

DuPage Medical Group

WE CARE FOR YOU

*Otolaryngology, Head and Neck Surgery*

# tonsils & adenoids



*What Can Be Done*



At DuPage Medical Group, we understand nothing is more important to you than the health of your child. Our physicians are here to help keep you and your family healthy and well. When a health issue arises, we realize you may have questions regarding your child's condition and treatment options. We have designed this brochure to provide you with answers to your most common questions. And as always, we welcome any additional questions. We are here for you.

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## background

Tonsils and adenoids are part of the lymphatic system and found in the back of the throat and nose. Their function is to help produce antibodies early in life. Beyond late childhood and adulthood, there are no particular functions unique to the tonsils and adenoids.

Removal of the tonsils and adenoids is indicated in two common situations:

- 1 Recurrent or chronic infections*
- 2 Enlargement also known as hypertrophy*

## chronic infections

When recurrent infections occur in the tonsils or adenoids (tonsillitis and adenoiditis) numerous times or if an infection is never cleared up, removal should eliminate any further infection and pain in the tonsils and adenoids. Tonsillectomy and adenoidectomy do not reduce the number of colds or other illnesses.

Adenoidectomy can also be indicated in recurrent or chronic sinusitis in children. The location of adenoid tissue can harbor bacteria and can also contribute to chronic ear infections or otitis media.

The only alternative to surgically removing the tonsils for infection is further antibiotic treatment. Depending on the number and type of past treatments, more antibiotics may not be helpful.

## enlargement or hypertrophy

Abnormal enlargement or hypertrophy of the tonsils and adenoids usually results in airway obstruction or problems with swallowing. When the enlargement is severe, patients can have blockage in breathing, known as obstructive sleep apnea, which occurs at night while sleeping. This severe medical condition requires treatment because of the possible long-term problems that can occur with the heart and lungs. If you suspect that your child or someone you know suffers from sleep apnea, please discuss this with your physician.

## surgery

Surgery is usually done as outpatient or same-day surgery. Surgery is done through the mouth, without the need for any external incisions. Depending on your physician and your problem, surgery may require an overnight stay in the hospital, which is usually more common with patients with obstructive sleep apnea. Pain medicine is prescribed and antibiotics may also be prescribed. Most patients require a week of absence from school or work.

## postoperative care instructions

### **after surgery**

Pain may be very severe, lasting up to 2-3 weeks. The worst pain occurs within the first week and is often associated with ear pain. Tylenol™ with codeine or other narcotic medicines will control the severe pain, but there may still be severe discomfort. No aspirin, ibuprofen (Motrin™, Advil™) or any other pain relievers should be used, since these may cause bleeding.

Strongly encourage drinking plenty of clear fluids, such as water and fruit juices. Avoid drinking straws for the first week after surgery.

No physical activity such as running, lifting or climbing should be allowed for 14 days after surgery. While this is difficult to enforce for most children, this will help reduce the possibility of bleeding after surgery.

### **what may happen**

Nausea or vomiting during the first few days after surgery usually is due to anesthesia. A small amount of old, swallowed blood or pink and slightly red-colored nasal mucous or saliva may be seen and should not be concerning.

A change in voice or passage of fluid into the nose when swallowing may occur. This is temporary and may last for a few weeks.

A low grade fever up to 100°F usually occurs during the first week after surgery. The fever is due to the surgery and should be relieved with Tylenol. If a high fever occurs (over 101°F), please call our office.

### **when to call for emergencies**

If constant, bright red blood continues for more than 15-20 minutes, please call our office IMMEDIATELY. During office hours, please call our department directly, or if after hours, ask the operator to page the otolaryngology physician on call. If bleeding becomes severe, go directly to the nearest hospital Emergency Department. The hospital Emergency Department will then contact the physician on call.



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