TONSILLECTOMY AND ADENOIDECTOMY – PATIENT INFORMATION

What are the indications for tonsillectomy and adenoidectomy (T&A)?
Tonsillectomy and adenoidectomy can be performed at the same time or independently, depending on the indications. In patients with obstructive sleep apnea, tonsillectomy and adenoidectomy are usually performed at the same time. In patients with tonsillitis or abnormal tonsil growth, the tonsils are usually removed without removing the adenoid. In patients who suffer from recurrent ear infections and/or chronic nasal congestion due to enlarged adenoids, the adenoid is removed without removing the tonsils.

How is a tonsillectomy and adenoidectomy performed?
A tonsillectomy and adenoidectomy is performed under general anesthesia to avoid discomfort. The mouth is retracted open and the tonsils are removed through the mouth without any external skin incision. Using a mirror for visualization, the adenoid is also removed through the mouth. There are various different tools and instruments which can be used to remove the tonsils and adenoid. However, the approach to surgery remains the same and the goal is to achieve safe and effective surgery.

Source: Postcare.com
What should I expect before surgery?

a. There are no special pre-operative preparations prior to a tonsillectomy and/or adenoidectomy. In
   patient with an active tonsillitis or peritonsillar abscess, surgery is deferred until the infection resolves
   to minimize bleeding.

b. Avoid any blood thinning product including aspirin products, alternative medication such as St. John’s
   Wort, and Vitamin E supplement.

c. While our office will make every attempt to keep the patient’s primary care physician informed before
   and after your surgery, it is important that you personally inform him/her that you or your child is
   planning to have surgery.

d. Due to the frequently changing operating room schedule, the surgery center will usually call you one
   business day before your surgery date to inform you of your surgery time. Depending on the time of
   your or your child’s surgery, the center will instruct you on the specific time to stop feeding before
   surgery.

What should I expect during surgery?

Your surgical team will include your surgeon, an anesthesiologist, a scrub nurse, a circulating nurse, and
additional supporting staffs dedicated to ensuring that your surgery is safe. A tonsillectomy and/or
adenoidectomy is typically performed under general anesthesia and will usually last about 30 minutes. Blood
loss is usually minimal. However, patients with a history of recurrent tonsillitis tend to have a little more
bleeding than those without a history of infection. The tonsillar bed is cauterized to minimize the risk of
bleeding; however, unlike other types of surgery, the wound site is not sutured together after a tonsillectomy
and/or adenoidectomy.

What should I expect after surgery?

a. Immediately after a tonsillectomy and/or adenoidectomy, you will be wheeled to the recovery room
   and your family may visit you after you are fully awake.

b. Throat pain and possible referred ear pain is expected after a tonsillectomy. It is usually well controlled
   with pain medication and good hydration. The pain is significantly better by the end of the first week
   and you should be close to baseline by the end of the second week.

c. You will notice a white coat of tissue in the back of the throat about 2-3 days after surgery. This is the
   scab that forms over the tonsillar bed. It will slowly dissipate over the course of two weeks on its own.
   Do not try to remove the scab or traumatize the area.

d. You may notice some bloody discharge in your mucous, which is normal. If the bleeding is heavy and
   persistent, it may require cauterization.

What are the risks of a tonsillectomy and/or adenoidectomy?

As with any surgical procedure, a tonsillectomy and adenoidectomy has associated risks. With meticulous
planning and appropriate precautions, complications from sinus surgery are very rare. Although the chance of
a complication occurring are very small, it is important that you understand the potential complications and ask your surgeon about any concerns you may have. These risks may include:

a. **Bleeding:** Bleeding is exceedingly rare after an adenoidectomy alone. Bleeding occurs in about 1-3% of patients after a tonsillectomy. In most cases, the bleeding is mild and will stop on its own. In rare instances of persistent and heavy bleeding, cauterization may be required.

b. **Pain:** A sore throat is expected after a tonsillectomy. In general, the pain is mild in patients with no history of recurrent tonsillitis. Overall, the pain is well tolerated when appropriate pain medications are prescribed.

c. **Velopharyngeal insufficiency:** The tonsils and adenoid occupy space in the back of your throat. After they are removed, this space is adequately covered by your palate. During the first week after surgery, you may notice a nasally voice and reflux of fluid into the nose. This will eventually get better on its own. In rare cases of patients with a history of cleft palate, jaw advancement, or adynamic soft palate, the risk of reflux of air/food into the nose may be exacerbated (velopharyngeal insufficiency).

d. **Other risks:** Other uncommon risks of surgery include dental injury, tongue injury, lip injury, regrowth of the adenoid tissue and persistent throat pain.

**What restrictions will I have during the postoperative recovery period?**

a. Avoid straining and heaving lifting of more than 20 lbs.

b. You may go back to school and/or work one week after surgery.

c. Maintain a soft diet for two weeks after surgery.

Your surgeon is committed to providing you with the highest level of care in a comfortable and caring environment. We want you to have all of your questions answered and provide you with a complete understanding of your condition and treatment plan. Please feel free to ask questions about any aspect of your care. Learn more about [pediatric obstructive sleep apnea](https://sites.google.com/site/dranhtruong/), [tonsillitis](https://sites.google.com/site/dranhtruong/), [post-operative care after a pediatric tonsillectomy and adenoidectomy](https://sites.google.com/site/dranhtruong/), or [post-operative care after an adult tonsillectomy](https://sites.google.com/site/dranhtruong/).