

### Care during hospitalization?

Postoperatively the patient will be observed in the hospital for one night. After 4 to 6 hours post surgery, ice cream is given to reduce the pain. Plenty of oral fluids are given. Next day the patient will be discharged only after he/she is taking oral feeds.

### Care at home?

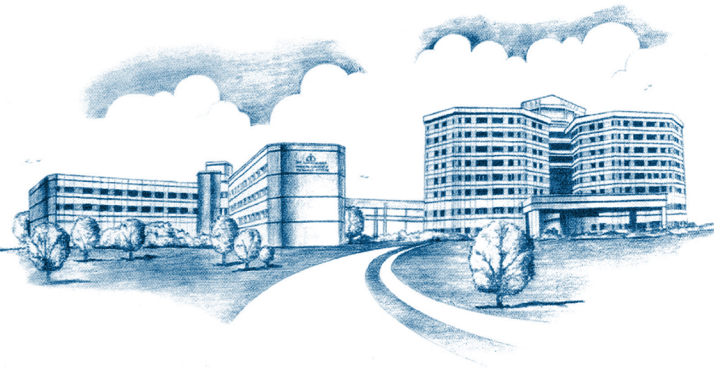
Avoid spicy food and food which tend to prick the operated site. Patients are advised to take leave from school/work for a week post surgery. They should stay away from crowd, smoky environment, people who have cold or cough.

### Symptoms to report to your doctor (When to call your doctor?)

Fever, bleeding from throat or nose, vomiting blood.

### Follow up?

First postoperative follow up is a week after surgery. Then every fortnight followed by monthly followup.



This information sheet answers the most commonly asked questions about the procedure it describes. However, if you would like further information, or have any particular queries, please do not hesitate to ask your Doctor or Nurse.

In all cases, a doctor will explain the procedure to you and answer any questions you may have. In most cases it will be possible for a friend or relative to accompany you to all or part of the procedure. Please ask your Nurse or Doctor.

Name of the patient :

Age :

Hospital number :

Name of the Doctor :

Unit :

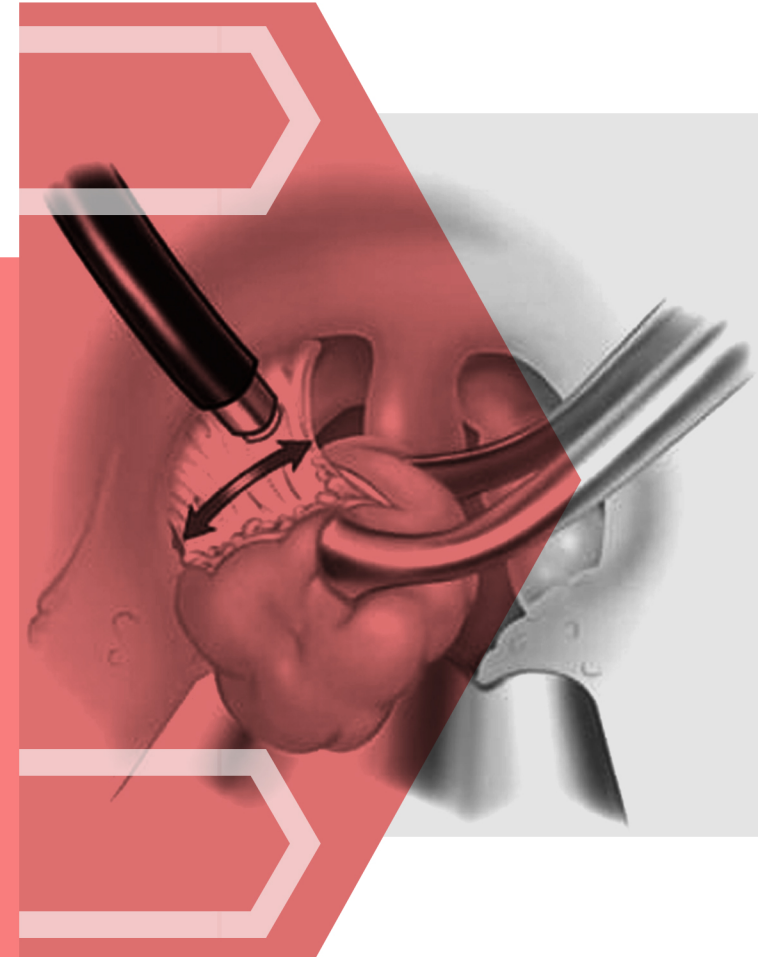
Contact number :

Date :



