



## Tonsillectomy FAQ

### **What are tonsils?**

The tonsils are located on either side of the back of the throat, and are similar to adenoid tissue (which is located behind the nasal cavity). Tonsil tissue is part of the immune system, but contrary to common belief, the tonsils do not serve as a “filter” for disease. Although the exact function of the tonsils is unknown, it is thought to be important only in very young children while their immune systems are still developing. Studies consistently have shown that having one’s tonsils removed results in no ill effects.

### **Are there any problems or risks with a tonsillectomy (tonsil removal)?**

Overall, a tonsillectomy is a very safe procedure with few, if any, problems. The most common issue following a tonsillectomy is discomfort. Children usually experience significant sore throat pain for seven to 10 days. Pain can persist longer in teenagers and young adults. The doctor will prescribe a narcotic pain medication for the discomfort. You should also give ibuprofen (Motrin or Advil) with the narcotic medication to help keep the pain under control.

Fever and bad breath are also common after surgery but don’t necessarily signal an infection. Fever as high 102° F may occur for several days following surgery. These symptoms typically will resolve as the scabs heal. A fever of 103° F or higher may represent an infection, such as a viral infection, not related to the surgery. During flu season, flu testing may be recommended for fevers higher than 103°F.

Bleeding following a tonsillectomy is the most common serious problem. Excessive bleeding is generally rare, occurring in 1% or less of cases. Most often the bleeding will resolve itself. In some cases, however, hospitalization or an additional surgery may be required to control bleeding.

### **When is a tonsillectomy recommended?**

Tonsils can become chronically infected and are the cause of chronic or recurrent strep throat infection. Tonsil tissue also can become enlarged, resulting in breathing obstruction, especially during sleep. A tonsillectomy is typically recommended for two conditions: recurrent throat infections or strep throat and snoring affecting sleep (sleep disordered breathing). The goal of a tonsillectomy is to make the patient healthier and/or improve sleep. In almost every case, the surgeon also will perform an adenoidectomy (removal of the adenoid tissue in the nasal cavity) with a tonsillectomy.

### **Recurrent strep throat or tonsillitis**

In the case of recurrent strep throat or tonsillitis, a tonsillectomy is recommended when episodes are frequent or there are frequent complications. Initial strep throat infections usually are acquired from contact with another person infected with strep throat. The first line of treatment for strep throat is oral antibiotics, usually amoxicillin. When strep throat episodes become frequent (recurring more than four or five times), the tonsils become chronically infected and future episodes can occur without exposure to another person. In other words, the patient is infecting him or herself. In these cases, removal of the infected tonsil tissue can prevent further recurrent strep throat infections.

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Having the tonsils removed also may be recommended by the doctor for complicated episodes of strep throat. Common complications associated with strep throat that would have the doctor recommend a tonsillectomy include: abscess around the tonsil (peritonsillar abscess), severe rash (scarlet fever), recurrent joint swelling (post-streptococcal reactive arthritis) and kidney failure (post-streptococcal glomerulonephritis). Removing the tonsils in these cases prevents further complications and prevents further strep throat infections.

**Snoring resulting in sleep disruption**

Sleep disordered breathing is the other common reason for a tonsillectomy. Tonsil enlargement (along with associated adenoid enlargement) can result in snoring to the point sleep is disrupted. Associated symptoms typically include: snoring, awakening at night, restless sleep, open mouth during sleep, daytime tiredness, hyperactive behaviors, bedwetting and nightmares or night terrors. Removal of the enlarged tonsils (and adenoid) tissue can improve breathing at night and resolve problems with sleep disruption.

**Other reasons for a tonsillectomy**

Other reasons for tonsil removal include feeding problems, speech problems and recurrent fevers. Enlarged tonsils can interfere with swallowing in some instances and removal may be recommended by a feeding therapist. Tonsillar hypertrophy (enlarged tonsils) also can interfere with speech. A tonsillectomy may help improve speech or be done in preparation for surgery to improve speech. If recurrent fever syndrome (PFAPA) is a problem, it often will respond to a tonsillectomy.

**Can strep throat still occur after a tonsillectomy?**

It is possible to become infected with strep throat following a tonsillectomy if a patient comes into direct contact with body fluids from someone with an active strep throat infection. However, self-infection with strep throat typically no longer happens once the infected tonsil tissue has been removed.