**TALLAHASSEE EAR, NOSE & THROAT - HEAD & NECK SURGERY, P.A.**

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# TONSILLECTOMY

Your physician or your child's physician has proposed doing the procedure entitled tonsillectomy. The procedure involves removal of the faucial or palatine tonsils, which are the tonsils located in the back of your throat on either side. These tonsils are usually removed to relieve problems with airway obstruction or to alleviate problems with repeated or chronic infections.

In cases where the tonsils are enlarged, they tend to fall back into the oral cavity, particularly when we are asleep and laying on our back. This potentially leads to blockage of the airway and an inability to get air down into the lungs. This causes arousal from sleep, which improves muscle tone of the throat and relief of the airway obstruction. When these repeated episodes of obstruction occur as one gets into deeper sleep, this is termed obstructive sleep apnea. This can potentially lead to problems with daytime sleepiness, bedwetting, severe snoring, high blood pressure, increased size of the right heart, growth retardation, dental misalignment, and behavioral problems. In adults, this also can lead to problems with increased risk of heart attack and stroke as well as early death. Removal of the tonsils alleviates the tendency for the airway to obstruct when sleeping and eliminated the above noted health risks. Sometimes this is performed in conjunction with an adenoidectomy in children and also sometimes in conjunction with removal of a portion of the palate and uvula, termed a uvulopalatopharyngoplasty (UPPP) in adults.

Tonsils also are removed due to problems with repeated infections. As a rough guideline, we consider tonsillectomy when a patient has had four to six acute tonsillitis episodes in the course of one year or when they have had two to four infections per year for a number of years. Additionally, some patients develop chronic inflammation of the tonsils due to debris lodging in the tonsil beds themselves. These patients are also given consideration for a tonsillectomy when abscesses around the tonsils and, on occasion, the tonsils are removed at the time the abscess is drained. On other occasions, we wait until the abscess has been drained and then recommended tonsillectomy at a later date.

Removal of the tonsils is a very common procedure, but not without some risks. There is a 2-3% risk of bleeding following a tonsillectomy, which generally occurs either within the first 24 hours of surgery or around one week after the surgery is performed. Because of the risk of bleeding, we recommend that patients who are going to tonsillectomy take no aspirin for at least 10 days prior to the surgery and take no Motrin or ibuprofen-type products for four days prior to the surgery. These products should also not be taken for 2-3 weeks after surgery. Acceptable pain medicines include Tylenol or the prescription pain medicine given to you by your physician postoperatively.

We also recommend that anyone who has had a tonsillectomy avoid strenuous activity, heavy lifting, and straining for a period of two to three weeks following the surgery. However, most patients are able to resume work/school and light activity within 7-10 days of surgery.

Additionally, there is the chance of developing scarring in the back of the throat, potentially leading to some narrowing of the airway. Sometimes there is also a tendency for patients to not be able to tightly close the palate for a brief period after the tonsils are removed. This may lead to a change in the voice and also to the potential problem of having liquids come out of the nose when drinking. This tends to be a time-limited, minor problem, which will resolve within four to six weeks after the surgery. In rare instances, it can be a permanent problem, which may require further surgical procedures to correct the situation. Some patients also note a transient change in taste and a change in sensation in the tongue area. This is thought to be due to pressure on the tongue during the exposure of the tonsils for the surgery.

There are certainly patients who, because of their size or their anatomy, are less capable of handling any potential complications of the surgery. We are especially careful with these patients and like to keep them overnight for closer observation. In particular, children who are less than three years of age and who are being treated for severe sleep apnea, we like to keep in the hospital for closer observation. Also, any patients who have craniofacial structure abnormalities, such as are associated with Down syndrome or other genetically inherited syndromes, are often kept overnight for closer observation as well. Rarely after removal of the tonsils for airway obstruction, there will be some accumulation of fluid in the lungs temporarily. Sometimes this necessitates keeping the patient intubated after surgery for up to a few days, until the fluid has a chance to remove itself. Generally this is only a problem in very young patients with severe sleep apnea.

Frequently, tonsillectomy is performed in conjunction with other procedures, such as adenoidectomy and uvulopalatopharyngoplasty, as noted above. Should you or your child be scheduled to have these additional procedures done, a separate preoperative information sheet on each procedure should be given to you.

As always, if you have questions regarding the information on this sheet, or if you have any additional questions, please feel free to ask either your doctor or one of the staff.