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TONSILLECTOMY/ADENOIDECTOMY

General information:

- ◆ The tonsils and adenoids represent lymph nodes that are located in the back of your nose and mouth.
- ◆ The tonsils can become acutely or chronically infected.
- ◆ Large tonsils/adenoids can result in obstructed breathing through the nose or mouth and can be associated with sleep apnea.
- ◆ Indications for tonsil/adenoid surgery include:
 - Chronic tonsil infections
 - Signs/symptoms of obstructive sleep apnea
 - Chronic nasal obstruction in a child
 - Recurrent ear infections
 - One tonsil significantly larger than another tonsil

Procedure considerations:

- ◆ Tonsil/adenoid surgery is generally a less than 1 hour surgery.
- ◆ This type of surgery is always preformed under general anesthesia.
- ◆ There is always pain associated with surgery. The pain associated with this surgery lasts up to 2 weeks.
- ◆ Proper use of the pain medication provided is strongly suggested and will help with the post-operative pain.
- ◆ The older the person undergoing tonsil/adenoid surgery, generally the more significant the post-operative pain.
- ◆ Follow-up is generally two weeks post surgery.

Risks of surgery:

- ◆ All surgeries have risks and only the most important are listed here.
- ◆ There is a risk of bleeding with any surgery. Bleeding is the most significant risk associated with this surgery. Bleeding can occur 5-10 days after surgery as the scab in the back of the throat dissolves. Sometimes this is scant bleeding that stops/resolves very quickly. Occasionally it is more significant and a second operation is required to stop the bleeding. Please contact the office immediately with any concerns of bleeding. If for any reason you are unable to reach the office, please either dial 911 or go immediately to the emergency room.
- ◆ There is a risk of infection anytime any surgery is done. Signs of infection include fever, night sweats, unusual pain, or discharge of thick pus from the nose. Please report concerns of infection to the office.
- ◆ Rarely removal of the adenoids can result in fluids refluxing into your nose post surgery. Generally this is a very limited problem, but it has been reported to be permanent in some cases.
- ◆ Rarely after adenoid surgery abnormal scarring can cause a permanent separation of the nose and mouth. This is called “nasopharyngeal stenosis” and may require a second operation to correct.
- ◆ Some change in the tone of the voice is expected post surgery.

Post surgery instructions:

- ◆ Take pain medication as directed/needed.
- ◆ Avoid aspirin containing products or blood thinners for two weeks post surgery.
- ◆ Avoid heavy lifting or exercise for two weeks post surgery.

Post surgery instructions continued:

- ◆ No flying for 3 weeks post surgery.
- ◆ Take any antibiotic or other medication if provided.
- ◆ To minimize pain and risk of bleeding stay well hydrated post surgery. **Drink! Drink! Drink!** This means drinking at least 64 ounces of fluid a day for the average adult and 32 ounces per day for a child. Signs of proper hydration in a child include normal urinating pattern and the presence of tears when crying.
- ◆ A soft diet is recommended for at least 1 week post surgery. A soft diet consists of eating foods such as mashed potatoes, yogurt, scrambled eggs, and pudding.
- ◆ Avoiding overly salty, spicy, or acidic foods/drinks can help prevent unnecessary post-operative pain.
- ◆ Avoiding sharp foods like pretzel sticks, chips and nuts can help prevent post-operative bleeding.
- ◆ The back of your throat will look white and/or gray. This is not an infection, but rather the wet scab that is signaling that your throat is healing. This scab will dissolve with time.
- ◆ Fever may occur within the first one-two days post surgery. Excessively high fevers >101.5 by mouth or 102.5 rectally should be reported to the physician. Persistent fever should also be reported.