Pretoria ENT
Dr E Botha
Ear, Nose & Throat Specialist

INFORMATION REGARDING YOUR THROAT SURGERY

This document contains information about the following aspects of throat surgery:

- **Pre-op information**: How to prepare for surgery.
- **Procedure**: Wat is done during surgery.
- **Post-op information**: What to expect immediately after the surgery.
- **Possible complications**: Which complication might occur.
- **Alternative for surgery**: What you could do instead of surgery.

The following surgical procedures related to the ear are explained in this document:

- **Foreign body removal.**
- **Adenoidectomy.**
- **Tonsillectomy.**
- **Adenotonsillectomy.**
- **Panendoscopy +/- Biopsies +/- Removal of lesion.**

Pretoria ENT
Dr E Botha
Ear, Nose & Throat Specialist

Foreign body removal

Pre-op information:

- You will be admitted to the hospital straight away.
- Do not eat or drink anything, as you will possibly be taken to theatre as soon as possible.
- If, for some reason, the surgery is booked as an elective case, please report to the hospital at 6:00 on the morning of the procedure.
- Do not eat or drink anything from 10:00 (12:00 for babies and toddlers) the night before the operation.
- It may take a while for the procedure to start, so bring along some entertainment for you or your child.

Procedure:

If a foreign body has become lodged in your throat and it cannot be removed in the consulting room, you need to be put under general anaesthesia so that we can directly identify and removed. The urgency of the procedure will be determined by the position of the foreign body, the type of foreign body and whether or not it causes airway obstruction.

Under GA we use metal tubing to examine all the areas of the throat. Once the foreign body is identified, it is gently removed and a relook is performed to make sure there are no other foreign bodies left behind. The area is assessed for any damage caused by the foreign body.

Post-op information:

- The doctor will talk to the patient or parents after the surgery. If there are any questions regarding the surgery or post-operative care, feel free to ask.
- The doctor will prescribe analgesia for the pain and discomfort you may experience after the surgery.
- The doctor may decide that you need antibiotics after the surgery.
- Depending on the findings during the procedure, you may be kept for in-hospital treatment for 1 or 2 nights.
- Unless otherwise instructed, only take in fluids after the surgery and start with a soft diet the day after. After 72 hours, a normal diet may be resumed.
- Please contact the practice urgently if you start spitting/coughing/vomiting blood, you experience worsening pain, or you develop a fever. We need to arrange that you must be evaluated as soon as possible.
- If an emergency arises after hours, please report to the Emergency Department.

Possible complications:

- Airway obstruction can occur if the foreign body obstructs the airway. It may also shift during the procedure.
- Ventilation of the lungs can be a challenge, because the patient cannot be intubated (pipe through which air is pumped into the lungs when under GA) like other patients. This may cause shifting of the foreign body and cause airway obstruction or make it more challenging to remove.
- It may happen that the airway completely obstructs and an emergency tracheostomy has to be performed.
- If the airway becomes totally inaccessible, hypoxia and brain damage may occur.

- Trauma may be caused to the lips, tongue and teeth due to the pressure exerted from the metal tubing that guides the examination and identification of the foreign body. The risk is higher in patients with a short or rigid neck, previous neck surgery, arthritis of the neck, or previous radiotherapy to the neck.
- You may be hoarse after the procedure if we had to work around the voice box.
- Rarely, esophageal/tracheal rupture can occur.
- Bleeding may occur during or after the procedure.
- Infection can occur, especially if the foreign body was deeply imbedded within the soft tissues, or if it was discovered late.
- Please consult the anaesthetist regarding the anaesthetic risks.
- Death could be the result of any surgery or anaesthesia.

Alternatives to surgery:

- There are no safe alternatives to performing the procedure.

