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AIR FORCE CENTER OF EXCELLENCE FOR MEDICAL MULTIMEDIA



About Your Tonsils

The tonsils are oval collections of tissue located in the back of the throat on the right and left sides. A thin layer of moist skin called the anterior tonsillar pillar covers the front part of the tonsil. Adenoids are a mass of tissue located at the back of the throat above the tonsils. The primary purpose of the tonsils and adenoids is to trap and destroy viruses and bacteria.

The uvula hangs down from the middle of the soft palate between the tonsils. The adenoids are located above the soft palate on the back wall of the throat near the Eustachian tubes. The Eustachian tubes are small air passages that connect the space under the eardrum with the back of the nose. When you clear your ears, for example on an airplane, you are equalizing air pressure through the Eustachian tubes.

Tonsillitis and Other Issues

Some children are prone to develop infections of the tonsils and/or adenoids, or tonsillitis. These infections can be caused by many different kinds of viruses and bacteria, though the germ most people hear about is streptococcus, or “strep throat.” If these infections are severe, or if they occur frequently, your provider may recommend that the tonsils and adenoids be removed. Symptoms of tonsil infection may include some or all of the following:

- Chronic sore throat
- Fever
- Headaches
- Swollen glands
- Painful swallowing, and
- Visual redness or drainage in the throat

Some people have large adenoids and tonsils that block their airway and can cause heavy snoring, constant mouth breathing, or sleep apnea. This can be another reason for surgery. Sleep apnea is on the rise as the most common indication for tonsil and adenoid surgery in children.

Why Remove Tonsils and/or Adenoids?

Removing the tonsils and/or adenoids does not cause any problems with the immune system. In fact, if frequent infections have been a problem, removing them can make the immune system’s job easier. In some cases, a child’s overall health can be significantly improved by removal of the tonsils and adenoids.

Each patient is different and results may vary, but the benefits of surgery can include:



FEWER SORE THROATS

Once the tonsils are removed, children are less likely to have bacterial infections in the back of the throat. However, it's still possible to get infections in this area.

DECREASED SNORING AND MOUTH BREATHING

Children who snore or mouth-breathe because of enlarged tonsils and/or adenoids often have a decrease in these symptoms after surgery. However, if other problems exist, such as a crooked nasal passage, a long soft palate, or a thick tongue, these symptoms may continue after the procedure.

FEWER EAR INFECTIONS

Children with frequent ear infections may benefit from removal of the adenoids if they are blocking the opening of the Eustachian tubes. If frequent ear infections continue after surgery, you may need to talk with your ear, nose, and throat, or ENT, specialist about other treatments, such as allergy testing, antibiotics, or ear tubes.

FRESHER BREATH

If halitosis, which is another word for bad breath, is present because of chronically infected tonsils or adenoids, this may improve after surgery. However, bad breath may persist if bacteria in other areas of the mouth are the primary cause. Gum disease, failure to floss, or other medical or dental problems can also contribute to bad breath. Your healthcare provider may be able to assist in identifying the cause.

IMPROVED VOICE QUALITY

If the tonsils and adenoids are extremely large, they may cause a stuffy sounding, or muffled, voice. Removal of these tissues can help improve airflow and voice quality.

Risks of Tonsil and Adenoid Surgery

There are a number of risks associated with any surgical procedure. Some are common to all surgical procedures, and others are specifically related to removal of the tonsils and adenoids. Standard surgical risks may include:

- Fever
- Bleeding
- Infection, and
- Allergic or adverse reactions to anesthesia medications

Before your child's surgery, you will have an opportunity to discuss the risks of anesthesia in detail with your healthcare team. They will be able to tell you about the types of medications that will be used, their durations, and any possible side effects.



Complications of Tonsil and Adenoid Surgery

Some postoperative risks that are specifically related to tonsil and/or adenoid surgery include:

DELAYED BLEEDING FROM THE TONSILLAR AREA

Although delayed bleeding after tonsillectomy occurs in a small percentage of all patients, it can happen anytime after the procedure, but usually within two weeks of the surgery. Most of the time this bleeding is minor, but there are large blood vessels nearby that can lead to more serious bleeding. If your child has any bleeding after leaving the hospital, it is recommended that you immediately go to the nearest Emergency Room.

