

TONSILLECTOMY AND ADENOIDECTOMY

Risks, Complications and Post-operative Instructions

Tonsillectomy requires removal of considerable tissue from the pharynx. Whilst this is a very safe procedure in optimal conditions, a number of complications regularly occur. Fortunately, the more serious problems are readily resolved.

In children, adenoids are routinely removed with the tonsils, but not in adults, as the adenoids wither during adolescence.

General Risks

As with any procedure, the general anaesthetic used has a range of risks not unique to tonsillectomy. At Queensland Otolaryngology our anaesthetists are highly skilled and practiced at paediatric procedures, and problems are rarely a lasting concern.

Bleeding

Removal of the tonsils incurs bleeding and a risk to the structures surrounding the tonsils (the fauces). Any problems are usually a result of severely infected or scarred tonsils. Bleeding at surgery is controlled uneventfully in the great majority, but excessive bleeding may occur in cases with more severe pre-operative scarring, abscess sites or abnormally large vessels nearby. Rarely, scarring may result in removal of fauces tissue causing temporary palatal function problems.

Post-operative bleeding or breathing problems may occur. Early (primary) bleeding from the tonsils is rare, but bleeding from the adenoids (removed with the tonsils) occurs in every few hundred cases, as this site is difficult to access and observe. This occurs shortly after surgery and is promptly managed.

Other Surgical Aspects

Breathing difficulty may occur from spasm of the laryngeal muscles, necessitating temporary replacement of the tracheal tube.

Whilst in hospital a child may develop fever. This may arise from swallowing some blood, from a transient bacteria in the blood, or from an unexpected viral or chest infection. These problems are normally readily managed.

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Other Locations

Beenleigh

Sunnybank

Mt Ommaney

Caboolture

Post-operative Problems

Pain

After discharge the main problems are pain and reluctance to ingest adequate fluids.

Pain medications will be prescribed and available, but a child may resist the medication. Avoid aspirin or anti-inflammatory medicines (Brufen, Nurofen) for two weeks, as these may cause bleeding. Earache is very common but not due to ear disease.

Encourage a full diet, as this cleans the throat, improves comfort, and reduces the risk of bleeding, although food may be declined. Pain and discomfort are often maximal around the 5th or 6th day after surgery, with improvement at the one-week mark.

Fluid intake however, is essential.

Fluid intake

Failure to take fluids may lead to dehydration that predisposes to infection and bleeding. Ensuring adequate fluids may require “tough love” from family members, but is essential to avoid re-admission to hospital. Proffering a cup 20 minutes after pain relief is given often works. Persistence is often essential.

Bleeding

Bleeding after discharge is possible up to two weeks after surgery. Mild streaks or “shows” of blood are not dangerous but should be watched with caution. Severe bleeding warrants immediate re-admission: proceed directly to the nearest emergency department.

Other problems after surgery include weight loss and a temporary change in vocal timbre due to palatal tissue stiffness or swelling, a response to the surgery. Bad breath odour is common but temporary.

Concerns are common after tonsillectomy. Please let us know at Queensland Otolaryngology if you have any concerns or questions, whether before or after:

Contact Numbers

Business Hours: (07) 3839 7677

After hours: (07) 3261 9570

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