



Ear Center: Preoperative Surgery Instructions for Tonsillectomy & Adenoidectomy

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Preoperative Surgery Instructions for Tonsillectomy & Adenoidectomy

Age 12 months - 3 years

Age 3 years - 6 years

Age 7 years - 13 years

Adults

About Tonsillectomy & Adenoidectomy

What Happens the Day of Surgery?

Outcomes of T&A

Ibuprofen, NSAID's, and Aspirin Management Prior to T & A

Children

1. Please do not give your child ibuprofen (children's Motrin®) or any aspirin or aspirin-containing medications for 10 DAYS prior to tonsillectomy and adenoidectomy. Such products can promote bleeding by inhibiting platelet function.

2. It is fine to administer Tylenol® (acetaminophen) or Tylenol® containing medications.

Adults

1. Please do not take ibuprofen (Motrin®), NSAID's (non-steroidal anti-inflammatory drugs such as Aleve®. or any aspirin or aspirin-containing medications for 10 DAYS prior to tonsillectomy and adenoidectomy. Such products can promote bleeding by inhibiting platelet function.

2. It is fine to take Tylenol® (acetaminophen) or Tylenol® containing medications.

PREPARING YOUR TODDLER FOR SURGERY - AGE 12 MONTHS TO 3 YEARS

We suggest that you do not try to prepare your toddler for surgery until the day before or the morning of the procedure. Toddlers have not yet developed a good sense of time, and talking about the operation too far ahead of time will not have very much meaning for them.

1. Please read the booklet provided, "Your T&A Journey", with your child and discuss with him the things that will happen on the day of the operation. Concentrate on what his experiences will be - what he will feel, hear, see, and smell. Talk about a pinch of the finger for blood work or a funny smelling mask over the face.
2. It may help to use a doll to serve as a "patient" and demonstrate to your child what will happen to him. Allow your child to play with a toy doctor's kit and masks or gowns. Allow your child to touch and manipulate some of the things that the anesthesia team will use during the operation such as an anesthesia mask or blood pressure cuff.
3. Describe the special set of pajamas (hospital gown) that your child will put on at the surgery facility. Explain that he may wear his own underwear as long as it is cotton.
4. Be explicit about the body part to be operated on and show that part to your child. Talk to him about how he will feel after the surgery. Explain that his throat will be sore, there will be an IV in his hand, and that an ice collar will be placed around his neck.. Reassure him that his throat will get better and stop hurting after a few days. It is very important to tell your child that the IV will be removed before he goes home, and that after it is removed, his hand will look and feel the way it always has. Reassure your child that removing tape from the IV is like removing a band aid, there will be no major bleeding, and that none of his air will escape (they sometimes imagine that removing an IV is like having air deflate from a balloon).
5. Let your child take a favorite toy, blanket, or pacifier to the operating room with him for security.
6. Describe the anesthesia as a "special nap" that is different from his usual sleep at home. Avoid using the term "being put to sleep" as your child may confuse this with animals that have been put to sleep by your veterinarian. Children know that a "nap" is brief and that they will see their parents after a "nap."
7. Reassure your child that you will meet him in his room after the operation and that you will stay with him all the time. It is very important that toddlers have their mother, father, or primary caretaker stay with them overnight.

PREPARING YOUR PRESCHOOLER FOR SURGERY - TONSILLECTOMY & ADENOIDECTOMY - AGE 3 TO 6 YEARS

We suggest that you begin preparing your preschooler for his operation about 2-3 days before the procedure.

1. Please read your booklet, "Your T&A Journey", with your child and discuss with him the things that he will experience during the operation. Concentrate on what your child will see, hear, feel and smell, such as a quick pinch of the finger for blood tests or a funny smelling mask over his face.
2. It may help to use a doll to serve as a "patient" and demonstrate to your child what will happen to him. Allow him to play with a toy doctor's kit and masks or gowns. Allow him to touch and manipulate some of the things that will be used by the anesthesia team during the operation such as an anesthesia mask and blood pressure cuff.
3. Describe the special set of pajamas (hospital gown) that your child will put on at the surgical facility. Explain that he may wear his own underwear as long as it is cotton.
4. Be explicit about the body part to be operated on. Show your child your tonsils or show him his own in a mirror if possible. Reassure your child that no other body parts will be changed during the operation. It is also important to describe the IV to your child and reassure him that it will not be a permanent part of his body. Explain that his hand will look just the same as it always has once the IV is removed. Perhaps explain that you had an IV placed when he was born.
5. Encourage your child to ask questions and praise him for doing so.
6. Let your child take a favorite toy or blanket to the operating room with him for security.
7. Describe the anesthesia as a "special nap" that is different from his usual sleep at home. Avoid using the term "being put to sleep" as your child may confuse this with animals that have been put to sleep by your veterinarian. Children know that a "nap" is brief and that they will see their parents after a "nap".
8. Remember that preschoolers are highly imaginative and may fantasize about what might be wrong with their throat and why. Reassure your child that he did nothing to cause his illness and that the operation is not punishment of any kind.
9. Prepare your child for some discomfort after the operation and focus on things that they can do to help themselves feel better such as taking pain medication and drinking plenty of liquids. We encourage children of this age to drink at least 4-6 eight oz. glasses of fluid per day.

