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Tonsillectomy, Adeno-Tonsillectomy & Uvulopalatopharyngoplasty (UPPP)

Tonsils are lymphoid tissue at the back of the throat, one on each side. Adenoids are tonsil tissue at the back of the nose behind the soft palate. They are the filtration system at the back of our throats and noses. They do not fight infection, your immune system in the blood stream does that. When they're healthy, we leave them alone. When they become too big and full of bacteria, they become unhealthy problems. Tonsils are usually removed because of recurrent severe infections (tonsillitis) or obstruction causing snoring and obstructive sleep apnoea. Obstructive sleep apnoea can cause significant cardiac, neurological, respiratory, and cognitive issues alongside dental facial changes. Recurrent tonsillitis can further harm the body immune system and cause significant systemic long term issues. In children, tonsillectomy is usually combined with adenoidectomy, while UPPP (uvulopalatopharyngoplasty) is an additional procedure done in the adult population for severe sleep apnoea. UPPP includes tonsillectomy and also the shortening and pulling outwards of the soft palate and muscles of the throat. We also perform tonsillectomies to biopsy a lesion for possible lymphoma, squamous cell carcinoma or other cancerous conditions.

There are essentially 3 important things to know after a tonsillectomy, adenotonsillectomy or UPPP:

1. Diet. The patient is encouraged to return to normal diet as soon as possible. The more normal the diet is, the quicker is the recovery. Those only having liquids or soft foods tend to have slightly prolonged pain experience. Foods that contain acids such as citrus juices, oranges, tomatoes may cause more discomfort

on the raw area at the back of the throat. Some patients may need re-admission into the hospital for dehydration due to lack of oral intake. To avoid re-admission, the patient is encouraged to eat and drink as normal as possible and attend to regular pain relief in the first 5-7 days. Maintaining good fluid intake is very important in the first few days after surgery. Milk shake, ice cream, smoothies, slurpees, fruits, pasta, honey, breakfast drinks, and anything else that the patient will tolerate. The more normal the diet, the quicker is the recovery.

2. Pain. Tonsillectomy and UPPP is an uncomfortable procedure. Lots of pain relief will be given during and after procedure. Pain is usually worse around days 3-5 after surgery. Pain will include sore throat, neck ache and earaches. The standard pain relief given will include regular paracetamol and anti-inflammatories (Ibuprofen or Celecoxib) for the first 5 days. Morphine based analgesics may also be given if there is a need for it. Most patients will go home on oxycodone, endone, or other strong pain relief. Strong analgesics in the paediatric population might be avoided if there is a concern it may interfere with their breathing after surgery. DO NOT have any codeine (interferes with breathing), or aspirin (may cause bleeding). Sometimes a fourth line of medication is given in the form of prednisolone. These medications work together to reduce pain but there will not be a time in the first couple of weeks that there will be zero pain. Every patient will need to accept a measure of discomfort.

3. Bleeding. As you can appreciate, a surgeon cannot place any dressing or wound products in the





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throat after such an operation, so the site of surgery is left open to heal by itself while being subjected to constant swallowing, saliva and movements. Therefore, the risk of bleeding is 1 in 20 in the first 2 weeks. That is, 19 patients in 20 will not have any bleed. Dark clots on the day of and the day after surgery is acceptable. Secondary bleeds may occur within the first 14 days. If a small amount of bright red blood is noted (less than a couple of teaspoons), encourage sucking on ice or sipping cold drinks. If there's more significant amounts of bright blood noted, it is recommended that the patient attend the nearest emergency department or that an ambulance be called. Usually a 24-hour period of observation will be needed. Rarely, a return to the operating theatre is necessitated if there is significant bleeding. Your surgeon will liaise with the local surgical team with regards to your care. Your surgeon can be contacted through the hospital switchboard where your surgery was performed.

Most patients describe their pain as lasting up to 2 weeks but manageable with pain relief. Avoid any heavy strenuous activities, straining, or sport in the first 2 weeks. Children are recommended to stay off school or child care for 10 days. Patients can return to simple mild daily activities within the first week. Antibiotics have not been proven to be of major benefit in the postoperative period. Sometimes antibiotics may be given if there was a strong history of recurrent infections. The lining of the throat will look 'infected', yellow/green/gray, for up to 3 weeks before the throat turns into the normal healthy pink colour. If there are stitches used (routinely in UPPP),

they will dissolve in the first week or so. Bad breath and fleeting fever is extremely common. Temperature will go up and down over the day. Unless the fever remains persistently and continuously high over 24-48 hour, oral antibiotics are rarely needed.

If there are any significant concerns, it is recommended that the patient be seen by a doctor either at the GP practice, the Emergency Department, or at our clinic. We are unable to give a safe advice over the phone or email without directly examining the patient. Do not hesitate to contact our office for further advice if required.

