

Pre-Op and Post-Op Teaching: TONSILLECTOMY +/- ADENOIDECTOMY

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- Tonsils:** lumps of lymph node-like tissue located on each side of the back of the mouth. Removal of these is called a tonsillectomy. **Adenoids:** are lymph node-like tissues located in the back of the nose (nasopharynx), behind the soft palate. Removal of these is called an adenoidectomy. **Tonsillectomy and adenoidectomy (adenotonsillectomy or T&A):** may be recommended because the tonsils and adenoids are enlarged and block the upper airway (causing breathing difficulty or obstructive sleep apnea). Children ages 2-5 have the highest rates of obstructive sleep apnea (and adenotonsillectomy)!
- Tonsillectomy may be recommended to decrease recurrent or chronic tonsil/throat infections or relieve obstruction.
- Adenoidectomy may be recommended to help decrease ear infection frequency or improve nasal breathing.

Before Surgery

- For young patients:** Talk to your child about the surgery in words he/she will understand. Do some internet searches, take a tour of the hospital, and read them a children's book such as Good-bye Tonsils! (by Craig Hatkoff, Juliana Hatkoff, and Marilyn Mets; published by Picture Puffin Books, 2004). Plan for your child to take 7-10 days off.
- For adult patients:** Plan to take 10 calendar days off. You may feel like going back to work/school sooner than that, but just plan for the worst case scenario.

Pre-Operation Precautions for Tonsillectomy

- Stop ALL NSAIDS (aspirin, ibuprofen, Advil, Motrin, Motrin IB, Aleve, etc), herbal supplements (like ginkgo, Echinacea, chamomile), high dose vitamin E, omega fish oil for 2 weeks BEFORE and 2 weeks AFTER surgery. These will increase the risk of bleeding during or after surgery. Tylenol IS ok anytime before or after surgery.

The Surgeries

If a T&A is performed, the tonsillectomy is done first quickly followed by adenoidectomy.

- Surgery basics of T +/- A
 - ✓ Outpatient surgical procedure in patients older than 2.5-3 years old without significant obstructive sleep apnea
 - ✓ Surgery time: 10-15 minutes
 - ✓ Requires general anesthesia (going completely asleep) with an endotracheal (breathing) tube : total time under= 20-30 minutes
 - ✓ Wake up time: 1 ½- 2 hours. After this monitored recovery, the patient is discharged home.
- Adenoidectomy technique:
 - ✓ Access thru the mouth; mouth held open using a metal retractor
 - ✓ Soft palate is retracted up while a dental mirror is used to see the adenoids in the back of the nose
 - ✓ Adenoids are vaporized and blood vessels sealed using coblation technology (for more info see <http://www.arthrocarent.com/procedures>)
 - ✓ Recovery is 1-3 days; Usually requires only over the counter pain meds.
- Tonsillectomy technique:
 - ✓ Access thru the mouth; mouth held open using a metal retractor
 - ✓ Tonsils are removed from surrounding muscle tissue using coblation technology (for more info see <http://www.arthrocarent.com/procedures>) which seals blood vessels stopping/preventing bleeding
 - ✓ Surgery site is checked and re-checked prior to concluding the procedure to rule-out potential bleeding areas
 - ✓ Recovery is 5-10 days; Usually requires narcotic pain medicine.
- Other Tips/Comments
 - ✓ The mouth retractor can cause temporary tongue numbness, white "skin"/skin sloughing on the tongue, and/or a metallic taste
 - ✓ Swelling of the uvula is common after tonsillectomy and goes away in 3-5 days
 - ✓ Overnight hospitalization may be required if complications arise post-op (such as poor pain control, a low blood oxygen level in the recovery room, or poor fluid intake), the patient is 2.5-3 years old, or young with severe obstructive apnea

Recovery from a T&A

- Kids often "regress" to an earlier stage of development to cope with the surgery experience.
- Pediatric recovery time: 7-10 days; return to school when they're off narcotic pain medicine, keeping a normal diet/ hydration and back to "themselves". No PE/sports until 10 days post-op. Some may recover more quickly; others can take up to 2 weeks for a full recovery. Also, no travel within 14 days of surgery.



