

# DRS. GEHRIS, JORDAN, DAY & ASSOCIATES, LLC

Head and Neck Surgery . Ear, Nose and Throat Surgery . Facial Plastic & Reconstructive Surgery

Otolaryngology – Head and Neck Surgery

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## Facts about Tonsillectomy and Adenoidectomy

Removal of the tonsils and/or adenoids is a proven way of improving the health of patients suffering from illness of the upper air and food passages. However, some risk does accompany these procedures, so we want to be sure that our reasons for removing the tonsils and adenoids (known as “T&A”) are valid and that our expectation of benefit for the patient outweighs the risk of the procedure.

After years of study, the American Academy of Otolaryngology – Head and Neck Surgery has recommended the following reasons to remove tonsils and/or adenoids.

1. Frequent Tonsillitis. One authority from the Children’s Hospital in Washington, D.C., has recommended removal of tonsils if seven (7) sore throats occur in any twelve (12) month period, five (5) sore throats in each of two (2) successive years or three (3) sore throats in each of three (3) or more years. These are simply guidelines and as an example, if a child had four (4) or five (5) very severe sore throats in one calendar year and in addition, perhaps had some snoring or mouth-breathing, that would probably constitute a good reason for doing the operation.
2. Frequent Recurrent Tonsillitis despite adequate antibiotic therapy or recurrent tonsillitis when complicated by an abscess of the tonsils or pronounced enlargement of the lymph glands in the neck and sometimes, febrile convulsions, are reason for removing the tonsils.

Recurrent Tonsillitis associated with heart valve disease, especially with frequent strep infections or ear infections, is a listed reason as well. Abscess of the tonsil (Peritonsillar Abscess) as a single isolated event may not necessitate tonsillectomy, but more than one episode usually does.

Breathing disturbances during sleep (sleep apnea) and/or severe disturbances, such as leg-kicks and some cases of bed-wetting, or pulmonale (strain on the heart), failure to thrive, i.e., failure to grow and develop normally, mouth breathing, eating or swallowing disorders and some speech abnormalities, some cases of oral or facial anatomic abnormalities resulting in a narrowed upper airway obstruction, as well as chronic ear disease are viewed as additional cases.

Some less important reasons would be people who have trouble taking medical therapy because of allergy or difficulty in taking medications, persistent tonsillar inflammation associated with sore throat not attributable to other cases or halitosis related to accumulation of debris in the crypts of the tonsil.

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Why do we concern ourselves with trying to decide what justifies tonsillectomy and/or adenoidectomy? The reason is that, like all other operations, tonsillectomy and adenoidectomy come with some risks. The risk of tonsillectomy and adenoidectomy includes the risk of anesthesia, which is quite a small risk for the average, healthy person. Nonetheless, there is a small chance that some allergy to the medication or some bad response to the medication could occur. These risks associated with the anesthesia such as chipping or loss of teeth and so forth.

So far the operation itself is concerned; we know that there might be bleeding immediately in the operating room. However, this is normally controlled with the usual measures used for the operation. The real time of risk for bleeding is during the first ten days after the operation and can even extend up to the fifteenth or sixteenth day, in rare cases. This bleeding is usually manageable in the office or in an emergency room and very rarely (less than 1/1,000) may require transfusion. We very seldom need to take the patient back to the operating room for control of hemorrhage.

There are other, more minor complications that occur such as a change in the voice (the voice change is usually an improvement, but may be undesirable). Air or liquid sometimes escapes through the throat into the nose. Even if speech and swallowing are normal, strong blowing such as on a woodwind musical instrument (clarinet, sax) may become permanently impossible. This "reflux" generally resolves in a period of about six weeks, but in other instances may not resolve so readily. General discomfort or persistence of the sore throat problem can occur. This constitutes the majority of the post-operative problems. Naturally, most of the patients have a sore throat, so eating, drinking and the like are exceptionally difficult for a period of time.

Antibiotics seem to conclusively shorten the recovery period. For this reason, antibiotics are often given before, during or after the procedures. Narcotic pain medication is usually necessary for adults and teenagers.

If you have any questions regarding the risks and benefits of the surgery, or need or desire a second opinion, please ask us prior to the day of the procedure.