PREPARING YOUR CHILD FOR SURGERY - TONSILLECTOMY & ADENOIDECTOMY- AGE 7 TO 13 YEARS

We suggest that you begin preparing your school-age child for his operation about one week before the procedure. At this age, children want detailed explanations about what will be happening to them and why. It is important to answer their questions and to respond to their concerns. The more they understand, the less anxiety they will have.

1. Use dolls, body outlines, and books to help prepare your child for what to expect. Concentrate on describing what your child will hear, see, feel, and smell during and after the operation.
2. Be explicit about the body part to be operated upon and make it clear that no other body part will be involved.
3. Allow your child to play with and manipulate doctor's masks, surgical gowns, blood pressure cuffs, and other items prior to the procedure.
4. Describe the anesthesia as a "special nap" that is different from his usual sleep at home. Reassure your child that he will not wake up during the surgery and that he will receive special medicine so that he won't be able to feel anything during the procedure.
5. Be realistic about how your child will feel after the operation. Describe a sore throat, the IV in his hand, the ice collar, and the reasons for having one. Reassure him that pain medication will be given through the IV. Tell your child that he will be expected to drink even though his throat will be sore. Encourage him to drink at least 6 eight oz. glasses of fluid per day.
6. A tour of the surgical facility several days prior to the operation may help to decrease his anxiety and prompt questions. You may contact the surgical facility to arrange this. The phone number of the SCA Surgical Center of Greensboro is (336) 272-0012. The number for Cone Day Surgery Center is (336) 832-7100.
7. School age children may have bad dreams or night waking for several days after the operation. This is a normal behavior that should soon disappear. Be comforting, supportive, and gently urge your child to resume his regular schedule.
8. It is important to talk about the operation to your child as a positive way of dealing with a health problem. Acknowledge that the procedure itself may not be a "fun" experience but that the long term benefits are worth the short term discomfort involved. You, as a parent, can help your child feel very good about his ability to deal with a stressful event in a positive, mature way.

ADULTS: TONSILLECTOMY AND ADENOIDECTOMY - WHAT TO EXPECT ON THE DAY OF SURGERY

1. The patient should arrive at the surgical facility and check-in one hour before the operation is scheduled to begin.
2. The patient may have a blood test to check blood counts (hemoglobin), and your temperature will be taken. An anesthesiologist will talk to you and listen to your heart and lungs. An electrocardiogram (ECG) may be performed. An IV infusion may be starting in the holding area by nurse or anesthesiologist.
3. When the operation is about to begin, a nurse anesthetist (CRNA) will take you to the operating room.
4. In the operating room, the patient will be given general anesthesia through an IV. Once asleep, an endotracheal tube will be placed in the windpipe (trachea) to continue the anesthesia. Your heart rate, blood pressure, temperature, and blood oxygen levels will be monitored continuously throughout the procedure.
5. The operation will take about one hour. When it is over, you will be taken to the recovery room to "wake up" from the anesthesia. You will stay in the post-anesthesia care unit about one-half hour and then you will be taken to your room.
6. The IV will stay in your hand overnight. Pain medication may be administered directly through the IV. You will be asked to wear an ice collar around your neck to help avoid bleeding and decrease pain.
7. It is important that you drink liquids as much as possible after the operation even though your throat may hurt. Some people feel nauseated initially and may vomit. Medication will be given to help with the nausea if this becomes a problem.
8. On the morning following the operation, the IV will be removed, and you will be discharged home. If you live within a close distance to the surgical facility, are drinking well, your pain is controlled, you have a stable airway, you have someone to stay with you during the night, and you want to go home, some adults are permitted to leave the surgical facility in the early evening. This will be determined on an individual basis by your physician.