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- Hydration: **Dehydration is the most common cause of fever, increased pain, and emergency room visits after T&A**
 - ✓ Normal daily water requirement in ounces= 0.5 Ounces of Water X Body Weight (lb) (1 cup = 8 ounces)
 - ✓ Post T&A water requirement= **TRIPLE** the daily fluid requirement
 - ✓ **The patient's urine is should be light yellow to colorless, if not, the patient should drink more.**
 - ✓ Good hydration fluids: water, watered down juice, Gatorade, electrolyte solutions.
 - ✓ No high sugar drinks or caffeine.
- Food: Most foods are ok. No food will HURT the surgery area, but avoid acidic food (citrus, tomato base) and spicy food
 - ✓ Milk products may increase mucus thickness, but they're fine if you drink fluids afterwards
 - ✓ Favorites: Ice cream, popsicles, Jell-O, pudding, warm soups, pasta without sauce
 - ✓ Post-op nausea and vomiting should stop after 12-24 hours; if not, call my office number
 - ✓ Eating and drinking (and talking) is good exercise for the surgery site and help decrease the pain

Potential Complications

- Fever: Common 5-7 days after surgery- up to 101.5 °F is common. Fever above 101.5 °F indicates dehydration.
- Activity: Increase slowly. Light workouts are ok at 7 days post-op. No PE/rough physical activity in children until 10 days post-op. No camping or travel away far from an ER until 14 days post-op
- Breathing trouble: Snoring or breathing trouble may still be present after surgery due to swelling in the throat. Snoring should subside when the swelling subsides around 5-7 days after surgery
- Scabs: These will form where the tonsils and adenoids were removed. They are thick, white, cause bad breath, and look like an infection. They will fall off between 7-14 days post-op and are swallowed (unwittingly) with food or drink
- Bleeding: If bleeding occurs, contact my office, go to the ER, or call 911**
 - ✓ Except for small spots of blood from the nose or in saliva, bright red blood or clots should NEVER be seen
 - ✓ The most common time to having bleeding is 10 – 14 days post-op. There is a 3% risk of bleeding and a 1% risk of needing cauterization for tonsillar bleeding
- Pain: Pain usually peaks on day 5 post-op. This is due to "post-inflammatory" pain.**
 - ✓ All children and adults undergoing a tonsillectomy/adenoidectomy will have mild to severe pain in the throat after surgery. This may last up to 2 weeks in some adults
 - ✓ Ear pain is common and is referred throat pain not an ear infection. Neck pain is improved with warm compresses or massage

Medications after surgery

- Narcotic pain meds: Hydrocodone/acetaminophen elixir (essentially liquid Vicodin) is used for children or adults. Do not give any Tylenol/acetaminophen within 4 hours of these pain medicines to avoid overdose! Oxycodone tablets (active ingredient in Percocet) may be used in adults, as well.
 - ✓ The pain medicine should be given on a schedule, if necessary, to stay ahead of the pain and encourage hydration
- Non-narcotic pain meds: Ibuprofen (not for tonsillectomy patients) 10 mg per kilogram per dose every 8 hours or acetaminophen (any patient) 15 mg per kilogram body weight per dose every 4 hours can be used if applicable
- Over-the-counter stool softeners (MiraLAX or similar is recommended): start the day before surgery and take daily until narcotics are no longer needed
- Additional meds: Anti-nausea medications may be prescribed and are taken as needed. Steroids may be given to help with the swelling and/or pain.

Follow-Up:

- Schedule an appointment for 4 weeks after surgery.

When to Call the Doctor

- ✓ Oral bleeding after day #2. Oral bleeding can happen up to 14 days after tonsil surgery.
- ✓ Pain not relieved by the medication.
- ✓ Persistent fever over 101.5°F (taken via ear scan thermometer or similarly accurate device) (not oral temp).

Dr. Dodson can be reached after hours at 406-556-9798. If Dr. Dodson is not on call, the hospital operator will connect you to the on-call doctor. If you cannot reach anyone, call 911 or go to the Emergency Room.

For additional information, please see: www.tonsil.org

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