



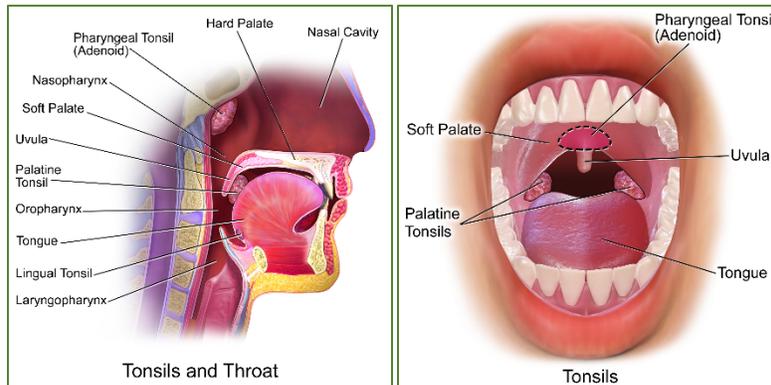
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TONSIL AND ADENOID DISEASE IN ADULTS

The following has been adapted from the American Academy of Otolaryngology Head and Neck Surgery website and the Mayo Clinic Website. The full articles may be found here:

<https://journals.sagepub.com/doi/full/10.1177/0194599818817758>

<https://www.mayoclinic.org/tests-procedures/tonsillectomy/about/pac-20395141>



What Is a Tonsillectomy?

A tonsillectomy (tahn-suh-LEK-tuh-mee) is an operation done by an ear, nose, and throat (ENT) doctor to remove your tonsils. Sometimes your adenoids (add-eh-noids) will be removed at the same time. Tonsils are the 2 fleshy lumps on each side of the back of your throat. You can see them if you open your mouth wide. Adenoids are high in the throat behind your nose and roof of your mouth. You cannot see adenoids without special medical instruments.³ Tonsils and adenoids are a part of the body's immune system. They help trap harmful bacteria and viruses that enter your body through your mouth or nose.

A tonsillectomy was once a common procedure to treat infection and inflammation of the tonsils (tonsillitis). Today, a tonsillectomy is usually performed for sleep-disordered breathing but may still be a treatment when tonsillitis occurs frequently or doesn't respond to other treatments.

A tonsillectomy may also be necessary to treat breathing and other problems related to enlarged tonsils and to treat rare diseases of the tonsils.

Recovery time for a tonsillectomy is usually at least 10 days to two weeks.

Why it's done

A tonsillectomy is used to treat:

- Recurring, chronic or severe tonsillitis
- Complications of enlarged tonsils
- Bleeding of the tonsils
- Other rare diseases of the tonsils

Tonsillitis

Tonsils produce certain types of disease-fighting white blood cells. Therefore, the tonsils are believed to act as the immune system's first line of defense against bacteria and viruses that enter your mouth.

This function may make them particularly vulnerable to infection and inflammation. The problem is more common in children because the immune system function of tonsils is most active before puberty. Also, unlike an adult's immune system, a child's system has had less exposure to bacteria and viruses and has yet to develop immunities to them.

A tonsillectomy may be recommended to prevent frequent, recurring episodes of tonsillitis. Frequent is generally defined as:

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- More than seven episodes a year
- More than five episodes a year in each of the preceding two years
- More than three episodes a year in each of the preceding three years

The procedure may also be recommended if:

- A bacterial infection causing tonsillitis doesn't improve with antibiotic treatment
- An infection that results in a collection of pus behind a tonsil (tonsillar abscess) doesn't improve with drug treatment or a drainage procedure

Complications of enlarged tonsils

Tonsils may become enlarged after frequent or persistent infections, or they may be naturally large. A tonsillectomy may be used to treat the following problems caused or complicated by enlarged tonsils:

- Difficulty breathing
- Disrupted breathing during sleep
- Difficulty swallowing

Other diseases of the tonsils

A tonsillectomy may also be used to treat other rare diseases or conditions of the tonsils, such as:

- Cancerous tissue in one or both tonsils
- Recurrent bleeding from blood vessels near the surface of the tonsils

Risks

Tonsillectomy, like other surgeries, has certain risks:

- **Reactions to anesthetics.** Medication to make you sleep during surgery often causes minor, short-term problems, such as headache, nausea, vomiting or muscle soreness. Serious, long-term problems are rare, though general anesthesia is not without the risk of death.
- **Swelling.** Swelling of the tongue and soft roof of the mouth (soft palate) can cause breathing problems, particularly during the first few hours after the procedure.
- **Bleeding during surgery.** In rare cases, severe bleeding occurs during surgery and requires additional treatment and a longer hospital stay.
- **Bleeding during healing.** Bleeding can occur during the healing process, particularly if the scab from the wound is dislodged too soon.
- **Infection.** Rarely, surgery can lead to an infection that requires further treatment.

