgery, only diseased or grossly enlarged tonsils and adenoids are removed, leaving behind the majority of other healthy lymphoid tissues around the throat, so there is no impact on immune function.

Your ENT surgeon will weigh up all the pros and cons when considering if removal of the tonsils and or adenoids are necessary. Some considerations include the severity of sleep apnoea and nasal obstruction, the frequency and severity of infections, the general wellbeing of the patient and environmental factors. Sometimes flexible nasoendoscopy, imaging, blood tests or a sleep study may be performed to confirm the diagnosis, but they are not always required.

What happens before surgery?

Once a decision is made to undergo surgery you should let your surgeon know about your general health and the medications and supplements you or your child may take. Other health conditions such as asthma may interfere with your anaesthesia and management needs to be maximised before any surgery. The anaesthetist will generally contact you prior to surgery to discuss any pre-existing health conditions.

What happens on the day of surgery?

We try and schedule surgery for children in the morning but this is not always possible. You will be provided with information regarding admission and fasting times well before the procedure. Clear water can be drunk up to 2 hours before surgery (confirm this with your anaesthetist). Surgery is done under a general anaesthetic (fully asleep) and is usually administered to children in the form of a painless gas. Surgery takes about 30 minutes and involves gentle dissection of tissues without any cuts on skin or scars. Local anaesthetic is often applied during the procedure to minimise post operative pain. Patients wake up in the recovery room and are then nursed on the ward. Adenoidectomy done alone is usually a day procedure. Tonsillectomy can be a day procedure in the right patient, but an overnight stay is common.

What happens after surgery?

After a few hours you can eat and drink normal food. The more normal the diet is, the better. Patients who only take soft foods have been shown to have a longer duration of pain and a higher risk of bleeding. Avoid hot, spicy or salty foods as it may sting the back of the throat. Patients will be sore for up to 10 days. Day 3 after surgery is usually the worst, and

occasionally there is a second 'wave' of pain around day 5 or 6. Bleeding risk is highest between days 5-10 after surgery. For this reason we strongly recommend being no further than 30-60 minutes away from your local emergency department for the first couple of weeks. Staying home from school, childcare or work for 7-14 days is strongly recommended.

What are the possible complications from a tonsillectomy and adenoidectomy?

Tonsil surgery is very safe, but every operation has a small risk.

The most serious problem is bleeding. About four children out of every 100 who have their tonsils out will need to be taken back into hospital because of bleeding, but only one child out of every 200 will need a second operation. It is important to let the surgeon know if anyone in the family has a bleeding problem.

During the operation, there is a very small chance that we may chip or knock out a tooth, especially if it is loose, capped or crowned. Nausea with or without vomiting can occur after surgery and we may need to give you or your child some medicine for this, but it usually settles quickly.

Surgery to other parts of the body usually involve stitches, dressing and the ability to rest the affected body part. At the back of the throat and nose, the area is left open to heal on its own. Unfortunately that means some pain and a small risk of bleeding. Regular paracetamol and ibuprofen for the first 7-10 days is recommended. Additional stronger pain relief with endone, tramadol, tapentadol or others may be prescribed by your surgeon.

Difficulty breathing on the day or night of surgery is possible if the procedure was performed for severe sleep apnoea. Infection, nausea, vomiting, allergic reaction to anaesthetic and velopharyngeal insufficiency (food and air escape through the nose) are some other unlikely complications. Voice change can also occur when very large tonsils are removed. This is rarely a long term issue.

What do I do now?

Discuss your treatment options with your surgeons. It is rare for tonsillectomy or adenoidectomy to be urgent. Once it has been decided that surgery is appropriate, your surgeon's friendly secretarial staff will contact you to discuss dates, locations and costs.

Whilst every care has been taken to make this information sheet as accurate as possible, individual experiences and outcomes may differ. It is important to discuss any concerns with your surgeon prior to considering surgery.

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Tonsillectomy (with or without adenoidectomy)

Pain relief

Pain after tonsillectomy varies in severity and can actually become worse a few days after the procedure. The pain may even be felt in the ears. This is normal. Strict pain relief with medicine prescribed by your Anaesthetist is the best way to prevent severe pain. It may need to be taken up to 14 days after the procedure. Some of the medications are once a day, others twice a day and some more often than that. Antibiotics are also occasionally prescribed.

If you are worried about running out of pain relief medications please call the office on 9895 0400 or contact your Surgeon's secretary (via email) well before you run out.

Pain Killers

Adults: Simple analgesics such as Paracetamol, or Nurofen (Ibuprofen) may be sufficient. During your procedure the Anaesthetist will have prescribed a number of different strong pain relievers for you to use after surgery. These vary and will depend on prior patient experience and numerous other factors. These stronger pain medications may include Panadeine Forte, Tapentodol (Palexia), or Endone.

Some patients also receive anti-inflammatories such as Prednisolone and Celebrex. Read the product information leaflets with each medication prior to their use. Some of these medications may cause constipation and laxatives may be required for a short period.

Nausea after surgery is generally caused by one or more of the prescribed medications, particularly if they are taken on an empty stomach. If there is nausea with vomiting it is best to stop all strong pain relief and gradually reintroduce them with food. If you are unsure what to do, please contact your surgeon.

Kids: Children require slightly different pain management to adults. Most kids will have adequate pain relief with alternating doses of Panadol and nurofen. Some will also be prescribed some stronger anti-inflammatories such as prednisolone and others will also be sent home with a small amount of oxycodone for breakthrough pain. The correct protocol for delivering these medications to your child will be explained by your surgeon as well as the pharmacist at the hospital before you go home.

Diet

Eating and drinking a normal diet will help the healing process and actually reduces the risk of infection and bleeding.

There are no special restrictions on what to eat or drink. Soft foods like yoghurt and ice cream are usually preferable initially but a full normal diet is ideal. Some people find acidic foods like oranges difficult to eat. It is a good idea to take pain killers half an hour or so prior to meals to help with swallowing.

Antibiotics

If a course of antibiotics has been prescribed, please take these as indicated on the bottle or packet.

Why is my throat white? Is there an infection?

The area from where the tonsils are removed heals by forming a thick, white substance that may turn grey prior to the tissues healing completely and turning pink. It is not an infection unless it is associated a fever. Genuine infection in the region of tonsillectomy is very rare. If pain is increasing or you have a fever, contact your GP or your surgeon for consideration for consideration of further antibiotics.

Bleeding

There is a small risk of significant bleeding from the throat after surgery. If it is going to happen it usually occurs around days 5 - 7 after the operation but it can happen any time in the first 2 weeks. It is more common if your food intake has been poor or if you are dehydrated. Most bleeding settles on its own with sucking on an icypole or crushed ice but if there is any concern whatsoever, please phone the office or the hospital where you had the surgery. Any persistent or large amount of blood (you would notice fresh bleeding from the nose or mouth, or the vomiting of blood) requires urgent review and an Ambulance may need to be called.

In the majority of cases, bleeding stops very soon after arrival at hospital, and observation is the only thing required.

Sick Leave

Two weeks sick leave from school or work is advisable. Occasionally a little longer is needed. Please contact your surgeon's secretary via email for medical and carer's certificates if needed.

Exercise

Gentle exercise such as walking is OK in the first 2-3 weeks. Gym, swimming and sports are usually OK after that time. If there is any bleeding noted, strict rest in bed is advisable.

Follow-Up

Your first post operative visit should usually be arranged at about 2-3 weeks after the operation. It can occasionally be performed over Telehealth. You will generally be advised of the date and time for your post op checkup when surgery is booked. If you need to change the date or time please advise your surgeon's secretary via email.