

Tonsils & Adenoids

Tonsils & Adenoids

Almost 400,000 tonsillectomies and/or adenoidectomies are performed each year in the United States. "T&A" (short for tonsillectomy and adenoidectomy) is the second most common operation performed for children, and it is not unusual for an adult to require a tonsillectomy. Although T&A is not recommended as often as before the days of antibiotics, it is still a valuable operation that improves the health of many children and adults.

Recent studies indicate that adenoidectomy may be beneficial treatment for some young children affected by chronic otitis media with effusion (fluid in the ears).

What Is the Purpose of Tonsils and Adenoids?

Tonsils and adenoids are composed of tissue that is similar to the lymph nodes or "glands" found in the neck, groin, and other places in the body. They are part of a "ring" of glandular tissue encircling the back of the throat. The adenoids are located high in the throat behind the nose and soft palate (roof of the mouth) and, unlike tonsils, are not visible through the mouth without special instruments. The tonsils are the two masses of tissue on either side of the back of the throat.

Tonsils and adenoids are strategically located near the entrance to the breathing passages where they can catch incoming infections. They "sample" bacteria and viruses and can become infected themselves. It is thought that they then help form antibodies to those "germs" as part of the body's immune system to resist and fight future infections.

This function is performed in the first few years of life, but it is less important as the child gets older. In fact, there is no evidence that tonsils or adenoids are important after the age of three. One recent large study showed, by laboratory tests and follow-up examinations, that children who must have their tonsils and adenoids removed suffer no loss whatsoever in their future immunity to disease.

There is a popular myth that tonsils and adenoids filter bacteria out of what we swallow and breathe, somewhat like a kitchen strainer. This is untrue. Any filter that could strain out microscopic bacteria would not allow the passage of any food particles and would make eating impossible.

How Does the Doctor Check Tonsils and Adenoids?

The primary methods that are used to evaluate tonsils and adenoids include:

1. Medical history
2. Physical examination
3. Bacteriological cultures
4. X-rays
5. Blood tests
6. Possible additional studies

Your physician will take a history about the patient's ear, nose, and throat problems and

perform an examination of the head and neck.

Examination of the nose and throat may be aided by the use of small mirrors or a flexible lighted instrument. The physical examination will also determine whether the lymph nodes in the neck are enlarged.

Cultures are important in diagnosing certain infections in the throat, especially "strep" throat. Whether or not a culture is taken will depend on your physician's judgment and on the appearance of the throat. Cultures for other bacteria and even for viruses can be done but are seldom necessary.

X-rays are sometimes helpful in determining the size and shape of the adenoids. These x-rays are quite safe.

What Diseases Affect Tonsils and Adenoids?

The most common problems affecting the tonsils and adenoids in children are recurrent infections (causing sore throats) and significant enlargement (causing trouble with breathing and swallowing). Recurrent acute infections of the tonsils also occur in adults. So do abscesses around the tonsils, chronic tonsillitis, and infections of small pockets (crypts) within the tonsils that produce bad smelling, cheesy-like formations. Tumors can also grow in the tonsils, but they are rare.

When Should I Consult My Doctor?

You should see your doctor when you or your child suffer the common symptoms of infected and enlarged tonsils and adenoids: recurrent sore throats, fever, chills, bad breath, nasal congestion or post-nasal drainage or obstruction, recurrent ear infections, mouth breathing, snoring, and sleep disturbances.

How Are Diseases of the Tonsils and Adenoids Treated?

Bacterial infections of the tonsils, especially those caused by "strep," are initially treated with antibiotics.

Removal of the tonsils and/or adenoids may be recommended for some children and adults. The two primary reasons for tonsil and/or adenoid removal are (1) recurrent infection despite antibiotic therapy and (2) difficulty breathing due to enlarged tonsils and/or adenoids. Obstruction to breathing causes snoring and disturbed sleep patterns that lead to daytime sleepiness in adults and behavioral problems in children. Some orthodontists believe chronic mouth breathing from large tonsils and adenoids causes malformations of the face and improper alignment of the teeth.

Chronic infection in the tonsils and adenoids can also affect nearby structures such as the eustachian tube - the passage between the back of the nose and the inside of the ear. This can lead to frequent or chronic ear infections with earaches and hearing loss.

In adults, the possibility of cancer or a tumor may be another reason for removing the tonsils and adenoids.

In some patients, especially those with infectious mononucleosis, severe enlargement may progress to a point of obstructing the airway. For these patients, treatment with steroids (i.e., cortisone) is sometimes helpful.

How Should the Patient Prepare for Surgery?

If your physician has determined that a tonsillectomy and/or adenoidectomy is needed, you should prepare for the operation.

Parents should discuss openly and frankly the child's feelings about the surgery and provide strong reassurance and support throughout the process. Encourage the child to think of this as something the doctor will do to make him healthier. Try to be with the child as much as possible before and after the surgery. Children should be aware they will have a sore throat after surgery, but it will only last a few days. They should also be reassured the operation does not remove important parts of their body, and they will not look differently afterward. If there is a friend who has had this surgery, it may be helpful for the child to talk to the friend about it.

For at least two weeks before any surgery, especially tonsillectomy and/or adenoidectomy, the patient should refrain from taking aspirin or other medications that contain aspirin. In addition, if the patient is taking any other medications, the doctor should be advised. The surgeon should be informed of any problems the patient or the patient's family may have had with anesthesia. If the patient has sickle cell disease, bleeding disorders, is pregnant, has specific views on the transfusion of blood, or if steroids have been used by the patient in the past year, the surgeon should be informed.

Generally, after midnight, the day before the operation, *nothing* may be taken by mouth. This restriction also applies to chewing gum, mouth washes, throat lozenges, toothpaste, and water. If the restriction is broken, the operation may be canceled because anything in the stomach may be vomited at the beginning of the anesthesia, and this is dangerous.

A blood test and possibly a urine test will usually be required prior to surgery. When the patient arrives at the hospital, he/she will go either to his hospital room or to a holding area while preparations are made for surgery. In the holding area, the anesthesiologist or nursing staff may meet with the patient and family to review the history. The patient will then be taken to the operating room and given an anesthetic. Intravenous fluids are usually given during and after surgery. After the operation, the patient will enter the recovery unit. Observation should be continued until the patient is adequately recovered from surgery and safe to be discharged. Many patients are released after 8-10 hours. Others are kept overnight. Intensive care may be needed for selected cases. *No standard fixed period of observation is safe for all patients.*

Your physician will provide the details of the pre-operative and post-operative care and answer any other questions you may have.

What May Occur After Surgery?

There are several post-operative symptoms that may arise. These include, but are not limited to, swallowing problems, vomiting, fever, throat pain, and ear pain. These are not uncommon, and they may all occur. Occasionally, bleeding may occur post-operatively. In this case, your surgeon should be notified immediately.

ANY QUESTIONS YOU MAY HAVE SHOULD BE DISCUSSED OPENLY AND FREELY WITH YOUR SURGEON, WHO IS THERE TO ASSIST YOU.