ABOUT TONSILLECTOMY & ADENOIDECTOMY

PURPOSE

Tonsils and adenoids are normal body tissues that are part of our immune system (lymphoid tissue) and normally help to protect us against disease that may enter our mouth and nose. Sometimes, the tonsils and adenoids become diseased themselves (strep infections, peritonsillar abscesses, biofilm formations, etc.) and can cause us to become sick. Alternatively, the tonsils and /or adenoids may become too large and

obstruct our breathing, especially at night. If either one or both of these things happen, it helps to remove the tonsils and adenoids in order to become healthier. The operation to remove the tonsils and adenoids is called a "Tonsillectomy and Adenoidectomy." When the tonsils are removed, the adenoids are almost always removed. However, adenoids are often removed alone, without removing the tonsils. The tonsils and adenoids do not make any special substances that our body needs and can be removed without causing any future medical problems.

LOCATION

The tonsils are located in the back of the throat on either side (lateral oropharynx) and sit in a cradle of muscles. The adenoids are located above the roof of the mouth and behind the nose (nasopharynx).

OPERATION

A tonsillectomy and adenoidectomy (T&A) is a brief operation which takes about an hour (including being put to sleep and being awakened). T&A's are performed either in the hospital or in an outpatient surgical facility. Usually a 23 hour observation period is required prior to going home. Adenoidectomy alone can be done on a out-patient basis and does not require an overnight stay.

During the operation, an electronic instrument (electrocautery) is used to remove the tonsils and adenoids. There is usually very little bleeding (less than a tablespoon). No stitches or acids are used. Before you wake up, the surgeon usually injects the area where the tonsils were with a long-acting numbing medicine (1/2% marcaine with 1:200,000 epinephrine) which takes away most of the pain for approximately 6-8 hours.

WHAT HAPPENS THE DAY OF SURGERY?

TONSILLECTOMY & ADENOIDECTOMY

1. The patient should arrive at the surgical facility and check in 1-2 hours before the operation is scheduled to begin.
2. The patient/child will have their temperature taken. An anesthesiologist will talk to the patient and listen to their heart and lungs.
3. When the operation is about to begin, a nurse anesthetist (CRNA) will take the patient to the operating room.
4. In the operating room, the patient will "take a nap" by breathing Nitrous Oxide and Sevoflurane through a mask placed over their face. Once asleep, an IV is placed in their hand, and a tube is put into their windpipe (endotracheal tube) to continue the anesthesia. The patient's heart rate, blood pressure, temperature and blood oxygen levels will be monitored throughout the procedure.

5. The operation will take about 1 hour. When it is over, the patient will be taken to the recovery room to "wake up" from the anesthesia. The patient will stay there about 30 minutes, and then the patient will be taken to their room.

6. The IV will stay in the patient's hand until they are almost ready to go home. Pain medication may be given directly into the IV (no shots!). The patient will be asked to wear an ice collar around their neck to help avoid bleeding and decrease pain.

7. It is important that the patient drink as much as possible after the operation, even though their throat may hurt. Many people feel nauseated at first and may vomit. Medication will be given to help with the nausea if this is a problem.

8. The IV will be removed, and the patient will be discharged on the morning following the operation.

Outcomes of T&A - Efficacy for Treating Recurrent Streptococcal Tonsillitis/Pharyngitis

RATIONALE FOR T&A

In terms of outcomes in most cases, there are one of two main objectives for removing the tonsils and adenoids:

1. treatment of recurrent streptococcal tonsillitis (caused by the bacteria, Group A β -Hemolytic Streptococcus or "GABHS")
2. improvement in the oropharyngeal airway (improved breathing, decreased snoring, etc.).

Treatment of these two conditions usually results in a decrease in infection rate, improved breathing, and an enhanced quality of life.

RESEARCH

Recent research in children has shown that when T&A is performed for the treatment of recurrent GABHS tonsillitis/pharyngitis, there is both:

1. a decrease in the number of subsequent GABHS infections
2. if subsequent GABHS infections do occur, there is an increased amount of time between infections compared to those individuals who had not undergone T&A.¹

Specifically, children, who had recurrent streptococcal tonsillitis and did not undergo a T&A (unoperated), were 3.1 times more likely to develop subsequent episodes of GABHS infection (95% confidence interval, 1.9-4.9; $P < .001$). These same unoperated children developed their subsequent GABHS infections in 0.6 years versus 1.1 years for children who had undergone a T&A operation.

References:

Orvidas LJ, St. Sauver JL, Weaver AL. Efficacy of Tonsillectomy in Treatment of Recurrent Group A β -Hemolytic Streptococcal Pharyngitis, *Laryngoscope*, 2006, 116:(11), 1946-1950.

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