

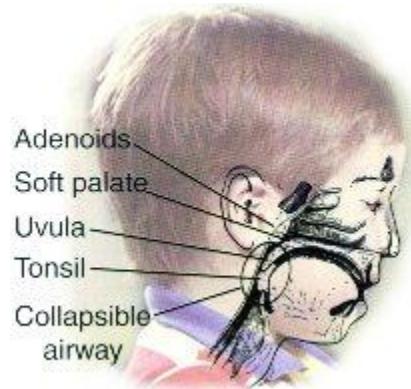
TONSILLECTOMY AND ADENOIDECTOMY

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WHAT ARE TONSILS AND ADENOIDS

Tonsils and adenoids are masses of tissue that are similar to the lymph nodes or "glands" found throughout our body. Tonsils are located on each side of the back of the throat. Adenoids are high in the throat behind the nose and the roof of the mouth (soft palate) and are not visible through the mouth without special instruments.

The function of tonsils and adenoids are to catch incoming germs while we breath. Children who must have their tonsils and adenoids removed do not have a greater incidence of infection following surgery.



INDICATIONS FOR SURGERY

- **Obstructive Sleep Apnea**

For some children, the tonsils and adenoids become so enlarged that they are causing obstructive problems during your child's sleep. Common symptoms include snoring, very restless sleep (tossing and turning), frequent arousals, fatigue or hyperactivity during the day. A common cycle occurs...as your child slips into a deep sleep, the tonsils relax and obstruct the airway, your child's oxygen saturation decreases, as a result your child's brain responds by arousing your child. Your child then moves and self arouses, and goes into a light sleep. This cycle continues all night, not allowing your child the deep sleep (REM sleep) they require. Some parents will hear pausing or gasping during this cycle. Lack of sleep has been shown to impact negatively on school performance, concentration and behavior.

- **Recurring infections**

There are some children who are prone to recurrent streptococcal throat infections. Streptococcal infections are something that must be treated with antibiotics due to the potential risks of the infection. Removing the tonsils will greatly decrease the incidence of strep throat. Other children who have recurring sore throats and tonsillitis may benefit from the surgery for quality of life reasons.

- **Less commonly** tonsils are removed for other reasons:

Enlargement of one of the tonsils, even without obstructive or infectious symptoms.
Dysphagia or difficulties with swallowing due to tonsil tissue.

RISKS

As with any surgery, there are some associated risks.

- Your child will receive general anesthesia for the procedure. There is a very small risk of a complication occurring as the result of anesthesia. However, every precaution is taken to ensure the safety of your child.
- There is a small chance of postoperative bleeding which would require a trip back to the hospital for evaluation and possible return to the operating room. There are two times when the risk for bleeding is greatest. The first occurs during the first day following the operation. The second occurs 5-7 days following the surgery as healing scabs on the tonsils fall off. Children who are well hydrated and are eating well will have less of a chance of this happening.
- **All children will have postoperative pain and discomfort following the surgery.** Some of the common complaints following the surgery may include a very sore throat, neck pain, ear pain, fever, night terrors, nausea, very bad breath. A pain medication with a narcotic will be prescribed for your child following surgery and is very effective in reducing the pain. However, it does make some children feel nauseous or 'funny'. Many children will have the pain effectively managed with around the clock administration of Ibuprofen and/or acetaminophen. Your doctor will review with you appropriate pain management prior to leaving the hospital.
- We will also prescribe an antibiotic to help lessen the bad breath.

SO MY CHILD NEEDS SURGERY, WHAT IS THE NEXT STEP...

- Choose the date. You can pick the date you would like during your appointment with us, or just give us a call.
- A preoperative tour is available for you and your child if you are interested. We strongly recommend taking advantage of this tour. During the tour, your child will meet with a Child Life Specialist (if age appropriate) who will help prepare your child for surgery using age appropriate play and descriptions. You will also meet with a pediatric anesthesiologist and pediatric nurse. To schedule an appointment, please call 688-7996.
- All the appropriate paper work will be completed during your visit with us, and in most cases, there is no need for further preoperative physicals or paperwork prior to the surgery.

THE DAY OF SURGERY....

- The surgery is performed in the Pediatric Operating Room at Yale. The procedure will take approximately 30–40 minutes. Your child will receive an (IV) intravenous in order to receive medication and fluids during the surgery. Following the operation, your child will go to the pediatric recovery room (PACU or Post-Anesthesia Care Unit). You can be with your child at this time. Some children are disoriented and upset as they come out of the anesthesia. This is normal. Your child will be ready to go home once they are drinking and acting like themselves again. This normally takes an hour or two. You will be given 2 prescriptions, an antibiotic and one for pain medicine. Please take as directed.
- Children under the age of two will be required to stay in the hospital overnight. If your child is between the ages of 2 and 3, come prepared to spend the night in the hospital, however if your child is recovering well, we will be able to send your child home.

WHAT TO EXPECT FOLLOWING SURGERY...

- There are no limitations in diet following the surgery. In fact, children who eat and drink well have a quicker, easier recovery. They may eat or drink anything that they want... just as long as they eat and drink.* Ensure that they are taking their pain medicine. This will make it easier for them to eat.
- Your doctor will prescribe a pain medicine for the postoperative period. Ibuprofen and acetaminophen are also very effective in controlling the pain.
- There are no limitations in activity. Children will self limit themselves. Most children will return to school and other extracurricular activities about one week after surgery. However, they may return sooner if they are feeling up to it.
- It generally takes children about 7-10 days to feel better following the surgery.* They can feel quite miserable and it is not uncommon to have many of the following complaints...
 - Fever, even up to 102. Ensure your child is receiving Tylenol. Please call us if your child has a persistent fever over 101.5 for more than 48 hours.
 - Horribly bad breath. This is very common following the surgery. It can last up to a couple of weeks. The antibiotic that your child will be taking will help to reduce the odor. You can also use breath mints or gum and ensure proper mouth care.
 - Snoring. Some children may snore initially following surgery. This occurs due to swelling and usually resolves in the first week.
 - Voice changes. It is common for children to have a temporary change in their voice. It will return to normal with time.
 - Stiff/sore neck. This may occur as a result of positioning during surgery. Warm soaks, Tylenol or Motrin and range of motion exercises of the head will help to reduce the discomfort.
 - Pain or popping in the ears.
 - Night terrors.

SITUATIONS THAT NEED MEDICAL ATTENTION

- If your child has any bleeding (from the mouth or nose or vomiting blood), go to the emergency room.
- If your child has not voided in 24 hours, please call us or go to the emergency room.
- If your child has a fever greater than 101.5 for more than 48 hours, please call us.

FOLLOW-UP

- All the postoperative visits are scheduled with our nurse practitioners, Wendy Mackey or Lisa Gagnon.
- We would like to see your child three to six weeks following the surgery for a postoperative check.

If you ever have questions or concerns, we would be happy to talk to you or see your child at any time.
 (203) 245-0496