How you prepare

You'll receive instructions from the hospital on how to prepare yourself for a tonsillectomy.

Information you'll likely be asked to provide includes:

- All medications, including over-the-counter drugs and dietary supplements, taken regularly
- Personal or family history of adverse reactions to anesthetics
- Personal or family history of bleeding disorders
- Known allergy or other negative reactions to medications, such as antibiotics

Instructions for preparing will include the following:

- Don't take aspirin or other medications containing aspirin for at least two weeks prior to surgery.
- Don't eat anything after midnight before the scheduled surgery. Your surgeon should provide you with instructions about eating food and drinking liquids prior to reporting to the hospital.
- Make arrangements for a ride home.
- Plan for 10 days to two weeks or more of recovery time. Adults may need more time than children do.



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What you can expect

Tonsillectomy is usually done as an outpatient procedure. That means you'll be able to go home the day of the surgery. An overnight stay is possible if complications arise or if the surgery is done on a young child, or if you have a complex medical condition.

During the surgery

Because a tonsillectomy is performed under general anesthesia, you or your child won't be aware of the procedure or experience pain during the surgery.

The surgeon may cut out the tonsils using a blade (scalpel) or a specialized surgical tool that uses heat or high-energy heat or sound waves to remove or destroy tissues and stop bleeding.

During recovery

Nearly everyone experiences pain after a tonsillectomy. Pain is most often in the throat and frequently in the ears but may also be located in the jaw or the neck.

Steps that you can take to reduce pain, promote recovery and prevent complications include the following:

- **Medications.** Take pain medications as directed by your surgeon or the hospital staff.
- **Fluids.** It's important to get plenty of fluids after surgery to avoid dehydration. Water and ice pops are good choices.
- **Food.** Bland foods that are easy to swallow, such as applesauce or broth, are the best choices immediately after surgery. Foods such as ice cream and pudding can be added to the diet if they're tolerated. Foods that are easy to chew and swallow should be added to the diet as soon as possible. Avoid acidic, spicy, hard or crunchy foods as they may cause pain or bleeding.
- **Rest.** Bed rest is important for several days after surgery, and strenuous activities – such as running and bike riding – should be avoided for two weeks after surgery. You or your child should be able to return to work or school after resuming a normal diet, sleeping normally through the night and not needing pain medication. Talk to your doctor about any activities that should be **avoided**.

References

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[Google Scholar](#)



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TONSILLECTOMY/ADENOIDECTOMY POST OPERATIVE INSTRUCTIONS

1. Fluid Intake

Fluid intake is very important in the first few days after tonsillectomy. Encourage your child to drink plenty of fluids! Apple juice, water, ice chips, popsicles, Jell-O and other soft non-abrasive foods should be offered during the first 2 or 3 days. Avoid orange juice and grapefruit juice as well as “crunchy food” like toast, pizza, cookies, crackers and other foods with “rough edges”. You may offer Gatorade, milkshakes or milk if it is tolerated by your child, as well as smoothies or even ice cream. If your child refuses to drink because of pain, make sure they are taking their medication as recommended by the doctor, and continue to encourage liquids. **We cannot stress enough the importance of pushing liquids after surgery!**

2. Pain Management after Tonsillectomy/Adenotonsillectomy

Children:

Your child may experience some pain and discomfort after their surgery. It is important to maintain effective pain control in order to help your child feel better more quickly.

In order to manage your child’s post-operative pain, we recommend alternating between acetaminophen (Tylenol) and ibuprofen. The dosing may be different for each child, so it is very important that you follow the instructions on your medication bottle to determine how much your child should receive. The best way to effectively manage your child’s post-operative pain is to **STAY AHEAD** of the pain. You should alternate the acetaminophen and ibuprofen but they should **NOT** be taken together. Alternate the medicines per the handout given at the time of surgery. If your child is 6 years old/older, you will have a narcotic called oxycodone prescribed as well. Use this only for breakthrough pain if the Tylenol and ibuprofen do not work. You should not have to wake your child up to give them a dose of medicine if you find they are resting soundly. In some rare instances, pain is not controlled by acetaminophen, ibuprofen, and oxycodone. In this case, we encourage you to contact our office. Acetaminophen can be taken on an empty stomach; ibuprofen should be taken with food.