**SRI RAMACHANDRA  
MEDICAL CENTRE**

Patient Education and Empowerment



Patient education material on

**LASER COBLATION  
TONSILLECTOMY**

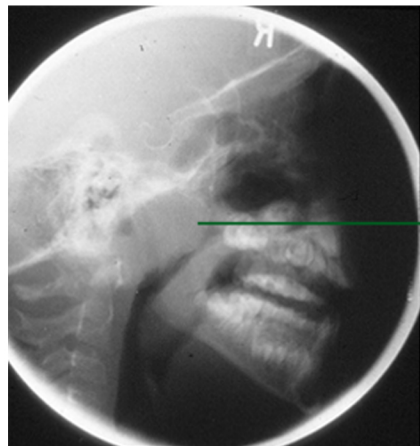
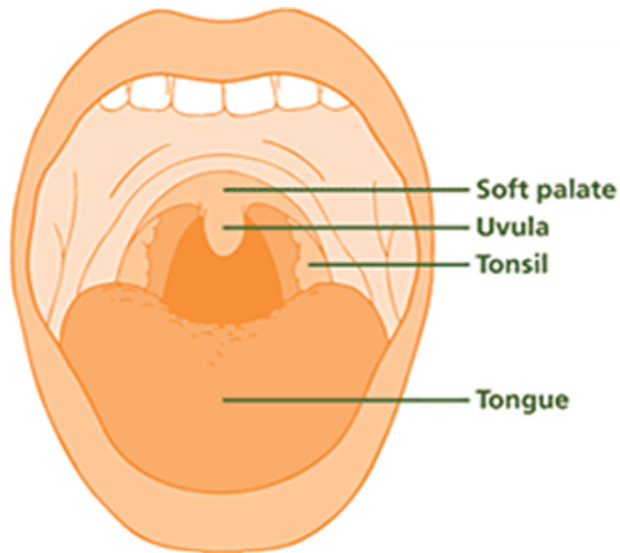
## LASER/ COBLATION TONSILLECTOMY

Name of surgery:

Laser/Coblation tonsillectomy

### What are the adenoids and tonsils?

Tonsils and adenoids are lumps of lymphoid tissue (similar to the 'glands' that are in the neck and other parts of the body). The tonsils sit on either side of the back of the throat (pharynx).



Adenoid on lateral neck x-ray

Adenoids sit where the back of the nose meets the throat. You can't see them through the mouth without the use of special instruments.

Tonsils and adenoids are usually larger in children but tend to shrink to adult proportions by the age of 8 to 12 years.

Although tonsils and adenoids are part of the infection-fighting (immune) system, they are not essential and their removal will not cause harm to the immune system. Other parts of the immune system in the upper throat continue to function.

### Why is the surgery being done?

Tonsils and/or adenoids get too big and can cause narrowing of the airway during sleep which makes it difficult for your child to breathe. There can be blockage of the nose resulting in mouth breathing and a nasal sounding voice, snoring, which can be a sign of obstructive sleep apnoea, contribute to repeated throat infections or tonsillitis (swelling and inflammation of the tonsils), cause difficulty eating, change the growth of the upper jaw and cause changes in the position of the teeth. Even if they are not too big, infected adenoids can still be a problem. They can contribute to glue ear and/or repeated ear infections. This is due to obstruction of the eustachian tube that lies between the throat and middle ear by enlarged adenoids.

### Anatomical explanation of surgery?

Surgery is performed under general anaesthesia. Adenoid and tonsil are removed through the mouth and bleeding is controlled. There is no external scar. Postoperatively the

patient will be taken to recovery area and careful watch for any bleeding has to be done.

Coblation, which stands for controlled ablation, involves radiofrequency at a low temperature and uses a saline solution to gently and precisely remove the tissues. As a result, the risk of injury to surrounding tissue is much lower.

Lasers are used in tonsillectomy to cut away the tonsils. The heat from the laser seals the blood vessels shut.

### What to do before surgery?

Arrange for a week or 10 days off school/work. Let us know if your child has a sore throat or a cold in the week before their operation. It is safer to postpone the surgery for a few weeks in that case.

### Risk of surgery?

Adenoid and tonsil surgery is very safe, but every operation has small risks. The most serious problem is bleeding, which may need a second operation to stop it. However, bleeding after adenoidectomy and tonsillectomy is very uncommon. It is very important to let us know well before the operation if anyone in the family has a bleeding problem. Some patients have ear pain after surgery, which is normal. It happens because your throat and ears have the same nerve supply. During the operation very rarely, there might be chance of breaking a loose tooth. So the presence of any loose/capped/crowned tooth should be informed to the doctor prior to the surgery.