

## **Tonsillectomy**

### What are tonsils?

- Tonsils are lymphoid (immune system) tissues that reside on either side of the throat behind the oral cavity.
- Tonsils are part of the immune system and help with early detection of environmental antigens

### What are some problems associated with the tonsils?

- Enlargement of the tonsils relative to the size of the throat can cause obstruction of the upper airway at night, called obstructive sleep apnea. This obstruction typically will result in snoring and an irregular breathing pattern. Severe tonsillar obstruction can cause interruptions in sleep that may interfere with your child's ability to stay alert and concentrate during the day. In addition to behavioral issues, long-term consequences of obstructive sleep apnea are myriad and can negatively impact the heart and lungs.
- Tonsils can become infected with viruses or bacteria. One of the most common infections of the tonsils are with streptococcus species bacteria, called "strep throat." These episodes may be painful, require rest, recovery and antibiotics and often lead to missed school and work.
- Tonsils may develop deep pockets or "crypts" that harbor collections of debris and calcium we call "tonsil stones". These may in turn cause irritation and/or bad breath.
- Tonsils may develop or grow asymmetrically

### Testing and diagnosis

- Often clinical diagnosis is sufficient based on your child's history and physical exam
- Culture swab may be used to determine whether there is a bacterial infection
- An overnight sleep study may be required in instances when there is doubt regarding the diagnosis of sleep apnea, in very young children, when there are a number of other medical issues or when the sleep apnea is suspected to be quite severe.

### Treatment

- Removal of the tonsils when indicated can vastly improve upper airway breathing, decrease the severity and frequency of throat infections, and can help cure snoring and sleep apnea. You may notice a significant difference in your child's behavior and mood.
- Removal of the tonsils is often performed with other procedures such as placement of ear tubes and adenoidectomy.
- The tonsils are removed through the mouth and require no external incisions.
- Depending on your child's age, medical history and other planned procedures, removal of the tonsils may be performed on an outpatient basis or with overnight admission.
- Removal of the tonsils is not harmful for the immune system.

### What should we expect after tonsillectomy?

- Your child may experience moderate to severe throat and/or ear pain.
- Tylenol (acetaminophen) and/or Motrin (ibuprofen) usually provide sufficient pain relief. You will be provided with the weight based dosages for your child and instructed to try alternating acetaminophen and ibuprofen so that one or the other may be taken every three hours while awake for 48 to 72 hours after surgery.
- Narcotic medication such as oxycodone can be helpful if the above are insufficient to control pain. Depending on the age and size of your child, you will be provided with a weight based dose of narcotic pain medication to use as back-up for severe pain.
- If narcotic pain medication is needed, your child may experience itching, nausea and/or constipation.
- Pain medication may be needed on a scheduled basis for up to seven days. Every child is different. Our goal is to make sure your child can stay adequately hydrated to ensure a good recovery. Fever and overall recovery may be worsened by dehydration.
- Your child should be able to tolerate a clear liquid diet immediately after surgery, and should progress to a normal diet once he/she feels ready.
- Avoid sharp, crunchy foods like the "O's" - Frit-O's, Dorit-O's, Cheet-O's for two weeks.
- The use of cool compresses and ice collars on the neck, ice chips or constant sipping of fluids may also help decrease throat pain.
- Encourage fluid intake at least every waking hour for at least 7-10 days after surgery.
- Your child should rest at home for the first two days. Strenuous activity, rigorous play or contact sports should be avoided for two weeks. If the patient attends school, he/she can return to school five to seven days after surgery, but should not participate in gym class or recess for two weeks.
- Bad breath may last for two to three weeks following the procedure.
- We strongly recommend that your child stay in the local area for a minimum of two weeks after surgery due to the small but important risk of bleeding.

What are some reasons we should contact our doctor after surgery?

- A low-grade fever (99 - 101F) is common after surgery. Call your physician if your child develops a fever greater than 102 F or a fever that does not respond to acetaminophen or ibuprofen.
- Nausea and vomiting may occur. If your child is unable to stay hydrated because of nausea and/or vomiting, contact your doctor.
- Your doctor should be contacted if fluid or food intake is too low.
- Proceed to the nearest emergency department if any bright red bleeding is noted from the mouth or nose. Rinsing or gargling with ice water may help slow or stop it while you are heading in.