Please contact the office if you have any questions whatsoever about your child’s surgery.

Adults:

The best way to effectively manage your pain is to **STAY AHEAD** of the pain. You should alternate the acetaminophen and oxycodone but they should **NOT** be taken together. Take the Oxycodone around the clock for the first 72 hours, even if this means setting an alarm clock for the middle of the night. You will also be given Celebrex, a potent anti-inflammatory medication. Take two pills the day of surgery, and the day following surgery, take one pill twice a day for a week. Additionally, you will be prescribed Lidocaine spray for use at times of peak pain. It is best to use this right before eating to allow better food intake.

3. If your child has nausea or vomiting after surgery, it should go away within a day. Once the nausea and vomiting subsides, give only sips of clear liquid
4. As long as you avoid crunchy foods, diet may be advanced as tolerated, to include any non-spicy, no-irritation foods after 2 or 3 days. Usually, after the first two weeks, the diet may be advanced to include all foods.
5. Avoid gargling and blowing the nose. These activities may result in fresh bleeding.
6. Take pain Medications as prescribed. Please see the attached medication dosing schedule.
7. Expect some blood-tinged nasal drainage, and/or blood tinged sputum for 2 or 3 days following the operation. If any significant bright red bleeding occurs from either the nose or mouth, and this occurs for longer than 15 minutes,



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go the emergency room. Bad breath is common during the healing process, and will subside between 7-10 days after surgery.

8. Ear pain is a frequent occurrence following surgery. This is most likely referred pain from the tonsil area, and rarely indicates ear infection.
9. The white or gray patches on the tonsillar areas are not usually a sign of infection. These are the healing membranes, which will slough in 7 to 10 days after the operation. When the white membrane separates from the tonsillar bed, these may be a bit of fresh bleeding. This usually resolves within a few minutes. If the blood flow continues beyond 15 minutes, call your physician, or go to the emergency room.
10. A humidifier in the bedroom will reduce pain by preventing dry air from contacting the tonsillar areas. This is particularly true during the winter months, when dry forced air or electric heat is in use.
11. Fever up to 101.5 degrees often occurs during the first 48 hours after tonsillectomy. Adequate liquid intake will usually take care of this.
12. Plan for you/your child to be absent from work/school or daycare for up to a week after a tonsillectomy, and at least 2-3 days after an adenoidectomy. Please have your child refrain from vigorous activity for the first two weeks after surgery. Travel is not recommended for the first two weeks after surgery.



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RISKS OF TONSILLECTOMY/ADENOTONSILLECTOMY (T&A)

The risks, benefits, indications, complications and alternatives to tonsillectomy with/without adenoidectomy were discussed with the patient/family. The alternatives discussed include observation and continued conservative/medical therapy.

The following risks were discussed:

- **Reactions to anesthetics.** Medication to make you sleep during surgery often causes minor, short-term problems, such as headache, nausea, vomiting or muscle soreness. Serious, long-term problems are rare, though general anesthesia is not without the risk of death.
- **Swelling.** Swelling of the tongue and soft roof of the mouth (soft palate) can cause breathing problems, particularly during the first few hours after the procedure.
- **Bleeding during surgery.** In rare cases, severe bleeding occurs during surgery and requires additional treatment and a longer hospital stay.
- **Bleeding during healing.** Bleeding can occur during the healing process, particularly if the scab from the wound is dislodged too soon. This happens about 3% of the time, and can occur between day 1 and day 21, but most commonly occurs between postoperative days 5-10.
- **Infection.** Rarely, surgery can lead to an infection that requires further treatment

Additionally, the following information was given to the patient/family:

Instructions for preparing will include the following:

- Don't take aspirin or other medications containing aspirin for at least two weeks prior to surgery.
- Don't eat anything after midnight before the scheduled surgery. Your surgeon should provide you with instructions about eating food and drinking liquids prior to reporting to the hospital.
- Make arrangements for a ride home.
- Plan for 10 days to two weeks or more of recovery time. Adults may need more time than children do.

Patient Signature: _____ *Date:* _____