

Tonsillectomy or Adenotonsillectomy

What is a tonsillectomy or adenotonsillectomy?

A tonsillectomy is a procedure to remove the tonsils which are clumps of lymph tissue that sit at the back of the mouth. An adenotonsillectomy removes the tonsils as well as the adenoids which is a clump of lymph tissue sitting at the back of the nose.

Why would I need a tonsillectomy or adenotonsillectomy?

Tonsils and adenoids are usually removed to treat the following conditions –

- Frequent episodes of tonsillitis
- A chronic tonsillitis infection that does not respond to antibiotics
- Recurrent quinsies (an abscess around the tonsil)
- Snoring or sleep apnoea
- Drooling or eating problems in children
- Asymmetrical tonsils where there is suspicion for a growth
- Recurrent formation of tonsil stones causing bad breath

Sometimes only the adenoids are removed and this may be for other conditions such as problems with Eustachian tube or recurrent ear infections.

The decision to have surgery needs to consider a number of factors. These include

- The frequency and severity of infections
- The history of antibiotic use and effectiveness
- The severity of symptoms
- Other complicating illnesses
- The effect on schooling or work
- The presence of sleep disordered breathing (snoring, sleep apnoea), swallowing difficulties, poor weight gain or growth and any associated middle ear infections.

How is the surgery performed?

With the mouth held open with a special instrument the tonsils are gently grasped. This allows visualisation of the plane between the tonsil capsule and the underlying muscle fibres. The tonsils are then carefully separated from the fibres overlying the muscle. Any small blood vessels encountered are treated before bleeding can occur. Local anaesthesia is injected at the end of the procedure for patient comfort.

The adenoids are then removed via the mouth under direct visualisation with the help of a small mirror or endoscope. They are vapourised with heat (cautery) with very little bleeding. At the end of the case a thorough check is made for any bleeding. The patient is then woken and transferred to the recovery ward.

Recovery from tonsillectomy and adenotonsillectomy

Most patients are not in pain when they wake from their tonsil surgery. This is due to the combination of local anaesthesia and pain relief that is given during the surgery. Children are very often disorientated and confused from general anaesthesia when they awaken. They can be frightened and cry but usually settle down quickly. A parent is usually allowed to the recovery ward shortly after the child has woken up.

Nausea and vomiting

Nausea and vomiting is also common over the first 24 hours. The vomit may contain traces of blood that were swallowed during surgery. Generally patients are able to eat any drink within hours..

Time off work

Most people take one or two weeks off school or work and are advised to refrain from exercise for 3 weeks.

Antibiotics

Antibiotics are not required after surgery on the tonsils or adenoids. It is completely normal for the healing tonsil wound to develop a yellow membrane during the first week. This is not an infection but the normal healing tissue.

Pain relief

Most patients experience some pain for at least 7 days. Regular pain relief is important rather than let pain build up before treating it. Adults often have more pain than children. You will be given a prescription for pain killers.

Fluid intake

It is very important to continue drinking fluids even if eating becomes difficult. If patients become dehydrated pain generally worsens. If dehydration becomes severe readmission to hospital may be necessary for rehydration. Signs of dehydration include dry mouth, dizziness, decreased urine output, increasing fatigue and looking increasingly unwell.

Food

There is not special diet after this surgery. All normal foods can be eaten however some patients find it difficult to eat acidic, hot or spicy food or food that is very rough (toast or potato chips). Traditionally the coldness of ice cream has been said to provide some pain relief.

Voice quality

While the palate is healing children often have a change in their voice. This usually returns to normal once all pain has subsided.

Possible complications of surgery

- Bleeding. There is a 3% of bleeding within the first 14 days following tonsil and adenoid surgery. This can sometimes (and classically does) occur all of a sudden on day 10 when a child is otherwise progressing well. If bleeding starts and does not stop almost immediately, you need to go to your closest emergency department. Most of the time the bleeding settles down quickly and requires either a brief period of observation or an overnight admission for antibiotics and some rehydration. Less commonly the bleeding does not stop and requires the patient to return to the operating theatre to stop the bleeding.
- Blood transfusion. If bleeding is excessive a blood transfusion may be necessary.
- Problems with breathing. Children who have severe sleep apnoea occasionally have problems with breathing after surgery. ‘
- Speech problems. Children who have very large adenoids and short palate are at risk of air or fluid escaping from the mouth into the nose. This is called velopharyngeal insufficiency (VPI). It generally settles down without treatment but occasionally speech therapy is necessary or very rarely further surgery.

- Very rare complications – burns to the lips or tongue from the diathermy, damage to the jaw joint or teeth.

General risks of any surgical procedure

- Bleeding
- Wound infection
- Persistent pain and discomfort
- Nausea (usually from the anaesthetic)
- Slow healing (worse in smokers and people with Diabetes)
- Allergies to anaesthetic agents or other products used in the hospital