

**Frequently Asked Questions  
Tonsils and Adenoid  
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**Contact Info**

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**WHAT ARE THE TONSILS AND ADENOID?**

The tonsils and adenoid are mounds of tissue that are part of the body's immune system. The tonsils are found in the back of the throat, one on each side. The adenoid is a single mound of tissue found in the back of the nose above the soft part of the palate behind the uvula (the little piece of tissue that hangs down from the roof of your mouth in the back of your throat).

**DOESN'T MY CHILD NEED THEM?**

During the first 6-12 months of life they serve to help the body produce antibodies to fight infection as the body is introduced to germs found in our everyday environment. They serve no function other than to introduce the body to germs, and your body has many other ways to do this. In other words, your body doesn't really need them.

**DO THEY NEED TO BE REMOVED?**

The tonsils and adenoid may need to be removed for the following reasons:

1. Recurrent Tonsillitis: 7 episodes in a year, 5 episodes a year for 2 consecutive years or 3 or more episodes per year for 3+ years, Tonsillectomy should also be considered for children with multiple drug allergies, history of peritonsillar abscess and PFAPA (Periodic Fever, Aphthous stomatitis, Pharyngitis, and Adenitis).
2. Obstructive sleep disordered breathing: characterized by snoring,

- mouth breathing, restless sleep, sleep pauses, bed wetting, excessive daytime tiredness or hyperactivity, behavioral problems.
3. Obstructive Sleep Apnea: determined by sleep study,
  4. Other: need for palate surgery, chronic bad breath.

The adenoids alone may need to be removed at the time of ear tube placement, especially if a 2<sup>nd</sup> set of tubes are needed. Indications for removal of the adenoid alone are chronic congestion and/or nasal drainage, recurrent sinusitis or ear infections.

### **DOES MY CHILD NEED ANESTHESIA?**

Yes, your child will be put to sleep by breathing in an anesthetic via a face mask. Once asleep an IV and a breathing tube will be placed for the procedure.

### **IS IT SAFE?**

Yes, I do more than 400 of these a year. About 1-2% of children have post-operative bleeding, and other complications are extremely rare (see below).

### **HOW DO YOU DO IT?**

There are several ways to perform a tonsillectomy and adenoidectomy. The most common way is with electro-cautery, but microdebrider and coblation are other ways. I have used all three and found low wattage electro-cautery to be safe, efficient, and cost-effective. I can use the other equipment, but it may incur a larger bill.

The adenoids are almost universally removed using electro-cautery.

## WHERE WILL YOU PERFORM SURGERY?

- HOSPITAL: (overnight stay)
  - Children **younger than 3 1/2 years** (42 months),
  - Children with an **abnormal sleep study**,
  - Children with **craniofacial disorders or syndromes**,
  - Children with **morbid obesity**
  - Children with **special medical need**

## SURGERY CENTER

- Older than 3 ½ that meet none of the above criteria

There are always exceptions to these rules and each child is treated individually.

## WILL MY CHILD HAVE POST-OPERATIVE PAIN?

Yes and No. During the procedure your child will receive steroids and pain medication through an IV. They usually do well right after surgery. The younger the child, the better they tend to do regarding pain and resuming normal activity. Usually, day 3 after surgery is when most children have the most discomfort. I will prescribe liquid pain medicine and steroids to children over the age of 3. If your child is younger than 3, I will prescribe regular Tylenol and Motrin (Ibuprofen) and steroids.

*There have been cases of respiratory depression and death in children younger than 3 who have taken narcotic pain medicine. I have found that this group of children does fine with regular Tylenol and Motrin.*

**NORMAL POST-OP COURSE:** Typically your child may have a **low-grade fever (up to 102-3)** for several days after surgery and they may complain of **ear pain**. This is from removal of the tonsils. They **DO NOT** have an ear infection.

## **WHAT ARE THE RISKS?**

Bleeding. This is by far the most common complication of tonsillectomy, yet is not common. About 1-2% of children will experience bleeding. This usually occurs about 7-14 days after surgery. Usually the bleeding will stop on its own, but call the office if there is any bleeding. There is virtually no bleeding when the adenoid is removed. The following are extremely rare complications:

- 1) Hypernasal speech- I try to prevent this complication by removing only 90% of the adenoid tissue, leaving a small rim of tissue near the back of the palate
- 2) Regrowth of Adenoid—I see this about once every other year. Usually this occurs when the child is very young when they had their adenoid removed. Regrowth RARELY causes a problem.
- 3) Nasopharyngeal stenosis—This is a narrowing of the back of the throat
- 4) Injury to the palate
- 5) Post-operative infection

Other than bleeding, all of these complications are rare.

## **WHAT DO I DO IF MY CHILD HAS BLEEDING?**

Call the office and either my nurse or the physician on call will provide instructions.

## **WHAT IF MY CHILD IS SICK BEFORE THE PROCEDURE?**

Unless your child has a fever greater than 100.5 F or has a significant cold with a wet cough, the procedure usually can be performed. If your child has these mild symptoms of illness, I usually recommend that you keep your surgery appointment and be evaluated by the anesthesiologist. Occasionally the surgery is cancelled at the time of surgery by the anesthesiologist, but

this is infrequent. If there are any questions, call the office.

### **WHEN CAN MY CHILD GO BACK TO NORMAL ACTIVITY?**

Kids will be kids. I don't recommend participation in any organized sports or vigorous activity for 2 weeks following surgery. Having said that, if your 5-year-old feels like running around the house and swimming in the pool, that's okay. I recommend that you do not do any excessive traveling or vacations during the first 2 weeks following surgery in case there is any bleeding. Many hospitals do not have ENT doctors that serve their hospitals and they may not be able to help you if you are out-of-town.

### **WHAT IS THE POST-OPERATIVE CARE?**

See above. Steroids and lots of fluids. Make sure your child stays well-hydrated. This will decrease pain and the chance of bleeding!

### **WHEN DO I FOLLOW UP IN THE DOCTOR'S OFFICE?**

Usually my office will call about 2-3 weeks after surgery and if your child is doing well, there is no reason to see me in follow up. However, some children will be instructed to follow up with me in the office.

### **WILL THEY GROW BACK?**

The tonsils are completely removed and will not grow back using the electro-cautery technique. However there is the possibility of re-growth when the microdebrider is used. There is also a very small chance the adenoid could regrow when removed at a young age. This is because I remove only 90% of the adenoid to prevent hypernasal speech (see above).