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SURGICAL REMOVAL OF TONSILS AND ADENOIDS **A guide for Mr Watson's patients**

During your consultation with Mr Watson, the contents of this pamphlet will be discussed. Reading this pamphlet in your own time will allow you to further understand your condition and the option of removal of the tonsils and adenoids, as well as the risks and benefits of this procedure. If, after reading this pamphlet (also obtainable from Mr Watson's website), you do not understand all of the risks of your impending operation, please make another appointment with Mr Watson so your questions may be further discussed and clarified prior to proceeding.

1	TONSILLECTOMY Tonsillectomy is the surgical procedure to remove the tonsils
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2	ADENOIDECTOMY Adenoidectomy is the removal of adenoidal tissue from the back of the nose
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Definition

The tonsils are tissue masses, which lay each side of the soft palate. The adenoids are a mass of soft tissue which lay behind the palate and is generally not seen when looking into the mouth. Both the tonsils and the adenoids play a weak role in the defence against viruses and bacteria. When removed there is not a change to the overall immune status.

Reasons for Removal of Tonsils and Adenoids

There are a number of reasons to remove the tonsils and the adenoids. One is that of chronic tonsillitis. Acute episodes of tonsillitis are generally treated with antibiotics. Most people at some time in their life have an episode of tonsillitis. When the episodes are frequent, this may be an indication for removing the tonsils.

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The decision to remove the tonsils and adenoids is made for each patient with consideration to several factors. These include the number of bouts of tonsillitis, the severity of the tonsillitis, the impact the episodes have on the patient's life such as time missed from school or work and associated factors such as the response or side effects of antibiotics. Other infections that may require the removal of the tonsils include glandular fever tonsillitis and quinsy. Obstructive sleep apnoea and disordered breathing is an indication for removal of tonsils and adenoids. In this situation the patient, usually a child, finds difficulty in obtaining air at night time. Their sleeping is disturbed and they snore loudly. There may be pauses in the breathing (apnoea), which may be followed by gasping of air.

From the nostrils two tunnels run to the back of the nose to an area called the posterior nasal space. The posterior nasal space then communicates with the back of the throat and in this way breathing via the nostrils allows air to pass through the nose tunnels and down the back of the throat to the airway and lungs. In children the posterior nasal space has adenoidal tissue. As the child grows the space enlarges and therefore the adenoidal tissue becomes smaller. As adults, it is unusual to have persistent adenoidal tissue. In children the nose can easily block and often this is related to the adenoidal tissue and the tonsils. When the nose is blocked, the patient is then forced to either breathe through the mouth or alternatively is forced to breathe through a reduced airway of the nose.

This may result in snoring, disturbed sleep, mouth breathing and the retention of mucous in the nose. Children with this problem, therefore, often have a runny, mucky nose. The inferior turbinates are humidifying scrolls which come off the wall of the inside of the nose. They are natural anatomy of the inside of the nose. However they can swell up enormously. When these swell up, they further block the nasal cavity.

The aim of removing tonsils and adenoids is to improve airflow. Removal of tonsils and adenoids in children who have sleep disturbance, that is obstructive sleep apnoea, cures the obstructive sleep apnoea. After the operation, the child sleeps quietly and peacefully. This helps with their general development, behaviour, school performance and general health. The child now obtains a good night's sleep.

Preparation for Surgery

Mr Watson has discussed with you your past medical history including your medications to ensure that you are not at a risk for the operative procedure and, in particular, a risk of bleeding. Do not take Aspirin or medications containing Aspirin. Do not take anti-inflammatory medications such as Nurofen, or large amounts of Vitamin E for 2 weeks prior to the operation and 2 weeks following the operation. These increase the risk of bleeding. Aspirin should never be given to children younger than the age of 12. Smokers should cease two weeks before and after the operation. If you are a practising Jehovah's Witness please notify Mr Watson. The reason for this is the main risk for this operation is the risk of bleeding which can occur usually between days 5 to day 10 after the operation. Haemorrhage (bleeding) from the throat can be life threatening and if blood loss is severe enough then blood transfusion may be necessary.

The Surgery

Tonsillectomy is performed under a general anaesthetic as an overnight stay in hospital. Do not eat or drink anything, including chewing gum for 6 hours prior to scheduled operation. Mr Watson

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generally removes the tonsils using a diathermy procedure. This cauterises the tissues and therefore prevents them from bleeding.

At times, self-dissolving stitches may be used but in general there are no stitches. Adenoidectomy is performed by removing the tissue from behind the palate via the mouth. Once again the area remaining where the tissue mass has been removed heals on its own without the need for stitches.

Possible Complications of this Surgery

All surgical procedures have possible complications. General problems of surgery include pain and discomfort, nausea and vomiting and possible reaction to the anaesthetic medications provided. Other potential problems are associated with healing and infection, particularly in patients with other problems such as diabetes.

Specific Risks to Tonsillectomy and Adenoidectomy

Bleeding:

There is approximately a 4% chance in an adult and a 2% chance in a child of bleeding from the area that the tonsils were removed, for up to a two week period after the operation. If to occur, this is most commonly between days 5 to day 10 after the operation. The reason for the post operative bleeding is due to the healing of the tissues inside the throat. When a tonsil is removed it leaves a raw area. This raw area cannot be stitched up, so heals by forming new skin, in the same way that if you fall over and scrape your knee, it will heal by forming new skin. If the scab is picked off the knee at day 14, it will reveal new thin pink skin beneath. If however, the scab is picked off between days 5 to day 10, it will bleed. This is because at this stage new skin has not yet developed, but is a network of fine blood vessels over which the skin eventually develops.