Pretoria ENT
Dr E Botha
Ear, Nose & Throat Specialist

Adenoidectomy

Pre-op information:

- Please report to the hospital at 6:00 on the morning of the procedure.
- Do not eat or drink anything from 10:00 (12:00 for babies and toddlers) the night before the operation.
- It may take a while for the procedure to start, so bring along some entertainment for you or your child.

Procedure:

An adenoidectomy is a procedure where we remove the adenoidal tissue that is situated in the space behind the nasal cavities (nasopharynx). To get access to the adenoidal tissue, the mouth is opened widely and kept open with an instrument (mouth gag). We lift the soft palate with a rubber tubing and use a mirror to visualize the adenoids. We remove the adenoids with an angled instrument. The bleeding is stopped and the airway cleared of any blood clots which may have formed.

Post-op information:

- The doctor will talk to the patient or parents after the surgery. If there are any questions regarding the surgery or post-operative care, feel free to ask.
- The will be pain and discomfort after the procedure, for which the doctor will prescribe analgesia.
- Specks of blood may be seen in the nasal secretions or saliva, but if there is bleeding from the nose or mouth, please contact the rooms urgently so that we can arrange that you be seen as soon as possible. The same applies for vomiting or coughing up blood.
- The patient may experience snoring and nasal congestion after the procedure, but it will soon resolve as the swelling in the adenoidal area subsides.
- If an emergency arises after hours, please report to the Emergency Department.

Possible complications:

- Excessive bleeding can occur during or after the procedure.
- Injuries to the lips, tongue of teeth may occur from the use of a 'mouth gag' and electrical equipment (cautery, coblation).
- There will likely be some nasal congestion and snoring due to the swelling.
- Infection of the surgical area may occur.
- If the patient has developed a chronic upper airway obstruction due to severe chronic nasal obstruction (associated with severe snoring), the patient may stop breathing once the adenoids are removed and the ventilation is stopped. For this reason, we carefully observe the patient to see that they continue to breath. If chronic obstruction was suspected pre-operatively, the patient is observed in an Intensive/High Care Unit after the surgery.
- Adenoidal tissue can regrow, especially when they are removed at a very young age.
- In cases where the adenoidal tissue was not the only cause of the problem, the symptoms (eg. snoring, recurrent ear infections) may persist.
- The 'valve' area that separates the nasal cavity and oral cavity during swallowing, is in the region of the nasopharynx. Rarely, removal of the adenoids may make it difficult for the valve to close completely, resulting in hypernasal speech and nasal regurgitation of food.
- Please consult the anaesthetist regarding the anaesthetic risks.
- Death could be the result of any surgery or anaesthesia.

Alternatives to surgery:

- The patient can use an intranasal steroid on a chronic basis to decrease to inflammation of the adenoids. The effect is usually minimal.
- A child with severe snoring or obstructive sleep apnoea has a risk of developing cardiac and pulmonary complications if the obstruction persists. CPAP (continuous positive airway pressure) may still be effective at higher pressures.
- In a child who develops frequent episodes of otitis media, an adenoidectomy may reduce the number of episodes. Without an adenoidectomy, the child may need more regular treatment (may include antibiotics) for infections, and more sets of grommets in cases where it is indicated.

Pretoria ENT
Dr E Botha
Ear, Nose & Throat Specialist

Tonsillectomy

Pre-op information:

- Please report to the hospital at 6:00 on the morning of the procedure.
- Do not eat or drink anything from 10:00 (12:00 for babies and toddlers) the night before the operation.
- It may take a while for the procedure to start, so bring along some entertainment for you or your child.

Procedure:

A tonsillectomy is the removal of the tonsillar tissue situated on both sides of the throat. Under anaesthesia we open the mouth widely and keep it in that position with an instrument (mouth gag), so that we can see the tonsils and reach them with our instruments. The tonsillar tissue is removed from the tonsil 'beds' without causing unnecessary harm to the surrounding tissue. Once the bleeding is controlled, the area is rinsed and all blood clots removed.

