

## Patient Education Literature

We recommend that you read this handout carefully in order to prepare yourself or family members for the proposed procedure. In doing so, you will benefit both the outcome and safety of the procedure. *If you still have any questions or concerns, we strongly encourage you to contact our office prior to your procedure so that we may clarify any pertinent issues. An educated patient is the best patient.*

### Tonsillectomy and Adenoidectomy

#### Definition

Tonsils = clumps of lymph tissue that are on either side of the mouth by the back of the tongue

-ectomy = surgical removal

Adenoids = an enlarged mass of lymphoid tissue at the back of the pharynx, characteristically obstructing the nasal and ear passages and inducing mouth breathing, nasality, and postnasal discharge

This procedure involves removal of the tonsils and adenoids. The tonsils are lymph tissue located on either side of the mouth by the back of the tongue. The adenoids are also lymph tissue and are located in the back of the nose.

#### Purpose of Procedure

There are several reasons why this procedure is done: recurrent infections, significant enlargement, sleep disturbance, recurrent ear infections, or mouth breathing.

#### Preparation

As with any procedure in which anesthesia is administered, you will be asked not to eat or drink anything after midnight on the evening prior to your surgery. If you are on medications that must be taken, you will have discussed this with us and/or the anesthesiologist and instructions will have been given to you. The procedure will not be performed if you are currently taking, or have recently taken any medication that may interfere with your ability to clot your blood (blood thinners, aspirin, anti-inflammatory medicines, etc...). *Please refer to the attached list and tell us if you took any of these within the past 10 days.* If your new medication is not on the list, alert us immediately so that we may ensure optimal procedure safety. We will have reviewed all of your current medications with you during the pre-operative consultation. You are obligated to inform us if anything has changed (medication or otherwise) since your previous visit.

#### Procedure

The procedure involves placing an instrument between the upper teeth and the tongue to hold the tongue out of the way and hold the mouth open. Several different types of instruments can be used to remove the adenoids. Bleeding is controlled by various means, such as irrigation, packing, electrical cautery or medications. The tonsil is separated from the muscle and the muscle covering to which it is attached. Bleeding is usually controlled with electric cautery. Cautery involves using a small electric current to block the blood vessel and to stop any bleeding. Occasionally, tying with suture material is necessary.

#### Post Procedure

Following the procedure, fluid intake is very important. Maintaining regular doses of pain medication will make swallowing the fluids easier. An adequate fluid intake will be indicated by light colored urine. A suppository may be prescribed to control nausea or vomiting. An ice pack may be used around the neck to help with discomfort and swelling. A soft food diet may be resumed as the patient

desires. The back of the throat at the surgical site will usually appear white. This is normal and is a scab that is forming where the tonsils had been. No food with sharp edges should be eaten until the throat resumes a normal color. The uvula (the tissue that hangs down near the back of the throat) may also be swollen. Missing a week of school or work is not unusual. Two weeks are necessary before resuming normal levels of activity. About a week after the procedure, ear pain may be experienced as part of the healing process and is not a concern unless reduced hearing is also noted. Postoperative pain medications may include a codeine type medication that may cause drowsiness. Operation of motor vehicles or machinery is not allowed while using this medication.

### **Expectations of Outcome**

After the healing is complete, you should notice that swallowing is easier, infections are less frequent, breathing through the nose should be easier, and an improvement in the quality of sleep may occur.

### **Possible Complications of the Procedure**

This is a safe procedure, however, there are uncommon risks that may be associated with it. While we have discussed these and possibly others in your consultation, we would like you to have a list so that you may ask questions if you are still concerned. It is important that every patient be made aware of possible outcomes that may include, but are not limited to:

- Anesthesia complications: There is always a small risk with general anesthesia. This risk is increased if there is any family history of trouble with anesthesia. The risks can range from nausea and vomiting to very rare life threatening problems. You can discuss any questions with your anesthesiologist.
- Bleeding within seven to ten days. This may be minor. Gargling with a mixture of ice cubes in a cup of water with a teaspoon of salt can be used first to stop the bleeding. You should notify your physician's office if this occurs. If the bleeding does not stop, you will need to return to the hospital for evaluation and treatment.
- Dehydration may occur if the patient refuses to drink. IV fluid replacement may be necessary.
- If hyper nasal speech occurs after surgery, it is usually temporary.

We provide this literature for patients and family members. It is intended to be an educational supplement that highlights some of the important points of what we have previously discussed in the office. Alternative treatments, the purpose of the procedure/surgery, and the points in this handout have been covered in our face-to-face consultation(s).