

When Tonsils Are the Problem

By Michael Cohen, M.D.

Tonsillectomy is the second most common childhood surgery, with more than 600,000 procedures each year, according to the American Academy of Otolaryngology – Head and Neck Surgery (AAO-HNS). Given this, it's extremely valuable for parents to understand the basics about tonsils and the signs that a tonsillectomy may benefit their children. Additionally, newer surgical technologies have emerged that can make recovery easier than many of us experienced when we were young.

WHAT IS THE IMPACT OF ENLARGED TONSILS?

Tonsils are masses of lymphatic tissue located on each side of the throat. In some cases, tonsils can become so large that they partially block or obstruct the upper breathing passage, which can lead to sleep-disordered breathing (SDB). SDB is the name given to a range of disorders that includes snoring, shallow breathing and breathing pauses. Some common symptoms associated with SDB are mouth breathing, restless sleep, frequent nighttime awakening, daytime fatigue or hyperactivity and bedwetting. A tonsillectomy is an effective treatment for SDB.

The most extreme form of SDB is obstructive sleep apnea. Sleep apnea causes a person to stop breathing for a few seconds multiple times during sleep. Children with sleep apnea may be tired and irritable or hyperactive and have difficulty concentrating. Some experts believe that sleep apnea in children can contribute to attention-deficit/hyperactivity disorder, excessive daytime sleepiness and failure to thrive – a term used to describe infants and children whose growth rate or weight gain are substantially below normal.



An Easier Tonsillectomy

Traditionally tonsillectomies have been performed using a scalpel or electrocautery, a method that uses high temperatures generated by an electrical current to burn and cauterize the tissue. This may leave a child with a severe sore throat and a week or more of recovery. Recent advancements have made tonsillectomies much easier for the patient.

I use a technology called Coblation® to remove tonsils, which transfers low-temperature (40 – 70°C) energy to a saline solution. This removes tonsils and adenoids by gently breaking down the tissue. Clinical studies have shown that children who have their tonsils removed with Coblation® experience less pain and return to a normal diet and daily activities three times faster than those who have been treated with electrocautery. Many of my patients are eating their favorite foods the day after surgery and only need minimal pain reliever.

— Dr. Cohen

House Calls

The AAO-HNS estimates that 75 percent of tonsillectomies performed today are done to treat SDB associated with enlarged tonsils.

WHAT ABOUT TONSILLITIS?

Tonsil tissue is meant to trap bacteria and viruses to help prevent infection. However, the constant exposure to bacteria and viruses from the mouth frequently cause the tonsils to become infected and inflamed, resulting in tonsillitis. If a child has very frequent tonsillitis, it's possible that the tonsils themselves have become a source of infection. We refer to this as recurrent tonsillitis. In this case, if the condition is affecting the child's quality of life, parents should consult an otolaryngologist (ear, nose and throat surgeon or ENT). In some cases a tonsillectomy may be recommended. Only about 25 percent of tonsillectomies today are for tonsillitis.

WHAT CAN I EXPECT IF MY CHILD UNDERGOES A TONSILLECTOMY?

Tonsillectomies are performed at surgery centers or hospitals and require general anesthesia. Generally, the procedure takes about 30 minutes, although the child will need to spend some time in the recovery room recuperating from the effects of the anesthesia before heading home.

Newer methods are making recovery from a tonsillectomy easier on the patient. Instead of the traditional scalpel and high temperature cautery, newer low temperature technologies such as Coblation® have been clinically proven to speed recovery times (see sidebar). At home after the surgery, it's important to get plenty of rest. The post-surgery diet should consist of soft, cool foods that are easy to chew and swallow. Children should avoid strenuous activities. A full recovery may take one to two weeks, but an ice-cream only diet can be avoided, depending on the individual patient and the method of the tonsillectomy.

For a new parent-friendly resource to learn more about tonsils and tonsillectomy or to find an ENT surgeon in your area, visit www.tonsilfacts.com. The site also includes warning signs parents, teachers and health-care professionals should look for and child-friendly stories to make preparation for a tonsillectomy easier for the child and their parents. 😊

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