Post-op information:

- The doctor will talk to the patient or parents after the surgery. If there are any questions regarding the surgery or post-operative care, feel free to ask.
- After a tonsillectomy, the patient may experience moderate to severe pain for 2 weeks. For this reason, it is extremely important that the pain medication is taken exactly as prescribed (8 hourly). For children, a suppository is also prescribed for 5 days, which is to be given at night to help control nighttime symptoms.
- The patient may feel very ill for 2 weeks.
- For the abovementioned reasons, 2 weeks of sick leave is given. Please let the secretary know if you need a letter for school or work.
- It is also very important to eat and drink as normally as possible, which is much easier if the pain is well controlled.
- Please include coarse foods (salty crackers, crisps, toast, etc.) to your diet. It helps to clear old tissue and blood clots from the tonsil beds. Fizzy drinks are also helpful.
- Some patients may experience discomfort when eating sour/acidic foods or drink, which can be avoided.
- Specks of blood may be seen in the nasal secretions or saliva, but if there is bleeding from the nose or mouth, please contact the rooms urgently so that we can arrange that you be seen as soon as possible. The same applies for vomiting or coughing up blood.
- If the pain seems to be getting worse, despite giving the pain medication strictly as prescribed, please contact the rooms to that we can arrange a visit.
- There will be a follow-up appointment 2 weeks after the surgery.
- If an emergency arises after hours, please report to the Emergency Department.

Possible complications:

- A tonsillectomy is a procedure that is known for causing a lot of pain.
- Excessive bleeding can occur during or after the procedure.
- Injuries to the lips, tongue of teeth may occur from the use of a 'mouth gag' and electrical equipment (cautery, coblation).
- Infection of the surgical area may occur.

- If the patient has developed a chronic upper airway obstruction due to very large obstructive tonsils, the patient may stop breathing once the tonsils are removed and the ventilation is stopped. For this reason, we carefully observe the patient to see that they continue to breath. If chronic obstruction was suspected pre-operatively, the patient is observed in an Intensive/High Care Unit after the surgery.
- Occasionally some of the tonsillar tissue is left behind and may/may not be bothersome.
- Voice changes are common after surgery, due to a change in the shape of the throat and due to pain, but usually clears completely.
- Death could be the result of any surgery or anaesthesia.

Alternatives to surgery:

- A child with severe snoring or obstructive sleep apnoea due to very large tonsils has a risk of developing cardiac and pulmonary complications if the obstruction persists. CPAP (continuous positive airway pressure) may still be effective at higher pressures.
- A person with very large tonsils can develop airway obstruction in the event of a tonsillitis, and will therefore have to be followed up carefully. If he/she develops tonsillitis, the person has to be taken to an emergency department for airway observation and possible admission.
- Recurrent episodes of tonsillitis will have to be treated with supportive care and may lead to frequent use of antibiotics. The person may have to booked off from work or school during episodes and a child may develop a failure to thrive.
- The episodes of tonsillitis may lessen as the child gets older and often completely stop (‘burns itself out’) during adolescence.

Pretoria ENT
Dr E Botha
Ear, Nose & Throat Specialist

Adenotonsillectomy

Pre-op information:

- Please report to the hospital at 6:00 on the morning of the procedure.
- Do not eat or drink anything from 10:00 (12:00 for babies and toddlers) the night before the operation.
- It may take a while for the procedure to start, so bring along some entertainment for you or your child.

Procedure:

An adenotonsillectomy is the removal of both the adenoidal tissue and tonsils during the same procedure. To get access to the tonsils and adenoidal tissue, the mouth is opened widely and kept open with an instrument (mouth gag). We lift the soft palate with a rubber tubing and use a mirror to visualize the adenoids. We remove the adenoids with an angled instrument and then control the bleeding. We remove all the tonsillar tissue from the tonsil 'beds' without causing unnecessary harm to the surrounding tissue. After removal of the tonsils the bleeding is controlled. The entire surgical area is rinsed and any blood clots that may have formed removed.

