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TONSILLECTOMY & ADENOIDECTOMY

WHY DO I NEED SURGERY?

The tonsils are clumps of lymph tissue forming a ring around the back of the mouth. The two clumps we can see on the sides are called the palatine tonsils. Behind and below the tongue are the lingual tonsils. Finally, hidden by the palate, directly behind the nose is tissue called adenoids. The lymphatic system is the backbone of the immune system. The lymph clumps in the back of the mouth are a small fraction of the body's supply and they can be safely removed without any known damage to the immune system.

There are a few reasons currently recognized for removing tonsils. The most common is damage from repeated infections causing reinfection from within the tonsils themselves. Damaged tonsils flare up painfully three or more times a year. They may have "white" material in them. The white material often visible is food residue and is normal in the tonsil.

Tonsils are sometimes removed when they cause obstruction. Obstructive symptoms can happen when rapid growth of the lymphatic system during the first seven years occurs in children with a small throat and shallow sockets for the tonsils. Tonsils can appear to block the breathing and swallowing space. This is somewhat of an illusion because the act of opening the mouth widely pushes in the sidewalls of the throat to make it much narrower than it would be with the mouth closed. Still, there is a consensus among surgeons that children who snore loudly and who pause in their breathing at night for more than 5 seconds probably benefit having a tonsillectomy. An adenoidectomy (removal of the adenoids) can be done at the same time if the adenoids block the back of the nose.

Finally, those who have suffered from a peritonsillar abscess, a dramatic and painful infection, are better off without their tonsils since they are at high risk for repeated infections. Frequent strep infections, frequent colds, poor appetite, and dental development problems are NOT reasons for surgery. They might have been considered necessary in the past, but careful follow up has NOT shown that tonsillectomy helps any of these conditions. The need for the placement of ventilation tubes in children who have frequent ear trouble is affected very little by an adenoidectomy. Those who advocate adenoidectomy for these children still place the tubes at the same time.

While most tonsillectomies are performed on children, adults often need this procedure as well.

WHAT HAPPENS DURING SURGERY?

Tonsillectomy and/or adenoidectomies are performed under general anesthesia.

An ultra precision microscopic technique developed in Europe is used.

WHAT TO EXPECT AFTER SURGERY?

Many of the adult patients tell us that the pain after surgery is not worse than what they experienced during the infections, which led up to the surgery. We provide pain medicine to help with the initial painful period, usually lasting about five days.

WHAT ARE POSSIBLE RISKS AND COMPLICATIONS OF THE SURGERY?

When a tonsil is removed, a raw spot is left in the throat. Occasionally, the raw place oozes a little blood afterward. If nothing is done, the bleeding usually stops. However, if bleeding does occur, the patient may opt to return to the operating room where the bleeding can be stopped.

If you have any further questions after having carefully read the above information, please feel free to discuss it with me in your preoperative evaluation, prior to any surgery. Remember, there are no dumb questions! We want you to be fully informed and comfortable prior to your surgery.

Please sign and return this form to our office when you come for your preoperative visit.

Respectfully yours,

JAMES J. LEE, M.D., F.A.C.S.

JJL:nc

I understand the above information and consent to the surgery.

Patient Signature

Date

Patient Name-Printed