

TONSILLECTOMY / TONSILLECTOMY AND ADENOIDECTOMY RISKS OF NON-TREATMENT

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If tonsillitis is not treated, infections may progress to abscess formation requiring surgery. If tonsillar enlargement is significant, sleep apnea may occur

NON-SURGICAL TREATMENT

Non-surgical treatment includes the use of antibiotics for control of infections and the use of Tylenol or ibuprofen to manage pain. If obstructive sleep apnea is present, a CPAP device to assist with breathing at night can control the problem when used appropriately.

DESCRIPTION OF SURGERY

Surgery is performed with the patient completely asleep in a surgery center or hospital. A breathing tube is inserted and an IV is started. Surgery is performed through the mouth. Cauterization is the usual method of removal. Occasionally stitches are required. If stitches are used, they will dissolve on their own. Following surgery, the patient is observed and then discharged to home.

RISKS OF SURGERY

Dehydration due to pain with swallowing is common. Fluids should be aggressively encouraged.

Bleeding can be a serious complication of surgery. The risk of bleeding is present for two weeks after surgery so a soft diet and avoidance of strenuous activity is recommended for two weeks. If bleeding occurs, contact our office. If the office is closed, call the hospital to speak to the on-call physician. It is sometimes necessary to control bleeding with a repeat surgery. Very rarely is a blood transfusion required.

Pneumonia or infection at the surgery site can sometimes require antibiotics after surgery but this is uncommon.

Foul breath after surgery is expected for two weeks.

RECOVERY

Tonsillectomy is a painful surgery. Patients will complain of throat and ear pain due to "referred pain" from the tonsil area. Pain management is done with ibuprofen and acetaminophen. These pain medications can be given at the same time but best results are achieved by staggering the doses about two hours apart and alternating the medications. These medications are best given on a schedule in the first days after surgery to try and stay ahead of the pain.

In older children and adults, a liquid narcotic mixed with acetaminophen is often prescribed to help with breakthrough pain. Narcotics are not routinely prescribed to young children due to increased risk in those patients, but in extreme cases narcotics can be considered.

Aggressive hydration will help improve throat pain and malaise in many patients. Most patients will require at least one week to recover before resuming scheduled activities. No strenuous activity should be performed for two weeks following surgery due to the risk of bleeding.