Tonsillectomy & Adenoidectomy

Patient Information

Introduction

Tonsillectomy (removal of the tonsils) has been performed for hundreds of years. Currently many methods exist to remove the tonsils including conventional scalpel, electrocautery, coblation, and various shavers. Each technique is surgeon and patient dependent. Removal of the tonsils may be performed for infectious reasons (i.e. tonsillitis) or sleep disturbance (i.e. obstructive sleep apnea). Some methods remove all of the tonsil tissue (traditional tonsillectomy) while other methods remove part of the tonsil (95% of the tonsil tissue; “partial tonsillectomy”). The method chosen for removal of these structures depends on the surgical indication and should be discussed with your surgeon.

Adenoidectomy (removal of the adenoids) has also been performed for many years and many methods exist for their removal. Adenoids may be removed for infectious reasons (adenoiditis), sleep disturbance (obstructive sleep apnea), or in conjunction with ear tube placement. While tonsillectomy and adenoidectomy are often performed together, adenoids are not automatically removed at the same time as the tonsils.

How can I prepare my child for surgery?

The operation requires general anesthesia by an anesthesiologist which is initially administered by a mask. One parent may accompany the child in the operating room. It is important to discuss the surgery and hospital with your child as this may otherwise be frightening. When your child wakes up from surgery you will be allowed to visit in the recovery room. There are many excellent books available that may help prepare your child for the operating room. One recommendation is “Curious George Goes to the Hospital” by Margaret Rey.

Avoid aspirin or NSAIDS (Ibuprofen, Advil, Motrin, Aleve, Naprosyn, etc.) for 7 – 10 days prior to surgery. If your child has any pain or headache, please use acetaminophen (Tylenol).

What are the possible risks and complications of tonsillectomy and adenoidectomy?

Bleeding. Bleeding is the most serious complication and occurs in 1% - 5% of cases. This may be managed in the office, or in some instances requires re-admission to the hospital for observation or a return to the operating room for control of bleeding. Bleeding tends to occur 5 – 10 days after the operation when the scab falls off.

Infection. Any surgical endeavor carries the risk of infection due to manipulation of the native tissues. The mouth is normally colonized with bacteria. If an infection develops after surgery it will be treated with appropriate antibiotics.

Pain. Any surgical endeavor carries the risk of pain. Pain occurs in some degree in most patients undergoing tonsillectomy and adenoidectomy. The duration and severity of pain varies among patients. Patients may also complain of an earache due to irritation of the nerve that serves both the tonsils and ear. Pain medication will be prescribed post-operatively.

Change in Voice. There may be a change in voice which is often described as squeaky or high-pitched. This is usually temporary and tends to go away within 6 weeks.

Velo pharyngeal Insufficiency (VPI). Reflux of food out of the nose during swallowing may occur. If VPI does occur it is most often temporary, but in extremely rare instances permanent VPI has been reported.

Anesthesia Risks. Tonsillectomy & adenoidectomy are performed under general anesthesia and carries its associated risks. Adverse reactions to general anesthesia should be discussed with the anesthesiologist.

For Patients Undergoing Partial Tonsillectomy

Tonsillitis. The risk of tonsillitis (recurrent tonsil infections) and its associated complications still exists in the remaining tonsil tissue.

Regrowth of the Tonsils. Although rare (less than 5%), potential regrowth of tonsil tissue exists. While tonsil regrowth has been reported, it is extremely rare for this new tonsil tissue to cause additional problems with sleep apnea and snoring.