

## **Tonsillectomy & Adenoidectomy**

### **WHAT ARE TONSILLECTOMY AND ADENOIDECTOMY (T&A)?**

This is an operation to remove patches of tissue in the back of the nose and throat. Access to these tissues is by way of the mouth. This combined operation, which is performed on an inpatient basis or in a daycare facility, usually requires general anesthesia.

### **RISKS AND BENEFITS**

At one time, it was the practice to remove all enlarged tonsils and adenoids, whether they were causing any harm or not. More recently, it has become recognized that surgery is of dubious value in most such cases (besides carrying some risk). Today, therefore, more conservative treatment is preferred if possible. There is particular reason to keep tonsils in children under the age of five since they are most at risk from respiratory tract infection. Tonsils and adenoids are an important defense against virus and bacteria entering the lower respiratory tract. As well as general anesthesia's usual risks, T & A carries the risks of infection and hemorrhage.

### **WHY IS IT PERFORMED?**

The tonsils and adenoids are related structures - clusters of lymphoid tissue - which together form what is known as Waldeyer's ring, part of the body's natural defenses against infection. In children, the tonsils may become so inflamed that they almost meet in the center, and this may interfere with swallowing. Also in children, adenoidal enlargement may become so marked as to hinder speech and breathing. Adenoidal swelling can lead to middle ear infection and intermittent deafness. However, tonsillectomy and adenoidectomy is today only recommended for children in whom these tissues are severely infected - as, for example, in peritonsillar abscess, also known as quinsy (rare in young children); or tonsillar tumor (very rare); or in children where the tonsils and adenoids are so overgrown as to interfere with breathing, swallowing, speech, or hearing. The operation is also performed in the few cases of children with tonsil and/or adenoid trouble who develop life-threatening conditions such as sleep apnea (episodes where the breathing stops unaccountably) and recurrent pneumonia. In adults, tonsillectomy alone is more usual, the adenoids having atrophied. Here the main reasons for surgery are: recurrent attacks of tonsillitis; quinsy (more often seen in young adults); sleep apnea; or the occasional tumor. Adults are slower to recover from tonsillectomy than children and are more likely to be treated as inpatients.

### **THE PROCEDURE**

#### **PREPARING FOR SURGERY**

On the day of surgery the patient is given nothing by mouth. On admission, he or she is given a complete physical examination, and blood samples are taken for crossmatching (in case a transfusion is needed). Antibiotics may be given for a few days before and after surgery if there has been recent infection. The patient's mouth is checked for loose teeth (which may have to be removed before surgery). A premedicating injection is given to relax the patient shortly before

the procedure is due to begin.

### **IN THE OPERATING ROOM**

The surgeon works with the patient lying, anesthetized, on his or her back. A special implement is used to hold the mouth open. First, the adenoids are removed, using a small curette; the tonsils are dissected free. Bleeding is controlled by packing the postnasal cavity with gauze (which is removed after the operation) and, where necessary, tying the blood vessels on the tonsil bed. Finally, the patient is moved to the recovery room, briefly, for monitoring while he or she comes out of the anesthetic.

### **AFTER SURGERY**

The patient's vital signs (temperature, pulse, blood pressure and respiration) are checked regularly for several hours postoperatively. The patient is made comfortable in bed, and chipped ice or colored ice popsicle may be offered to moisten the mouth; soft food may be given as soon as any nausea from the anesthetic has passed. Painkillers may be given as necessary and drugs to stop the bleeding. If all goes well, the patient may be taken home at the end of the day.

### **GOING HOME**

The patient's throat may be sore for at least five days and perhaps for as long as two weeks. For the first few days after T&A, the patient should be urged to rest at intervals throughout the day and given only soft, bland foods. He or she should be able to resume normal activity within about a week, returning to school or work within 10-14 days. You will be given an appointment for a postoperative checkup with the surgeon.

### **POSSIBLE COMPLICATIONS**

The most frequent problems are infection or renewed bleeding. If the patient develops a fever, complains of an earache, swallows excessively, or vomits blood, you should call the doctor's office immediately.