UNUSUAL SCARRING OF THE SOFT PALATE AND TISSUES IN THE BACK OF THE THROAT

Scarring in the region of the soft palate and tissues surrounding the adenoid pad has become very rare due to advances in surgical techniques. If it should occur, additional surgery can correct the issue. However, these operations are fairly complicated and may require several stages.

PROBLEMS SEALING THE SOFT PALATE AGAINST THE BACK WALL OF THE THROAT

Children with extremely large adenoid pads may have some short-term problems moving the soft palate after removal of the adenoids. The soft palate may have become a bit “lazy” because the adenoid pad was helping to seal off the back of the nasal cavities during speech and swallowing. If the seal is weak, children can have temporary changes in speech quality or have fluid leak from the nose when drinking rapidly. If this happens, talk to your child’s provider. Usually time and simple speech exercises are adequate therapy for development of necessary strength and bulk in the muscles of the soft palate, so that it can create a good seal. It’s very unlikely that any surgical procedures would be required to lengthen the soft palate itself.

Pre-Procedure Hygiene Instructions

Bathing your child prior to surgery is a good idea. Remember to avoid using lotions, powders, or creams on your child’s skin until after the surgery is over.

Routine Medications

If your child takes any medications or supplements on a regular basis, be sure to let your healthcare team know before the tonsil and adenoid surgery. It’s a good idea to write down the names of all the medications and supplements. List the exact name, dosage, and number of times a day each medication and supplement is taken. On the day of the procedure, take the list with you to the medical facility.

Ask your healthcare provider if your child should take any medications or supplements on the evening before the procedure or on the day of the procedure.



Anti-Inflammatory Medications

Unless your healthcare provider instructs you to administer anti-inflammatory medications to your child, it's a good idea to avoid them for two weeks prior to surgical procedures or tests. Anti-inflammatory medications, such as ibuprofen or naproxen, can cause a slight increase in bleeding. If you're not sure if a particular medication contains an anti-inflammatory, be sure to ask your child's provider.

Some supplements can also increase the risk of bleeding and should be avoided before tonsil and adenoid surgery. It's recommended that you discuss all of your child's medications with your provider prior to surgery.

Foods and Fluids Before the Procedure

It's important that you ask your healthcare team when your child should have their last meal and fluids prior to their surgery.

Pre-Procedure Information

Once your healthcare provider has diagnosed the problem and recommended a tonsillectomy or adenoidectomy, a preoperative evaluation is usually done. The purpose of the evaluation is to learn more about your child and any special needs they may have.

Your provider will need to know about:

- Medications that are currently being used, which include supplements and over-the-counter and prescription medications
- Previous or potential reactions to medications, latex, tape, or skin cleanser, and
- Your child's history, or your family's history, of bleeding, anemia, or bruising disorders, or anesthetic reactions

During the evaluation, you'll also be given detailed information about the actual procedure and what to expect. If your child is taking any medications, be sure to ask if they should be taken on the day of the procedure. Any other questions or concerns can be answered by your provider at the time of the evaluation.

Be sure to contact your provider if your child experiences an acute illness or injury, or has an asthma attack within three days prior to the scheduled surgery. Also if your child is exposed to measles, mumps, or chicken pox within 21 days prior to the procedure, be sure to alert your provider. In some cases, the surgery may need to be rescheduled.



Medical Facility Check In

When your child arrives at the medical facility for the tonsil or adenoid surgery, it's likely you'll need to complete some paperwork. Remember to bring personal and/or military identification and health insurance documents.

You may be able to complete some of the pre-admission paperwork over the phone or online, prior to the date of the procedure. Check with the medical treatment facility to see if this is the case. If so, this can help to speed up the admission process on the day of the surgery.