Post-op information:

- The doctor will talk to the patient or parents after the surgery. If there are any questions regarding the surgery or post-operative care, feel free to ask.
- After an adenotonsillectomy, the patient may experience moderate to severe pain for 2 weeks. For this reason, it is extremely important that the pain medication is taken exactly as prescribed (8 hourly). For children, a suppository is also prescribed for 5 days, which is to be given at night to help control nighttime symptoms.
- The patient may feel very ill for 2 weeks.
- For the abovementioned reasons, 2 weeks of sick leave is given. Please let the secretary know if you need a letter for school or work.
- It is also very important to eat and drink as normally as possible, which is much easier if the pain is well controlled.
- Please include coarse foods (salty crackers, crisps, toast, etc.) to your diet. It helps to clear old tissue and blood clots from the tonsil beds. Fizzy drinks are also helpful.
- Some patients may experience discomfort when eating sour/acidic foods or drink, which can be avoided.
- Specks of blood may be seen in the nasal secretions or spitting, but if there is bleeding from the nose or mouth, please contact the rooms urgently so that we can arrange that you be seen as soon as possible. The same applies for vomiting or coughing up blood.
- The patient may experience snoring and nasal congestion after the procedure, but it will soon resolve as the swelling in the adenoidal area subsides.
- If the pain seems to be getting worse, despite the use of the pain medication strictly as prescribed, please also contact the rooms so that a visit can be arranged.
- There will be a follow-up appointment 2 weeks after the surgery.
- If an emergency arises after hours, please report to the Emergency Department.

Possible complications:

- A tonsillectomy is a procedure that is known for causing a lot of pain.
- Excessive bleeding can occur during or after the procedure.
- Injuries to the lips, tongue of teeth may occur from the use of a 'mouth gag' and electrical equipment (cautery, coblation).
- The patient may experience snoring and nasal congestion after the procedure, but it will soon resolve as the swelling in the adenoidal area subsides.
- Infection of the surgical area may occur.
- If the patient has developed a chronic upper airway obstruction due to very large obstructive adenoids and/or tonsils, the patient may stop breathing once the tonsils are removed and the ventilation is stopped. For this reason, we carefully observe the patient to see that they continue to breath. If chronic obstruction was suspected pre-operatively, the patient is observed in an Intensive/High Care Unit after the surgery.
- Occasionally some of the tonsillar tissue is left behind and may/may not be bothersome.
- Adenoidal tissue can regrow, especially when they are removed at a very young age.
- In cases where the adenotonsillar tissue was not the only cause of the problem, the symptoms (eg. snoring) may persist.
- Voice changes are common after surgery, due to a change in the shape of the throat and due to the pain, but usually completely resolves.
- The 'valve' area that separates the nasal cavity and oral cavity during swallowing, is in the region of the nasopharynx. Rarely, removal of the adenoids may make it difficult for the valve to close completely, resulting in hypernasal speech and nasal regurgitation of food.
- Please consult the anaesthetist regarding the anaesthetic risks.
- If an emergency arises after hours, please report to the Emergency Department.
- Death could be the result of any surgery or anaesthesia.

Alternatives to surgery:

- The patient can use an intranasal steroid on a chronic basis to decrease to inflammation of the adenoids. The effect is usually minimal.
- In a child who develops frequent episodes of otitis media, an adenoidectomy may reduce the number of episodes. Without an adenoidectomy, the child may need more regular treatment (may include antibiotics) for infections, and more sets of grommets in cases where it is indicated.
- A child with severe snoring or obstructive sleep apnoea due to very large tonsils and/or adenoids has a risk of developing cardiac and pulmonary complications. CPAP (continuous positive airway pressure) may still be effective at higher pressures.
- A person with very large tonsils can develop airway obstruction in the event of a tonsillitis, and will therefore have to be followed up carefully. If he/she develops tonsillitis, the person has to be taken to an emergency department for airway observation and possible admission.
- Recurrent episodes of tonsillitis will have to be treated with supportive care and may lead to frequent use of antibiotics. The person may have to booked off from work or school during episodes and a child may develop a failure to thrive.
- The episodes of tonsillitis may lessen as the child gets older and often completely stop (‘burns itself out’) during adolescence.

