TONSILLECTOMY refers to the surgical removal of the tonsils.

ADENOIDECTOMY refers to the surgical removal of the adenoids.

Both the surgeries can be done concurrently (called ADENOTONSILLECTOMY) or independently.

6 hours of fasting (i.e strictly NO food or drinks) before the surgery is needed.

The surgery will be done under general anaesthesia (GA) (i.e patient is fully 'asleep' and unaware).

Right: A close-up view of the oral cavity and oropharynx (upper throat)
Left: Throat examination revealing large tonsils (red lines). Compare the narrowed airway with the above picture (without enlarged tonsils)

WHAT WILL I EXPERIENCE OR EXPECT FOLLOWING THE PROCEDURE?

After your surgery, your anaesthetist and the nurses continue to monitor your condition carefully as you gently return to full consciousness. You may be given some oxygen through the oxygen mask to breathe. Intravenous drips will be given to replenish the fluids that you might require.

1. You are likely to feel drowsy, tired and sleepy at this stage. Some may feel that the throat is sore -this is most likely due to the insertion of the breathing tube during surgery. During this time it is important that you relax as much as you can, breathe deeply, do not be afraid to cough, and do not hesitate to ask the nursing staff for any pain relief, and about any queries you may have. You are likely to have hazy memories of this time and some patients experience vivid dreams.

2. Due to the effects of the general anaesthesia and the drugs used during the surgery, you may feel nauseated and may vomit following the procedure. This is normal and will resolve shortly. Do not be alarmed if there is blood stain in your vomitus or sputum.

3. After the operation, as soon as you are alert and conscious (this usually takes 2-4 hours after coming out from the operating room), you are allowed to eat and drink. However, you experience some discomfort due to the pain in the throat.

4. Diet: It is very important to be watchful of your diet in the first few days following the surgery.

   You are encouraged to drink clear cold fluids such as water and take cold food such as ice-cream or jelly.

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Avoid: hot steaming food/drinks as this can increase the risk of bleeding after the surgery.

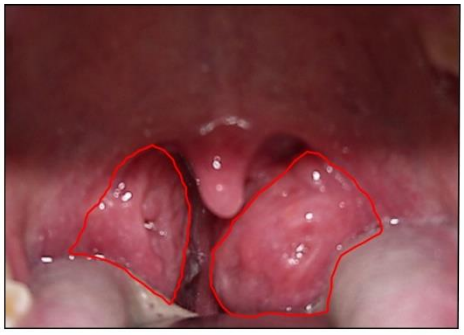
Favour: cold food/drinks as this lessens the risk of bleeding after the surgery and more soothing on the healing throat.*Avoid:* citrus juices and carbonated beverages (colas) because they may cause increased pain and throat irritation. Juices that are sour can irritate the raw area where the tonsils used to be,After a few days start trying foods that are easy to swallow.

Favour: Soft noodles, porridge(cold), jelly/puddings, yogurt, and ice cream.

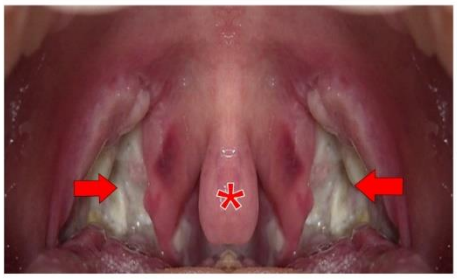
Avoid: steamy, hot, or spicy foods or hard, crunchy foods.

Your appetite is expected to return to normal soon after.

