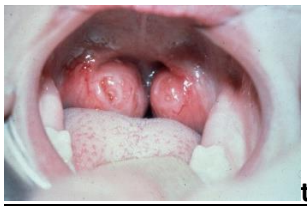
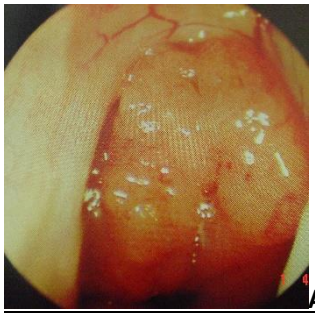
**Tonsil and adenoids and tonsillitis /tonsillectomy**



**tonsil**



**Adenoids**

**What is tonsils and adenoids?**

Tonsils and adenoids are both made of lymphoid tissue similar to the glands in our neck and are situated in the throat (tonsil -one on each side inside the mouth) and the adenoidal tissue is situated at the back of the nose where our mouth meets the back of the nose which is known as the nasopharynx. Both adenoids and tonsillar tissues can enlarge as we grow through infancy and childhood. They large to cause obstruction in the back of the nose or in the mouth (oropharynx) or cause enlargement due to infection/inflammation or combination of both.

There are made up of lymphoid tissue therefore produced lymphocytes to fight against both bacterial and viral infections, however large proportion of this work is done by the liver spleen and bone marrow which usually take over producing lymphocytes following early infancy.

Tonsillar enlargement causes difficulty with breathing, eating, swallowing and speaking in particular can cause snoring, apnoea's, drooling, gagging, and poor sleep. Tonsillar infections on the other hand courses fevers ,headaches, abdominal cramps and pains, nausea vomiting, febrile convulsion, frequent sore throats, drooling, halitosis (bad breath) and adjacent neck gland enlargement.

Tonsillar and adenoidal enlargement can cause obstructive symptoms especially at night with sleep disturbance, apnoea's, snoring and result in the reduction of oxygen and elevation of carbon dioxide. These children often suffer from poor quality sleep, lethargy, hyperactivity, poor concentration, poor school performance and behaviour behavioural abnormalities.

Tonsil infections are predominantly viral (70%), remainder by bacteria. Group A -beta haemolytic streptococcus (GABHS) particular bacteria also normal as strep throat is implicated with rheumatic fever and subsequent heart valve disease as well as glomerulonephritis of the kidneys. Persistent sore throat with throat culture when positive for GABHS would require antibiotic treatment to prevent above complication. Recurrent GABHS infection in children especially between ages 6 and 14 would require treatment with penicillin antibiotic. Chronic tonsillar infections can cause chronic cellulitis of tonsil and the surrounding tissue and can give rise to peritonsillar abscess (Quinsy) which is a serious complication of chronic tonsillar infection with abscess formation around the tonsillar tissue.

Adenoidal enlargement often causes nasal obstruction with blocked nose/runny nose, snoring or mouth breathing, hypo nasal speech, ear pain and recurrent ear infections. Persistent adenoidal infection can cause sinusitis-like symptoms, sore throat and facial pain.

How adenoidal enlargement is diagnosed colon

Adenoidal tissue is difficult to examine in children unless we place a nasal endoscope which ENT surgeon can perform under local anaesthesia to visualise the adenoidal tissue. This is a simple procedure done performed in office with the video endoscope. In children who whom we are unable to perform this can obtain a lateral neck x-ray which can show adenoidal enlargement although this is not very accurate.

What are the indications for adenoidal and tonsillar removal?

**COMMON INDICATIONS**- ***adenoidal and tonsillar enlargement with obstruction, recurrent strep throat GABHS positive children with comorbidities, recurrent tonsillar infection (7 in 1 year, 5/y in 2 years), obstructive sleep apnoea, suspected malignancy, recurrent quinsy post***

Adenoidal enlargement is diagnosed clinically by your ENT surgeon. Adenoidal removal is indicated within adenoidal tissue occupies greater than > 75% of the nasal pharyngeal space or or due to recurrent adenoiditis/sinusitis/snotty nose is symptoms or for recurrent ear infection.