You may need to provide additional medical records, lab results, or X-rays. Check with your healthcare provider to see if these or any other items are needed. Parents or legal guardians must sign for the admission of those under the age of 18.

What to Take and Wear to the Medical Facility

Before the surgery, it's important to prepare your child for the procedure and possible hospital stay. Obtaining a general understanding of the medical facility and procedures can help the entire family feel more comfortable with any potential hospitalization. It's a good idea to visit the medical facility ahead of time, if that's possible.

Before the procedure, pack a small bag of personal items, such as:

- A favorite toy, stuffed animal, or blanket
- A pacifier
- Pajamas, socks, and extra underwear
- Robe and slippers
- A pillow
- Favorite music
- Toothbrush and toothpaste
- Glasses, and
- Books

Parents and caregivers should be sure to take the following items, as well:

- Any medications your child is currently taking
- A list of known allergies to foods, medications, or other substances
- Personal and/or military identification
- Health insurance documents, and
- Reading materials

Clothes worn to the medical facility should be loose, comfortable, and casual. It's a good idea for parents and caregivers to leave any valuables, such as jewelry or large amounts of cash, at home.



What to Tell the Provider and Medical Facility

During your child's pre-procedure evaluation and during the medical facility check in, share the following patient information:

- Previous reactions or allergies to any medications, tape, latex, or skin cleanser
- Your child's history, or your family's history, of bleeding, anemia, or bruising disorders, or anesthetic reactions
- Special needs, such as religious or dietary preferences, or physical assistance requirements, and
- Medications that are currently being used, which include supplements and over-the-counter and prescription medications

Tonsil and Adenoid Surgery

An operation removing only the tonsils is called a tonsillectomy, and an operation removing the adenoids is called an adenoidectomy. The surgeon may decide to do one or the other, or he may perform a T&A, which is a combined operation removing both the tonsils and the adenoids.

There are several important details about your child's surgery you should be familiar with. Surgery on the tonsils and adenoids is commonly done during childhood. The surgery may be more involved, associated with a longer recovery, or more painful during adulthood. This is because the tonsils can develop more scar tissue over time.

A T&A is performed under general anesthesia, which means your child will be asleep during surgery. The surgeon will place a small tool into the mouth to hold it open. The surgeon then removes the tonsils using instruments that also control bleeding. The surgeon removes the adenoid tissue using a spoon-shaped tool called a curette, or another tool that helps remove soft tissue and control bleeding.

Some surgeons use electricity to heat the tissue, remove it, and stop bleeding. This is called electrocautery. Another method uses radiofrequency, or RF, energy to do the same thing. This is called coblation. Absorbent material, called packing material, may also be used to control the bleeding.

The wounds heal naturally without stitches.

Post-Procedure Care

After surgery, your child will stay in the recovery room until they are awake and can breathe easily, cough, and swallow. Depending on the medical facility, parents and/or caregivers may be allowed in the recovery room. Many patients go home several hours after this surgery. Most children with sleep apnea may be observed in the hospital overnight.



There are some common problems that your child may experience as a result of the procedure. Your child will have a significant amount of pain, especially during the first week. To keep the pain under control, pain medications should be taken on a regular schedule. This pain can be a lot like a bad strep throat infection. During the second week, post-operative pain normally begins to improve slowly with each passing day. By the end of the second week, your child should begin to feel normal.

Your child may also experience ear pain. This can be caused by a phenomenon called “referred” pain. Referred pain is where injury in one area causes pain in another. It’s sometimes hard to tell exactly where the pain is coming from because the areas are so close together. Tell your provider if your child’s ear pain persists for more than a week or if it’s extremely severe.

The uvula may swell up for three or four days after surgery. It can give your child the feeling that there is something constantly in the back of the throat that needs to be swallowed. This is normal. However, if your child experiences difficulty breathing due to the swelling of the area around the surgery, this may be life threatening if not treated immediately. Your child may also have a low-grade fever for a few days. Notify your provider if it persists or if it goes above 102 degrees Fahrenheit.