5. Drink plenty of fluids. This will prevent you from dehydration.
6. It is expected that you will still experience some sore throat or blood-tinged saliva (but NOT active fresh bleeding). Your uvula may swell up for 3 or 4 days after surgery. You may feel there there is something constantly in the back of your throat that needs to be swallowed. Don't be alarmed - this is normal ! It will resolve over the next few days.
7. If pain is persistent, please take your pain medication (eg. paracetamol 'Panadol', diclofenac 'Voltaren', celecoxib 'Celebrex', etoricoxib 'Arcoxia') as prescribed by your surgeon. You can rinse/gargle gently with the gargle medication (eg. Difflam, chlorhexidine, hydrogen peroxide) to cleanse the back of the throat after eating and to help remove any bad taste. Once the pain has resolved, you can stop the painkillers at any time.
8. Avoid products that contain aspirin because they interfere with blood clotting. This can cause bleeding from the operated site.
9. You may notice that voice has changed slightly. This is due to the larger airspace in you throat now. This is not a cause for concern. On a positive note, you should be able to breathe better now.
10. You may experience pain in one or both your ears. This is common during the first week. This is due to 'referred pain'. Referred pain is where injury in one area causes pain in another due to the similar nerve supply. This does not mean you have problems with your ears. If it is persistent despite the painkillers, you are encouraged to return for a review.



Before tonsillectomy: Look at the enlarged tonsils ! (red lines)



Day 2 after tonsillectomy: Some amount of whitish-yellowish slough (red arrows) over the tonsillar fossa is expected. The uvula may be slightly swollen (red *).

Day 5 after tonsillectomy: The slough (white arrows) over the tonsillar fossa has reduced. The uvula is also less swollen now (white *).

Day 11 after tonsillectomy: The slough over the tonsillar fossa has fully resolved. The operation site is almost fully healed now.

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11. You may also have a low-grade fever (less than 37.5 Celcius) for a few days. Please monitor your temperature.
12. It is normal to see yellowish/whitish slough at the back of the throat where the tonsils were (see picture). This is due to normal process of healing over the operated site. This does not necessarily mean there is an infection.
13. Bad breath may result from scabs where the tonsils were removed. Do not worry as these scabs are expected to fall off in about a week's time, after which your breath odor will return to normal. Do not gargle, as this will hurt and may cause bleeding. Rinse your mouth with any antiseptic mouthwash.

WHEN CAN I LEAVE THE HOSPITAL ?

Once you have started taking orally and your general condition permitting, you can usually go home the morning after the surgery.

It is important to eat and drink normally even though it may be sore.

You will be given details of when your next appointment in the ENT clinic where your progress will be reviewed.

You may return to work in about 1-2 weeks. Depending on how soon your resume your normal diet and the level of pain/discomfort, most adults need about 1 week to recuperate. Children may take longer. You will be given medical leave chit for this period.

You are encouraged to stay away from smoky atmospheres and people with colds, coughs or any other infection. A throat infection during this period can lead to bleeding and should this happen you will need to go straight to the nearest accident and emergency department.

Medications you may be prescribed on discharge from the ward:

- Painkillers (eg. paracetamol 'Panadol', diclofenac 'Voltaren', celecoxib 'Celebrex', etoricoxib 'Arcoxia')
- Gargle solution (eg. Difflam, chlorhexidine, hydrogen peroxide)
- Antibiotics (eg.Augmentin, Zinnat)
- Xylocaine/Lignocaine viscous

WHEN SHOULD I CALL THE DOCTOR ?

- Bleeding
- Persistent pain
- Not able to resume eating/drinking
- High fever

The most common significant risk is **bleeding** (2-4% of cases). While blood-stained saliva is expected, profuse fresh bleeding warrants medical attention ! If you have more than 2 teaspoons of bright red blood, please return to the ENT clinic or the nearest accident and emergency department for a prompt review.

Depending on the amount of bleeding, you may need to be returned to operating theatre to have the bleeding point stopped. Bleeding also may happen between 5 to 10 days after the operation and is nearly always due to infection.

If you still experience great pain despite the oral painkillers, to the extent of affecting your oral intake, re-admission into the ward may be necessary for stronger injection-based systemic painkiller.

If you have a persistent fever (38°C or 100°F) for more than 48 hours and or you develop chills, it may be a sign of infection. Infection increases the risk of bleeding from the operated site.

With that, we wish you A SPEEDY RECOVERY in your surgery !