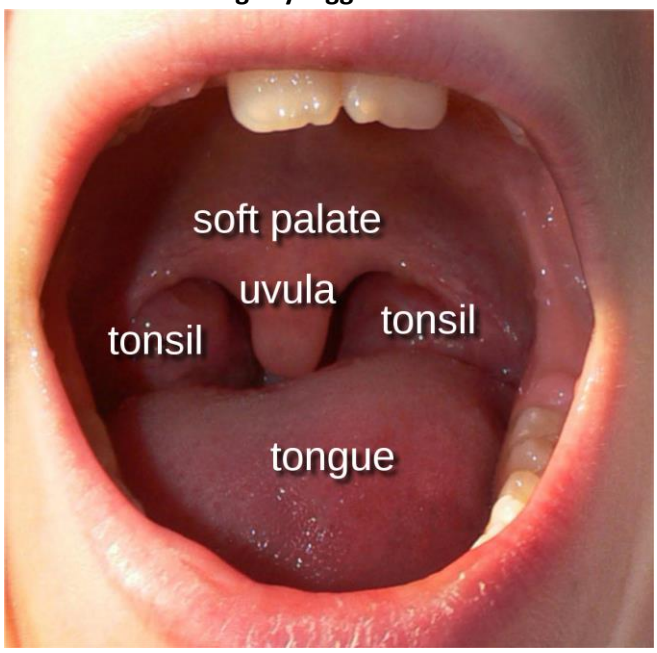
Tonsillar enlargement is also diagnosed clinically as indicated if tonsils are grade ¾ grade4/4. Tonsillar grading shown in photograph below.

Tonsillar enlargement with clear history of obstructive symptoms such as sleep apnoea, sleep disturbance, difficulty swallowing and gagging I indications for removal of tonsils. Paediatric sleep questionnaire 21 point scoring system (attached) scores above 8/21 may be a useful guide in predicting significant obstruction in these children. Suspicion of abnormal enlargement of a unilateral tonsil on the basis of possible malignancy should also be entertained provided there are associated B' symptoms (I E: Night sweats, fevers, lethargy, weight loss)

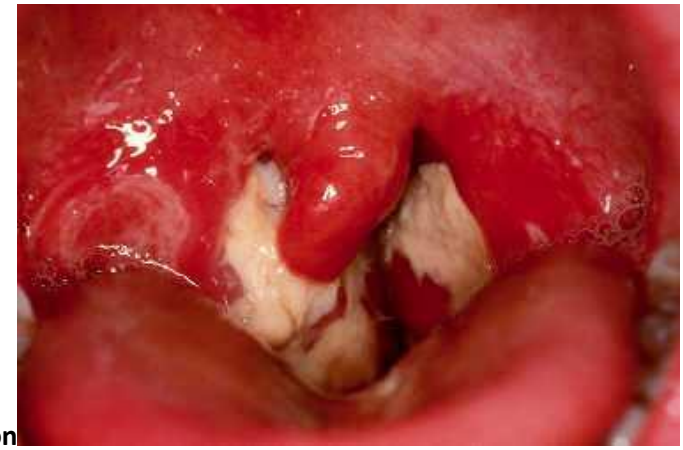
Tonsil infection especially with strep throat and history of recurrent infection R indication for tonsillectomy. Current recommendations are if the child has 6-7 infections per year or 5 infections per year 2 consecutive years, or 3 infections per year for 3 consecutive years should consider tonsillectomy. Other indications include recurrent quinsy, PAFFA, severe drooling, rheumatic fever risk group.

**Photographs**

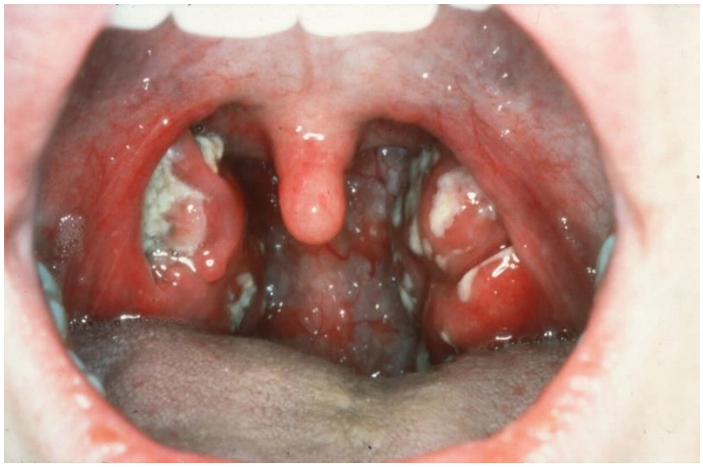
**Normal tonsils – slightly bigger than normal in size**

