

Tonsillectomy & Adenoidectomy

Understanding Tonsillectomy and Adenoidectomy / Adenotonsillectomy

Tonsils are two small masses of lymphoid tissue located at the back of the throat. They are part of the body's immune system, helping to fight infections that enter through the mouth and nose. However, when tonsils become frequently or severely infected, they may cause significant illness. Tonsils can also contribute to snoring, sleep apnoea, swallowing issues and tonsil stones, or cancer can develop in them. In these cases, they may need to be removed through a surgical procedure called tonsillectomy.

The adenoids are similar, but they are found at the back of the nose, next to where the Eustachian tubes connect the nose to the ears. Enlarged adenoids can contribute to nasal obstruction, snoring, ear infections and middle ear fluid (glue ear). They may need to be removed in an adenoidectomy, which is often done alongside a tonsillectomy (**adenotonsillectomy**) and/or grommets (ventilation tubes).

The human immune system is very well-developed and has a lot of in-built redundancy, especially in the head & neck region. When the tonsils and/or adenoids are removed, there is sufficient lymphoid tissue left behind to fight infections.

Procedure

The surgery is performed under general anaesthesia. The surgeon removes the tonsils and/or adenoids through the mouth, without any external incisions. Electric instruments are used to cauterise bleeding vessels, and occasionally dissolvable stitches in the throat may be used. The procedure usually takes less than an hour. Most patients are well enough to go home the same day, although staying one night in hospital is not uncommon.

Recovery

Pain: You may experience throat pain and discomfort for several days after tonsillectomy. Pain is related to how much scarring there has been around the tonsils from previous infections. Since adults have had more infections than children over their lives, adults tend to have pain for 2 weeks whilst younger children typically have pain for a week. Pain is usually worst around day 5 to 7 postop. It's common to have difficulty swallowing and some ear pain, which typically improves gradually. Everyone is different, but most patients manage at home with plenty of regular pain relief and drinking plenty of water. Adults typically need 2 weeks off work and children 1 week off school.

Fortunately, adenoidectomy is much less painful as the throat muscles are not disrupted as much as in tonsillectomy.

Activity and rest: Adequate rest is crucial for proper healing. Avoid strenuous activities for at least 2 weeks or as advised by your healthcare provider. Overexertion can increase the risk of bleeding.

Eating and drinking: Eating is like physiotherapy for the throat muscles, so we encourage patients to eat as normally as possible from the first day postop. Avoid very spicy or hot food, as this will be irritating. If you can only manage soft foods initially, that's fine, but try to get back to solids as soon as you can. Drink plenty of water as dehydration probably increases your bleeding risk and pain.

Bad breath: This is normal and will resolve over a week or two as the area heals.

White appearance to tonsil beds: This is normal and can last a few weeks. It is not a sign of infection. Wounds in the mouth and throat develop a thick white scab as they heal.

Postoperative Pain Management

Pain medication: We will prescribe pain medication to manage discomfort. Take these medications as directed and discuss any concerns about pain management. You will be prescribed regular pain relief to use for one to two weeks, with extra pain relief for breakthrough pain. If you are running low on pain relief, please contact us for another prescription.

Cold therapy: Cold drinks and ice chips can help alleviate throat pain and reduce swelling.

Eating and drinking / dehydration: As mentioned above, eating and drinking is like physiotherapy for the throat and will help with pain. It is especially important to make sure you or your child do not get dehydrated as this will make things worse, so drink plenty of water throughout the day. Some patients find that taping their mouth overnight to prevent the throat drying out helps, although others find this uncomfortable. If you are interested, experiment during the day first to see if it's comfortable. Place a small strip of tape from the top lip to the bottom. This is just to gently encourage the lips to stay closed. Don't seal off the mouth.

Complications

Complications can occur in any case but overall they are rare. Some of the most common complications are discussed below. We will discuss complications in more detail during your consultation, and if you have any questions please don't hesitate to get in touch.

Bleeding: This is the most common complication, with about 1 in 20 adults having a significant bleed postop. It is less common in children. Some streaks of blood in the saliva are fine, but if you bleed more than a tablespoon of fresh blood or clot, come into the emergency department immediately to be assessed. Usually, most bleeds settle down with treatment in the ED but occasionally a patient will need to go to theatre to have the bleeding stopped or even have a blood transfusion.

Taste change / voice change / swallow change: All of these functions can be affected by the surgery but will almost always resolve as the throat heals. It is very uncommon to have long term issues.

Dental / lip / tongue injury: This is uncommon but it is always possible another structure is injured by the instruments used in surgery. Usually this would be no more than a bruise or small cut.