



Tonsils and Adenoids

Insight into tonsillectomy and adenoidectomy

- What conditions affect the tonsils and adenoids?
- When should I see a doctor?
- Common symptoms of tonsillitis and enlarged adenoids
- and more...

Tonsils and adenoids are the body's first line of defense as part of the immune system. They "sample" bacteria and viruses that enter the body through the mouth or nose, but they sometimes become infected. At times, they become more of a liability than an asset and may even cause airway obstruction or repeated bacterial infections. Your ear, nose, and throat (ENT) specialist can suggest the best treatment options.

What are tonsils and adenoids?

Tonsils and adenoids are similar to the lymph nodes or "glands" found in the neck, groin, and armpits. Tonsils are the two round lumps in 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 or nose without special instruments.

What affects tonsils and adenoids?

The two most common problems affecting the tonsils and adenoids are recurrent infections of the nose and throat, and significant enlargement that causes nasal obstruction and/or breathing, swallowing, and sleep problems.

Abscesses around the tonsils, chronic tonsillitis, and infections of small pockets within the tonsils that produce foul-smelling white deposits can also affect the tonsils and adenoids, making them sore and swollen. Cancers of the tonsil, while uncommon, require early diagnosis and aggressive treatment.

When should I see a doctor?

You should see your doctor when you or your child experience the common symptoms of infected or enlarged tonsils or adenoids.

Your physician will ask about problems of the ear, nose, and throat and examine the head and neck. He or she may use a small mirror or a flexible lighted instrument to see these areas.

Other methods used to check tonsils and adenoids are:

- Medical history
- Physical examination
- Throat cultures/Strep tests - helpful in determining infections in the throat
- X-rays - helpful in determining the size and shape of the adenoids
- Blood tests - helpful in diagnosing infections such as mononucleosis
- Sleep study, or polysomnogram-helpful in determining whether sleep disturbance is occurring because of large tonsils and adenoids.

Tonsillitis and its symptoms

Tonsillitis is an infection of the tonsils. One sign is swelling of the tonsils. Other symptoms are:

- Redder than normal tonsils
- A white or yellow coating on the tonsils
- A slight voice change due to swelling
- Sore throat, sometimes accompanied by ear pain.
- Uncomfortable or painful swallowing
- Swollen lymph nodes (glands) in the neck
- Fever
- Bad breath

Enlarged tonsils and/or adenoids and their symptoms

If your or your child's adenoids are enlarged, it may be hard to breathe through the nose. If the tonsils and adenoids are enlarged, breathing during sleep may be disturbed. Other signs of adenoid and or tonsil enlargement are:

- Breathing through the mouth instead of the nose most of the time
- Nose sounds "blocked" when the person speaks
- Chronic runny nose
- Noisy breathing during the day
- Recurrent ear infections
- Snoring at night
- Restlessness during sleep, pauses in breathing for a few seconds at night(may indicate sleep apnea).

How are tonsil and adenoid diseases treated?

Bacterial infections of the tonsils, especially those caused by streptococcus, are first treated with antibiotics. Removal of the tonsils (tonsillectomy) and/or adenoids (adenoidectomy) may be recommended if there are recurrent infections despite antibiotic therapy, and/or difficulty breathing due to enlarged tonsils and/or adenoids. Such obstruction to breathing causes snoring and disturbed sleep that leads to daytime sleepiness, and may even cause behavioral or school performance problems in some children.

Chronic infections of the adenoids can affect other areas such as the eustachian tube—the passage between the back of the nose and the inside of the ear. This can lead to frequent ear infections and buildup of fluid in the middle ear that may cause temporary hearing loss. Studies also find that removal of the adenoids may help some children with chronic earaches accompanied by fluid in the middle ear (otitis media with effusion).

In adults, the possibility of cancer or a tumor may be another reason for removing the tonsils and adenoids. In some patients, especially those with infectious mononucleosis, severe enlargement may obstruct the airway. For those patients, treatment with steroids (e.g., prednisone) is sometimes helpful.

How to prepare for surgery

Children

- Talk to your child about his/her feelings and provide strong reassurance and support
- Encourage the idea that the procedure will make him/her healthier.
- Be with your child as much as possible before and after the surgery.
- Tell him/her to expect a sore throat after surgery, and that medicines will be used to help the soreness.
- Reassure your child that the operation does not remove any important parts of the body, and that he/she will not look any different afterward.
- It may be helpful to talk about the surgery with a friend who has had a tonsillectomy or adenoidectomy.
- Your otolaryngologist can answer questions about the surgical procedure.

Adults and children

For at least two weeks before any surgery, the patient should refrain from taking aspirin or other medications containing aspirin. (WARNING: Children should never be given aspirin because of the risk of developing Reye's syndrome). Your doctor may ask you to stop taking other medications that may interfere with clotting.

- Tell your surgeon if the patient or patient's family has had any problems with anesthesia or clotting of blood. If the patient is taking medications, has sickle cell anemia, has a

bleeding disorder, is pregnant, or has concerns about the transfusion of blood, the surgeon should be informed.

- A blood test may be required prior to surgery.
- A visit to the primary care doctor may be needed to make sure the patient is in good health at surgery.
- You will be given specific instructions on when to stop eating food and drinking liquids before surgery. These instructions are extremely important, as anything in the stomach may be vomited when anesthesia is induced.

When the patient arrives at the hospital or surgery center, the anesthesiologist and nursing staff may meet with the patient and family to review the patient's history. The patient will then be taken to the operating room and given an anesthetic. Intravenous fluids are usually given during and after surgery.

After the operation, the patient will be taken to the recovery area. Recovery room staff will observe the patient closely until discharge. Every patient is unique, and recovery time may vary.

Your ENT specialist will provide you with the details of preoperative and postoperative care and answer your questions.

After surgery

There are several postoperative problems that may arise. These include swallowing problems, vomiting, fever, throat pain, and ear pain. Occasionally, bleeding from the mouth or nose may occur after surgery. If the patient has any bleeding, your surgeon should be notified immediately. It is also important to drink liquids after surgery to avoid dehydration.

Any questions or concerns you have should be discussed openly with your surgeon.