

Tonsillectomy / Adenoidectomy

What are tonsils and adenoids? Tonsils are composed of tissue that is similar to lymph nodes, which help to fight infections. The tonsils lie in the back of the throat, behind the tongue. Tonsillectomy is the surgical procedure to remove the tonsils.

Adenoids are like tonsils but are located high in the throat, behind the nose and soft palate (roof of the mouth). Adenoidectomy is the surgical procedure to remove the adenoids.

Tonsils and adenoids become less important in fighting infections after the age of 3 and usually begin to shrink in size by the age of 5. Studies have shown that children who must have their tonsils and adenoids removed suffer no loss in their natural resistance to disease.

When should tonsils and adenoids be removed? Tonsils/adenoids may need to be removed if they grow large enough to affect swallowing, breathing, or the voice. If breathing is obstructed, it may cause snoring and disturbed sleep patterns.

Tonsils/adenoids may also need to be removed for repeated infections despite antibiotic therapy. An adenoidectomy may also be helpful in the treatment of recurrent ear infections because the Eustachian tube (the passage between the back of the nose and the inside of the ear) is next to the adenoids.

Finally, tonsils and adenoids may need to be removed in the unusual case that we are suspecting a growth in them.

HOW TO PREPARE FOR SURGERY

For at least two weeks before the surgery, do not take any aspirin, medications that contain aspirin, Advil or Motrin (ibuprofen), or Aleve (naproxen). Those medications are mild blood thinners and may increase the risk of bleeding during and after surgery.

Please advise the doctor if there is any history of sickle cell disease, bleeding disorders, or other health conditions.

Generally, after midnight the day before the operation, nothing should be taken by mouth, including liquids.

Removal of tonsils and adenoids is performed under general anesthesia. Usually, children and adults can go home the same day, but some children may stay in the hospital for one night after surgery.

**Adult and Pediatric — ENT Head and Neck Surgery,
Voice and Swallowing, Hearing and Balance, Allergy**

6010 Hidden Valley Rd, Ste 210, Carlsbad, CA 92011
P: 760.827.6400 | F: 760.827.6405 | *Pacific-ENT.com*

Our Providers

Cynthia R. Davis, *M.D., FACS*
Moses D. Salgado, *M.D.*
Hernan Goldsztein, *M.D.*

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POSSIBLE COMPLICATIONS

Any operation with a general anesthetic involves risk, although today that risk is exceedingly small.

Occasionally, bleeding occurs after tonsillectomy and, less often, after adenoidectomy. Bleeding may reappear several days after tonsillectomy, when the crust (formed at the operation site) drops away. This usually occurs about a week (+/-2 days) after surgery. If bleeding occurs, it can usually be controlled easily by gargling with ice-cold water, but occasionally it requires a return to the operating room for more intensive treatment.

Throat pain is expected after tonsillectomy and is treated with pain medications that will be prescribed by your doctor. The pain usually lasts 5–10 days following surgery. Ear pain is often experienced when the scab or crust falls off after surgery and may be treated with drinking fluids, applying a warm compress to the ear, chewing gum, or taking pain medication. Only take pain medications as instructed by your doctor, and please call us if you have any questions or if these strategies are ineffective.

Dehydration from vomiting and/or poor intake of fluids may occur. It usually can be treated by encouraging oral intake of fluids at home (water, juice, Popsicles, broth) but occasionally may require admission to the hospital for intravenous fluids.

After removal of the adenoids, complications are quite rare and usually soon disappear or can be corrected. The patient's voice may have a different (nasal) quality. Liquids may come through the nose when drinking. It is possible for the adenoids to grow back and require further surgery.

Rest and avoiding strenuous activity until the scabs have fallen off (2–3 weeks) is important. Most individuals need 7–10 days to recover and will remain home, excused from work or school for about 7–10 days.

Airway obstruction from swelling or because of anatomic or physiologic respiratory comorbidities is rare but may require monitoring in the hospital. Please call your doctor if you are having trouble breathing following your surgery.

If you do not have a complete understanding of these written instructions or do not understand the verbal instructions that were given to you, please **call our office with any remaining questions that you may have at 858.755.9343.**

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