



Doctor, Please Explain Tonsils & Adenoids

Insight into tonsillectomy and adenoidectomy

Tonsils and adenoids are on the body’s first line of defense—our immune system. They “sample” bacteria and viruses that enter the body through the mouth or nose at the risk of their own infection. But at times, they become more of a liability than an asset and may even trigger airway obstruction or repeated bacterial infections. Your ear, nose, and throat specialist can suggest the best treatment options.

What are tonsils and adenoids?

Two masses of tissue that are similar to the lymph nodes or “glands” found in the neck, groin, and armpits. Tonsils are the two masses on 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.

What affects tonsils and adenoids?

The most common problems affecting the tonsils and adenoids are recurrent infections (throat or ear) and significant enlargement or obstruction that causes breathing, swallowing, and sleep problems. Abscesses around the tonsils, chronic tonsillitis, and infections of small pockets within the tonsils that produce foul-smelling, cheese-like formations can also affect the tonsils and adenoids, making them sore and swollen. Tumors are rare, but can grow on the tonsils.

When should I see a doctor?

You should see your doctor when you or your child suffer from 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 will 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 determining infections such as mononucleosis

How are tonsil and adenoid diseases treated?

Bacterial infections of the tonsils, especially those caused by streptococcus, are first treated with antibiotics. Sometimes, removal of the tonsils and/or adenoids 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 in adults and behavioral problems in children.

Chronic infection 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 potential hearing loss. Recent studies indicate adenoidectomy may be a beneficial treatment for 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., cortisone) 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.
- 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.
- If your child has a friend who has had this surgery, it may be helpful to talk about it with that friend.

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).

- If the patient or patient's family has had any problems with anesthesia, the surgeon should be informed. If the patient is taking any other medications, has sickle cell anemia, has a bleeding disorder, is pregnant, has concerns about the transfusion of blood, or has used steroids in the past year, the surgeon should be informed.
- A blood test and possibly a urine test may be required prior to surgery.
- Generally, after midnight prior to the operation, nothing may be taken by mouth (including chewing gum, mouthwashes, throat lozenges, toothpaste, water.) Anything in the stomach may be vomited when anesthesia is induced, and this is dangerous.

When the patient arrives at the hospital or surgery center, the anesthesiologist or 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 until discharged. Every patient is unique, and recovery time may vary.



Your ENT specialist will provide you with the details of pre-operative and postoperative care and answer any questions you may have.

After surgery

There are several postoperative symptoms that may arise. These include, but are not limited to, swallowing problems, vomiting, fever, throat pain, and ear pain. Occasionally, bleeding may occur after surgery. If the patient has any bleeding, your surgeon should be notified immediately. Any questions or concerns you have should be discussed openly with your surgeon.

Tonsillitis and its symptoms

Tonsillitis is an infection in one or both tonsils. One sign is swelling of the tonsils. Other signs or symptoms are:

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

Enlarged adenoids and their symptoms

If you or your child's adenoids are enlarged, it may be hard to breathe through the nose. Other signs of constant enlargement are:

- Breathing through the mouth instead of the nose most of the time
- Nose sounds "blocked" when the person speaks
- Noisy breathing during the day
- Recurrent ear infections
- Snoring at night

Breathing stops for a few seconds at night during snoring or loud breathing (sleep apnea)