Pretoria ENT
Dr E Botha
Ear, Nose & Throat Specialist

Panendoscopy +/- Biopsies +/- Removal of lesion

Pre-op information:

- Please report to the hospital at 6:00 on the morning of the procedure.
- Do not eat or drink anything from 10:00 (12:00 for babies and toddlers) the night before the operation.
- It may take a while for the procedure to start, so bring along some entertainment for you or your child.

Procedure:

The aim of a panendoscopy is to identify pathology of the upper airway and determine the extent of the disease. The examination is done under general anaesthesia. A panendoscopy implies that every area from the nasal cavity up to and including the upper part of the trachea, will be examined directly and endoscopically. To examine all the necessary areas, a rigid steel tube-like instrument is passed through the mouth and throat, up to the voice box. Every area of the mouth, throat and larynx can be visualized. The nasal cavity, nasopharynx, subunits of the larynx and trachea will be examined with an endoscope. Al findings are recorded.

If a lesion/suspicious area is identified, biopsies are usually taken (small pieces of tissue) and send for pathological analysis at a laboratory. if the lesion can be completely removed and removal was discussed so with the patient before the surgery (unless if suspected to be cancerous), it can be removed with cold steel instruments, laser or coblation.

Once the examination is complete and biopsies/surgery was performed, the bleeding is controlled and clots removed.

Post-op information:

- The doctor will talk to the patient or parents after the surgery. If there are any questions regarding the surgery or post-operative care, feel free to ask.
- The doctor will prescribe analgesia for the pain and discomfort you may experience after the surgery.
- The doctor may decide that you need antibiotics after the procedure.
- Unless otherwise instructed, only take in fluids after the surgery and start with a soft diet the day after. After 72 hours, a normal diet may be resumed.
- There is usually minimal bleeding and specks of blood may be seen with coughing or spitting. However, if significant bleeding is noted (nasally/coughing/vomiting/spitting), please contact the rooms urgently, so that we can arrange that you be seen as soon as possible.
- Also contact us urgently if you experience worsening pain or develop a fever.
- If an emergency arises after hours, please report to the Emergency Department.
- There will be a follow-up appointment 1 week after the procedure.

Possible complications:

- This procedure involves the use of rigid, steel instruments, which may cause some soft-tissue injuries to the lips, mouth, teeth, throat, or esophagus.
- This is a high-risk procedure in terms of airway control, as there will be times that the ventilation tube is removed. If the airway gets obstructed an emergency tracheostomy will have to be

performed. The airway can become inaccessible, leading to hypoxia and brain damage.
- Rupture of the throat or esophagus may lead to secondary infection which can spread to the chest.
- Due to the positioning of the head during the procedure, you may experience some neck stiffness afterwards. The joints of the neck may be disturbed.
- Bleeding from the surgical area may occur, but is usually minimal.
- The vocal cords may be bruised during the procedure. It is rare for any permanent damage to occur. This may cause hoarseness.
- Death could be the result of any surgery or anaesthesia.

Alternatives to surgery:

- The progression of a lesion of the larynx can be observed in certain cases (nodules, small polyp or small granuloma). In most other cases a diagnosis should be made as soon as possible so that a management plan can be made right away. It is not safe to observe a potentially malignant or benign tumor. In the case of a malignant tumor, the delay in treatment will only results in more radical cancer treatment, and it decreases your chance for cure. In the case of a benign tumor, leaving the tumor to progress may cause serious damage to all the local structures.