



**Dr Iain Butler**  
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## ADENOIDECTOMY AND TONSILLECTOMY

(revised April 2020)

Tonsils and adenoids are collections of lymphoid tissue found in the throat. They function in the body's immune system to fight infection. The tonsils are located on both sides of the throat near the back of the tongue. The adenoids are perched on the back wall of the throat above the soft palate and uvula near the back of the nose.

The two main reasons to remove the tonsils and/or adenoids are infection and obstruction. Recurrent sore throats, difficulty swallowing, snoring, disrupted sleep, sleep apnea, recurrent tonsil "stones", chronic ear infection and nasal obstruction are all examples of reasons why the removal of the adenoids and/or tonsils may be recommended.

### BEFORE SURGERY:

No Aspirin-containing medication, Grandpa headache powders or blood-thinning medication should be taken for one week before surgery and one week after surgery. Paracetamol (Panado, Calpol) is permitted at anytime. If you take Warfarin or other blood thinners please discuss this with Dr Butler before surgery.

**Please do not eat or drink anything other than water (or other clear fluids) for six hours before surgery**, but you may take any prescription medicines the morning of surgery with a sip of water. **Water or clear fluids (such as apple juice) may be drunk until two hours before surgery. For young children, breastmilk is allowed until four hours before surgery but formula feeds must be stopped six hours before surgery.**

These procedures are usually performed as day-surgery cases. This means that you/your child is admitted to hospital, undergo the procedure, and is discharged from hospital on the same day. There are sometimes indications for overnight stay in hospital, for example when these procedures are performed for obstructive sleep apnoea. **By law, you are not allowed to drive yourself home after having undergone a general anaesthesia**, so please make arrangements for someone to fetch you from the hospital.



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The Anaesthesiologist will conduct an evaluation in the ward before the start of the day's procedures. He/She will discuss any potential risks related to the general anaesthetic and question you on medication, allergies etc. Should your/your child's health worsen in the week prior to surgery (for example, your child develops a productive cough and a fever), the Anaesthesiologist and Dr Butler may advise postponing the procedure. It is advised that you contact the office before the day of the scheduled procedure should such an illness arise.

One parent is encouraged to accompany their child into theatre until they fall asleep. The parent is then escorted out of theatre before the surgery commences.

### **AFTER SURGERY:**

Tonsillectomy and adenoidectomy procedures are done under general anaesthesia. Patients may be confused and irritable for several hours after surgery. Some may remain sleepy for the remainder of the day. Nausea and vomiting are occasionally seen and often improve by the evening of surgery without intervention.

### **COMMON COMPLAINTS AFTER SURGERY:**

#### **EAR ACHE**

Earache after tonsillectomy is very common. This pain is referred to the ears from the throat due to shared nerve fibres. It does not indicate infection or complication. Use pain medicines as directed and encourage fluid intake.

#### **FEVER**

Many patients may run a low-grade fever after tonsillectomy up to 38 degrees Celsius. The pain medicine will also help keep fever down. Insufficient fluid intake (especially in children) may cause a fever. Temperatures of greater than 38 degrees Celsius should be reported to our rooms.

#### **THROAT**

The white-yellow coating on the back of the throat is a slough that develops and is similar to scabbing and is normal. It looks frightening and sometimes smells bad but will go away in a week or two. There may be some associated redness and/or swelling and the uvula may be red, swollen or have white patches as well. This is NOT infection.

#### **STIFF NECK**



Patients who have had a simple adenoidectomy usually do not have much significant discomfort afterwards, but a stiff neck is a common complaint.

#### PAIN

Tonsillectomy is painful and the pain medicines will help but not alleviate all discomfort. Taking pain medications on any empty stomach can frequently cause nausea so ensure they are taken with something. It is important to maintain fluid intake and perhaps use a stool softener as pain medications and some swallowed blood may cause constipation. Pain medicines tend to work best if used on a regular schedule for the first week. Waiting for the pain to get "bad" before using pain medication is not only uncomfortable but it can make pain harder to control and result in higher medication usage in the long run. It is very common for the pain to worsen 5-7 days after surgery as the scabs are falling off.

#### VOICE

Some children have more sound coming out of their nose after adenoidectomy and the voice may sound high-pitched or nasal. This is due to the increased volume of space no longer filled by adenoids and will typically resolve over the course of several days. Rarely this can persist and may need corrective surgery.

#### EATING

Most patients prefer cool liquids or soft foods for 5-10 days after surgery. Diet is largely "as tolerated" and the patient may eat more or less anything they wish although crispy or brittle foods, though recommended, may be painful to swallow. Chewing gum is good. Citrus products are usually painful! Encourage fluid intake, as this will help alleviate the discomfort as well as keep the patient hydrated and eliminate the need for hospitalization for dehydration. Urination should occur about every six hours; if 8-10 hours have passed without needing to urinate, then more fluids need to be taken! Children who become dehydrated can become uncooperative or "out of it". If they will not drink, they must be taken to the emergency room for I.V. fluids!

#### **RISKS:**

##### BLEEDING

There is approximately a 1% risk of bleeding after a tonsillectomy that will require a second surgical intervention to stop the bleeding. The two peak periods for this to develop are: in the first few hours after surgery, or one week after surgery. Blood-tinged spit or a brief bleed is usually okay. Gargling with ice water may help. Patients with continuous dripping of blood from the mouth, recurrent



bleeding from the mouth, or vomiting blood must be seen by the doctor. This is potentially life-threatening. If this bleeding occurs go to the closest casualty. Patients who have had an adenoidectomy procedure may notice some blood in the nose for several days.

#### DEHYDRATION

If the patient has taken little or no fluids by mouth for 12 hours or a child seems particularly irritable or has not urinated for 8-10 hours, they are getting dehydrated. If they still refuse fluids, they must go a casualty for intravenous fluids.

#### AIRWAY/BREATHING DIFFICULTIES

Patients with obstructive sleep apnea can have airway problems after surgery, including breath holding, blockage of airway, and fluid collecting in the lungs. These patients are watched closely after surgery for this and may have to spend extra time in the hospital.

As a breathing tube has been inserted into the airway for the procedure, there may be some breathing and coughing sounds like croup, or a 'barking' or hoarse voice for a few hours after surgery. Some medication will be given for this in the recovery room and ward and the patient will not be discharged until the Anaesthesiologist and Dr Butler are satisfied that this has recovered sufficiently.

#### SCARRING

There can be unusual scarring in the back of the throat, and sometimes there is difficulty sealing off the nasal passages when swallowing and speaking. This can cause drinks to come out of the nose, and a very nasal voice. There can be damage to lips and teeth at the time of surgery. These complications are rare. Further surgery may be required to correct these.

#### FEVER

Infection in the back of the throat is possible, including abscess formation. Please contact us if there is a temperature greater than 38 degrees Celsius or any temperature accompanied by cough or difficulty breathing.

#### ACTIVITY

Vigorous exercise should be avoided for two weeks. Activities of daily living (baths, showers, cooking) are fine. Children may need a week to 10 days off from school and adults may not be able to return to work/normal activity for 10-14 days.



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#### FOLLOW UP APPOINTMENT

A follow up appointment will be scheduled approximately 3 weeks after the surgery. This post-operative appointment is not charged for and the office will contact you to arrange the date and time of the appointment.

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SIGNATURE OF PATIENT/  
PARENT OR GUARDIAN

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DATE