Bleeding can sometimes occur after leaving the hospital. This happens in a small percentage of patients. If they vomit blood, call their provider immediately or go to the nearest Emergency Room. If your child is constantly swallowing, check the back of the mouth for bleeding. If bleeding does occur, stay calm and immediately go to the nearest Emergency Room.

In general, strenuous exercise should be restricted for at least two weeks after surgery. Ask your provider for more specific instructions about exercise.

Be sure your child drinks plenty of fluids. It is very important that your child stay well hydrated. They may want to avoid citrus juices or fatty milk products during the first week. Juices that are sour can irritate the raw area where the tonsils used to be. Diluting citrus juices with water can help reduce the irritation. Fatty milk products can leave a thick mucous in the back of the throat that is hard to swallow, but swallowing can improve when followed by water or clear fluids. It’s sometimes recommended that you eliminate rough, crunchy, or spicy foods from your child’s diet until the tonsil area is more fully healed.

Constipation is not unusual after this procedure. Increasing your child’s fluid intake can help with this problem. Another benefit is that drinking a lot of fluids helps to cleanse the back of the throat. Patients who get dehydrated tend to have more problems after surgery than those who stay on top of their fluid intake.

Be sure your child takes all of the medications your healthcare team prescribes. Avoid products that contain aspirin because they interfere with blood clotting. Sometimes it’s recommended that your child gargle gently with lukewarm salt water to cleanse the back of the throat after eating and to help remove any bad taste.



Transportation From the Medical Facility

After your child's surgical procedure, it's sometimes recommended that two adults be available for the trip home — one to drive and one to care for the child.

Some children may experience post-operative discomfort, irritability, or nausea and vomiting during the ride home. Having two caregivers allows one parent to care for the child.

After Your Child is Home

Once your child is home from the tonsil and adenoid surgery, helpful tips include:

- Check on them every few hours for two or three days
- If your child cannot be consoled because of discomfort, or if you believe the medications aren't working properly, or a rash or allergic reaction develops, contact your healthcare provider immediately. The medications may need to be changed or discontinued.
- Never give your child old, expired medications or someone else's medication, and
- Always properly dispose of unused prescription medications promptly. Most military medical treatment facilities have drop-off boxes to properly dispose of old or expired prescription medications. If you have questions, contact your medical treatment facility.

Military Considerations

There are unique medical requirements for U.S. military families. Parents should obtain or have the following:

- Referral and approval for the surgical procedure
- Current military ID and TRICARE insurance card
- Copies of any other health insurance or third-party billing information
- Discussion about the surgery with your child's on- and/or off-base childcare provider
- Information about other on-base resources to assist the military parent or caregivers
- Discussion about the surgery and hospital stay with the military parent's supervisor
- Support and assistance for homecare, and
- Discussion with the military parent's supervisor regarding time off to care for the child



Information or Questions About this Program

If you have questions about this program or the Center of Excellence for Medical Multimedia (CEMM), please visit our Web site at www.cemmlibrary.org.

Tips

T&A TIP:

If your child experiences severe and/or frequent infections of the tonsils and adenoids, your healthcare provider may recommend T&A surgery.

PRE-PROCEDURE TIP

Remember to bring any medications your child is taking, a list of known allergies, personal and/or military identification, and health insurance documents when you check in for your child's T&A surgery.

PRE-PROCEDURE TIP

Make sure to bring personal items that will make your child more comfortable at the hospital, such as your child's favorite toy or stuffed animal, their own pillow, or their favorite music.

POST-PROCEDURE TIP

It's a good idea to have two adults available for the ride home from the hospital – one to drive and one to care for the child.

POST-PROCEDURE TIP

Make sure your child stays well hydrated, but avoid citrus juices, fatty milk, and foods that are rough, crunchy, or spicy during the first week after your child's T&A surgery.

MEDICATION TIP

If your child is experiencing pain or fever, **DO NOT** give them aspirin because it could lead to other health issues. If your child is not responding to medication, call your healthcare provider.