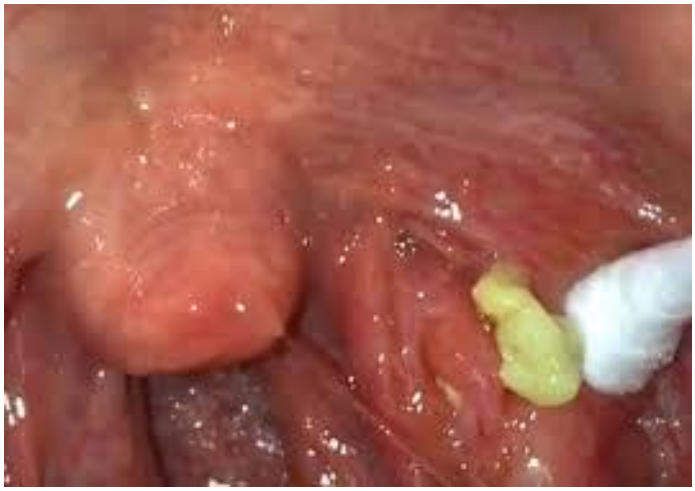



**Glamdular fever- EBV infection**



**Acute Tonsilitis  with exudate**





**Tonsillar stone – chronic tonsillitis**

**<u>What is tonsillectomy and how was performed, recovery, risks?</u>**

Tonsillectomy as performed on a general anaesthetic, patient is completely sleep and unaware of the procedure. Surgery takes 30 minutes with the anaesthetic the whole procedure may take anywhere between 45 and 60 minutes. It is commonly done as a day stay procedure but in some patients we may keep you overnight. Once your sleep, a special mouth gag was placed in the mouth to open and visualise the tonsil area tonsil was removed by Coblation technique. Coblation is a special device which uses plasma technology with cold water irrigation during the procedure to reduce the temperature around any significant tissue damage. Coblation technique is now commonly used throughout the world and has the benefits of less pain, faster recovery, faster return to normal activity and eating. Photographs and link provided for video.

Tonsillar operation is the painful procedure in terms of recovery and the pain may last anywhere between 10 and 14 days. During this period be receiving strong pain relief and he should take this regularly even though you have got no pain. He should eat and drink normally keep hydration up at most times. There is a small risk (3%) of post tonsillectomy bleeding where it could be a small drop of blood, teaspoon or half a cup of blood that could come from 1 of the tonsillar fossa this during the recovery. While it is healing and it usually occurs if it rolled walker looker usually between day 7 and 40. You should suck some ice and cold water and 95% of this bleeding usually settles within half an hour. If the bleeding continues you should go to the emergency department or contact your surgeon. You may have to stay in hospital overnight, usually they are there is a very low chance of you having to return back to theatre for control of bleeding. Referred ear pain or swallowing related lump in the throat sensation is common after tonsillectomy for few weeks.

***<u>What is adenoidectomy and how is it performed, recovery, risks?</u>***

Commonly asked questions following tonsillectomy adenoidectomy…

1. Day surgical procedure of tonsils and adenoids usually go home after 4 hours occasionally we will keep you in for more than 6 hours. If you live alone or live 60 minutes from hospital we will also keep you in hospital overnight unless you have other comorbidities (other medical problems). 2

2. She will have 10 to date 10-14 days for full recovery. You should try and eat full normal diet with plenty of fluids and take all medications prescribed. He may want to avoid going to the gym, parties, social gatherings or undertake overseas flight to 14 days after surgery. Gentle exercise, walk in the park is not contraindicated.

3. You should avoid aspirin-containing medication or other homeopathic medication that may increase the risk of bleeding during the recovery period.

4. If you have severe pain despite taking all medications as prescribed contact the surgeon who could prescribe them short-term medications to relieve your pain. Infection is uncommon following this procedure but if it does occur you may need a course of antibiotics.

5. There may be a change in your voice, taste, mild neck pain following surgery but this should all improve within the first 4 weeks.

6. There is no evidence that your immunity will be lowered following tonsillectomy, adenoidectomy. This is a myth!