Eating and drinking after the operation helps to keep the tonsil base clean and prevent bleeding. This is why good pain relief is essential so your child can swallow and eat well. As food passes over the tonsil bases (area where the tonsils have been removed), it cleans the slough of which develops.

Slough is a white colour over the tonsil base. This slough can become green if not cleaned and the risk of bleeding increases. For this reason, any food that the child wishes to eat is OK. Rough foods such as cereals, toast and suchlike help clean the slough rather than just jelly and ice-cream, which runs past the slough. However, ice-cream helps to soothe the pain, so is still OK to use. Coca-cola also helps for the two week period after the operation as it provides some sugar content, hence nutrition for the child and also the Coca-cola helps to clean away the slough that may occur on the tonsil base and hence reduce the risk of bleeding.

Bleeding may be minor, such as a few spots of blood or severe, such as a constant trickle from the mouth or excessive pouring of blood. If the quantity of blood appears excessive or if you are concerned then an ambulance should be called to take you to the Emergency Department of the nearest hospital. It can then be assessed and treated. Usually bleeding will stop by itself. However, Mr Watson generally admits the patient to hospital for observation. Rarely is blood transfusion required and transfusion is only done when bleeding has been excessive and assessed to be necessary. Objections or religious beliefs regarding blood transfusion should be discussed with Mr Watson at the time of consultation.

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Pain

The pain after tonsillectomy can be severe. Use the pain relief medications prescribed. **Ear pain is common.** It is referred pain from the tonsil, that is, it shares the same nerve supply as the ear. It does not mean that you have an ear infection by having ear pain.

Voice Change

Voice change (usually to a higher note) may occur. Escape of air or fluid via the nose (Velopharyngeal insufficiency) may occur. This is usually temporary.

Tongue and palate swelling may occur. Sucking ice may help. Scarring behind the palate rarely occurs.

Post Operative Care

Activity

- Resting at home (no school, no work, no travel or no shopping centres) for two weeks is required, as should bleeding occur, an ambulance will need to have access to you quickly. Remember STAY CALM.
- Any strenuous activity, including contact sports, swimming, parties or bike riding should be avoided for at least two weeks duration.
- Fever often occurs up to 38° the afternoon or day following the operation. Treat this with Panadol. Obviously if the fever persists, then contact Mr Watson.

Diet and Fluids

- The operated area of the throat may appear coated with a white membrane (slough) up to 2 weeks following the operation. This is normal.
- Oral hygiene is important to prevent this white slough becoming infected (Yellow or Green and smelly).
- Warm salty mouth washes help to soothe and clean the throat. Recipe: 1 litre boiled water – allow to cool, 2 teaspoons salt. Repeat several times daily.
- It is important that the patient drinks plenty of fluids. This keeps the throat moist and helps reduce pain. Icy poles help. Even Coca Cola in the first 2 weeks after the operation is good. Avoid hot or spicy food.
- Continue with normal diet. It is important to chew food normally in order to exercise the jaw and increase production of saliva. Food with a degree of abrasion cleans the mouth as a toothbrush cleans the teeth and gums. Chewing sugarless gum is good. This lowers the risk of post operative bleeding.
- Weight loss can occur in the duration after operation. Most patients lose some weight, but it is important to maintain fluid intake. The weight will return once you have recovered from the operation.

Medication

- A pain regime will be provided to you on discharge from hospital.
- A child will be prescribed regular Panadol for 2 weeks as a baseline. This will not be sufficient so another pain reliever will also be required. This is oxycodone. The dose of all of these medications provided is calculated by the child's weight. If these two medications used in combination are not working for your child, then Nurofen can be used. **No aspirin is permitted.** If you are unsure about a medication please contact your doctor for advice.
- If you were previously taking Aspirin, or any anti-coagulant therapy, check with Mr Watson before recommencing these medications.

Please contact your Surgeon, Local doctor or the Emergency Department if:

- Bright, persistent bleeding occurs from the nose or throat.
- The patient is experiencing persistent pain not relieved by pain medication
- The patient is unable to take adequate fluids
- The patient's temperature exceeds 38°, or they have persistent nausea and/or vomiting. (Many patients however do get a fever the morning after the operation. This is generally accepted as normal. If however, the temperature continues for more than a day after the operation, then please contact Mr Watson, your Doctor or the Emergency Department).
- Should bleeding occur:
 - 1 Stay calm, the bleeding will generally stop.
 - 2 Call an ambulance.
 - 3 Sit your head or your child's head forward to allow any blood to run out of the mouth. The concerning risk of bleeding from the throat is the risk of blood entering the airway. In this position, you are protecting the airway. Ice packs to the back of the neck or if only minor spotting of bleeding occurs, then sucking icy poles or ice blocks will help to stop the bleeding.

Please read this entire document carefully and if there is anything which is not understood, then Mr Watson would like you to reschedule another appointment with him to discuss your concerns or questions.

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