

WHEN YOU NEED
AN OPERATION...

ABOUT

tonsillectomy and adenoidectomy

*Surgical removal of the
tonsils and adenoids*



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american
college of
surgeons

ABOUT

tonsillectomy and adenoidectomy

(ton-si-lect'-tuh-me)
(add-noid-ect'-tuh-me)

TONSILLECTOMY and ADENOIDECTOMY is the surgical removal of the tonsils and adenoids. This booklet



has been prepared to explain this operation, the symptoms and conditions leading to it, and why

your doctor may recommend this operation.

Before you consider any operation, it is important to remember that each individual is different and the outcome of any operation depends upon the patient's individual condition. This booklet is not intended to take the place of a qualified surgeon's professional opinion. After reading this booklet, you may have further questions. If so, discuss them openly and honestly with your surgeon, who is most familiar with your immediate medical condition.

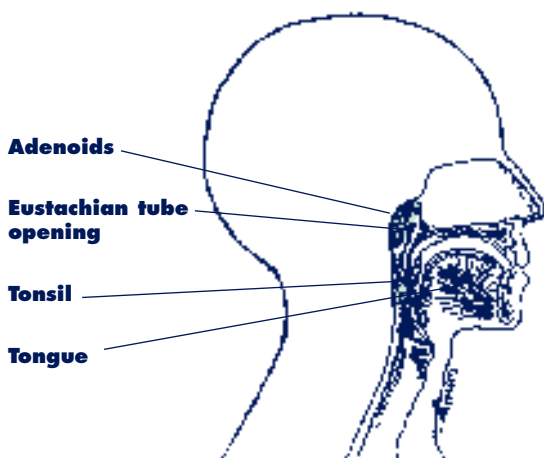
what are the tonsils and adenoids?

The tonsils are two masses of lymph-type tissue located on either side of the back of the throat. Adenoid tissue is located nearby; it can be found higher in the throat, behind the nose.

Tonsils and adenoids play an infection-fighting role in the body. Both are believed to fight infection by producing antibodies to bacteria that enter through the mouth and nose. But when tonsils and adenoids become chronically infected or obstruct normal breathing or nasal and sinus drainage, then serious health problems can occur.

symptoms and complications of tonsil/adenoid disease

Tonsillitis occurs when the tonsils become inflamed. The condition is diagnosed by examining the tonsils, which usually are enlarged and reddened. Small patches of yellowish pus also may be visible on the surface. Tonsillitis can cause fever, sore throat, painful swallowing, and swelling of the lymph nodes in the neck. Chronically infected tonsils may pose a potential threat to other parts of the body. In some instances enlarged tonsils and adenoids can block the nose and throat, interfering with normal breathing, nasal and sinus drainage, sleeping,



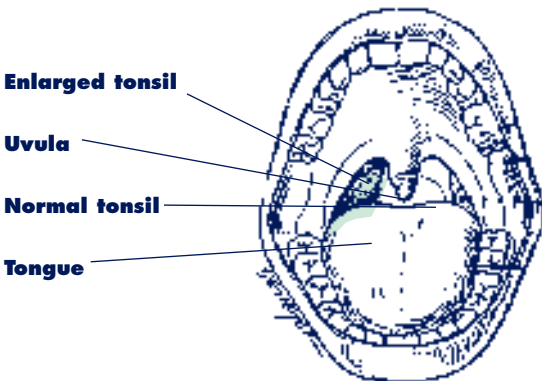
swallowing, and speaking. They can also disrupt the normal functioning of the tube that equalizes pressure to the ear, which can impair hearing. Adenoids that are chronically infected may cause middle ear infections and possible hearing loss.

Although adults are occasionally diagnosed with tonsillitis, the condition is more commonly diagnosed in children. Some children who have frequent bouts with severe tonsillitis may develop other diseases, such as rheumatic fever (inflammation of the heart) and kidney infection.

about the operation

Before the days of antibiotics, surgical removal of both tonsils and adenoids was routinely recommended for many

children. Today, tonsils are removed (tonsillectomy) when patients develop chronic and recurrent infection. Adenoids are removed (adenoidectomy) when patients exhibit similar problems or when the adenoids are suspected of causing chronic ear infections or inflammation of the sinuses (sinusitis). The tonsils and adenoids also may be removed—either separately or together—if they obstruct normal breathing or cause significant sleep disturbance.



Tonsillectomy and adenoidectomy procedures are most frequently performed on children. However, it may be necessary for adults with chronic symptoms to undergo these procedures as well.

The procedure is performed through the patient's mouth. During the operation, the surgeon separates and removes the tonsils from the side of the throat; the adenoids are removed from behind the palate. Stitches are required infrequently.

recovery

Complications from tonsillectomy and/or adenoidectomy are rare. Although, some bleeding can occur either immediately, or several days after the procedure, usually it is readily controlled by your surgeon. If you or your child should experience bleeding in either situation, contact your surgeon or return to the hospital *immediately*.

The usual hospital stay following a tonsillectomy or adenoidectomy is eight to 10 hours, or until the patient is completely recovered from anesthesia. Many patients undergo the operation as an “outpatient” and may be able to go home on the same day as the operation. However, some patients may require an overnight hospital stay.

The first week following the operation the patient may experience some throat and ear pain. Full recovery usually occurs within 10 days to two weeks. A liquid or soft diet may be prescribed as well as restrictions on activity. Patients should listen to and carefully follow their surgeon’s specific instructions for a full recovery. ■



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surgery by surgeons

A fully trained surgeon is a physician who, after medical school, has gone through years of training in an accredited residency program to learn the specialized skills of a surgeon. One good sign of a surgeon's competence is certification by a national surgical board approved by the American Board of Medical Specialities. All such board-certified surgeons have satisfactorily completed an approved residency training program and have passed a rigorous specialty examination.

The letters F.A.C.S. (Fellow of the American College of Surgeons) after a surgeon's name are a further indication of a physician's qualifications. Surgeons who become Fellows of the College have passed a comprehensive evaluation of their education, training, and professional qualifications, and their credentials have been found to be consistent with the standards established and demanded by the College.



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