PACIFIC HEAD & NECK℠

PACIFIC NEUROSCIENCE INSTITUTE®

Providence

TONSILLECTOMY & ADENOIDS

Tonsils

WHAT ARE TONSILS AND ADENOIDS?

Tonsils are two clumps of tissue, on either side of the throat, embedded in a pocket at the side of the palate (roof of the mouth). The lower edge of each tonsil is next to the back of the tongue. **Adenoids** are a single clump of tissue in the back of the nose (nasopharynx). They are located on the back wall of the throat (pharynx), about one inch above the uvula (the little teardrop shaped piece of tissue that hangs down in the middle of the soft palate).

WHAT FUNCTION DO THEY SERVE?

The tonsils and the adenoids are mostly composed of lymphoid tissue, which is found throughout the gastrointestinal tract and on the base of the tongue. Lymphoid tissue is composed of lymphocytes, which are mostly involved in antibody production. Since we generally consider antibody production to be a good thing, many studies have been performed to try to clarify the importance of tonsils. To date, there seems to be no adverse effect on the immune status or health of patients who have had them removed. Any noticeable effect has generally been positive. It appears that the tonsils and adenoids were not "designed" to effectively handle the multitude of viral infections that occur in children in an urban population. Rather, the immune system, including the tonsils and adenoids, developed during a, era where the child was rarely exposed to many people and the germs they carried. In many cases, the tonsils and/or the adenoids become "dysfunctional" and are more of a liability than an asset.

ARE THE ADENOIDS A SEEDING SOURCE OF INFECTION TO THE EARS AND SINUSES? YES.

The analogy that the adenoids are sponges infected with bacteria that the immune system cannot kill is appropriate. The bacteria live in this tissue and spread out to normal tissue, retreating when antibiotics are given but never being eradicated probably due to diminished blood flow from scaring.

WHY ARE THE ADENOIDS REMOVED?

There are a number of well-established valid reasons for removal (called an adenoidectomy).

- **Blockage of the back of the nose (they are too big)**: This is a more common reasons for removal. The adenoids may be large enough to cause mouth breathing, snoring, or sleep apnea (blockage of breathing during sleep). This degree of enlargement may be associated with chronic fluid or infection in ears. Inability to breathe through the nose causes a reduction in smell (and therefore taste). This is most commonly seen in pre-school children but can exist in babies.
- **Chronic and recurrent fluid or infections of the ears**: The adenoids may be enlarged or chronically infected that they cause ear problems (recurrening infections or chronic fluid). The infection or blockage may affect eustachian tube function. An adenoidectomy is often recommended for children who continue to have ear problems after the first set of tubes. We will occasionally recommend an adenoidectomy with the first set of tubes if another problems exist.
- **Chronic or recurrent sinus infections or "rhinosinusitis"**: Similar to the problem with the middle ear, enlarged or infected adenoids may cause accumulation of nasal secretions or recurrening sinus infections. Many surgeons feel an adenoidectomy is most appropriate for young children with severe sinus problems.

WILL A CHILD OUTGROW THE PROBLEM WITH THE ADENOIDS? YES.

The adenoids usually shrink (regress) in the second decade of life. However, waiting many years may be to high of a price to pay. In particular, blockage and sleep apnea may result in permanent adverse changes in facial or dental development, in addition to the adverse effects on growth and learning caused by chronic poor sleeping.

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HOW ARE ADENOIDS REMOVED?

General anesthesia is necessary. Most often, with the assistance of a small mirror, adenoid tissue is "shaved" or curetted from the back of the nose. Occasionally, some other devices or electrocautery is used. With the advent of special cautery devices, we almost always completely dry the surgical site before the patient wakes up, eliminating the low-grade bleeding that used to be associated with adenoidectomies. The procedure typically takes **5-15** minutes to complete.

SHOULD THE TONSILS BE REMOVED ALSO?

In general, only if they are enlarged, or otherwise have been causing problems themselves. The tonsils rarely, if ever, are associated with ear disease. However, if we are removing adenoids because they are enlarged or obstructed, we tend to be relatively aggressive with borderline enlarged tonsils. Too often, several months later, when we left such tonsils, they became enough of a problem to warrant removal.

HOW ARE THE TONSILS REMOVED?

Two techniques are utilized:

- **Coblation Radiofrequency Tonsillectomy**
- **Traditional Tonsillectomy**

The difference is related to removal of the tonsil capsule which attaches to the throat muscle or leaving the capsule over the muscle to protect it and to decrease pain. Coblation leaves the capsule while traditional tonsillectomy removes it. With a history of abscess, severe infections with scaring or tumors, traditional tonsillectomy is recommended.

WILL MY IMMUNE SYSTEM BE AFFECTED IF THE TONSIL AND/OR ADENOIDS ARE REMOVED? NO.

The tonsils and adenoids comprise a portion of the total volume of tonsil lymphatic tissue in your nose, throat, and airway. The tongue base is the largest single organ of tonsil tissue. There are many small tonsil glands throughout the mucous lining tissue. The removal of diseased tissue will make you healthier.

WHAT ARE THE COMPLICATIONS OF ADENOIDECTOMY OR TONSILLECTOMY?

Complications are rare and usually minor. Anesthetic risk is usually related to the health of the patient. Serious anesthetic complications can occur but are very unusual. Bleeding is rare but may occur. The adenoid "bed" usually becomes superficially infected, and can cause **7-10** days of bad breath, but serious infections are very rare. If adenoids are routinely removed in all children, without careful consideration and examination, few children will have "velopharyngeal insufficiency," meaning that sounds or liquids can escape up the back of the nose affecting speech and/or swallowing. Taste change may also occur following the tonsillectomy.

WHAT SHOULD WE EXPECT POSTOPERATIVELY?

Adenoidectomy typically is much less painful than a tonsillectomy. Most children do not need pain medications; a few benefit from acetaminophen (Tylenol). Bad breath is common, usually for **7-10** days. A few children will complain of a stiff or sore neck (from irritation of the neck muscles underneath the adenoid bed). We do not limit activity (playing or swimming), although some surgeons do so. The patient may consume a normal diet. We usually see patients **2-4** weeks post-operatively to ensure normal function and healing.

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