



**8945 Ridge Avenue
Suite 3 - 4 - 5
Philadelphia, PA 19128
215-483-8558
andorrapediatrics.com**

Tonsils and Adenoids

When you were a child, having tonsils and adenoids removed was quite popular. Nowadays, doctors know more about when this surgery is really needed and when it should not be done. The American Academy of Pediatrics has developed this brochure to help answer common questions parents have about tonsils and adenoids.

Tonsils and adenoids: What they look like and what they do

The tonsils are oval or almond-shaped pink masses of tissue on both sides of the throat. In some children they are quite small. In others, tonsils are quite large, without being abnormal. You can usually see the tonsils by looking down the throat with a flashlight. Pressing on the tongue may help, but it makes many children gag. Sometimes the uvula, a fleshy lobe that hangs down in the back of the mouth, is mistaken for the tonsils.

The adenoids, similar to the tonsils, are clusters of tissue that look like tiny grapes. They are located above the tonsils in the upper part of the throat, behind the nose. This area is called the nasopharynx. They usually cannot be seen without a special type of mirror.

Both the tonsils and adenoids make antibodies to help fight infections. However, similar tissue in many other parts of the body also make antibodies. Children are not more likely to get infections once their tonsils or adenoids, or both, are taken out.

What is tonsillitis and how do I know if my child has it?

When your child gets sick, one likely sign of tonsillitis is swelling of the tonsils. There are several other signs or symptoms, including:

- Tonsils appear redder than normal.
- A white or yellow coating is seen over tonsils.
- Voice changes slightly due to swelling and sounds more "throaty."
- Throat is sore.
- Swallowing is uncomfortable or painful. Lymph nodes ("glands") in the neck are swollen.
- Fever is present.

What are the symptoms of enlarged adenoids?

If your child's adenoids are enlarged, she may complain that it is hard to breathe through her nose, or

you may see her breathing with her mouth open.

In some children we don't know why adenoids become enlarged. In others, the cause may be frequent colds or other infections. Large adenoids are common among young children. Some babies' adenoids are large at birth. They may grow even larger during the first year of life, without clear signs of infection.

Some signs of constant enlargement are:

- Child is breathing -through the mouth instead of the nose most of the time.
- Nose sounds "blocked" when the child talks.
- Breathing is noisy during the day.
- Child snores at night.
- Breathing stops for a few seconds at night during snoring or loud breathing (a condition known as "sleep apnea").

Talk to your pediatrician if your child has any of these symptoms for more than a few weeks.

How are enlarged tonsils and adenoids treated?

If your child is ill with sudden swelling of the tonsils, your pediatrician may want to get a throat culture to find out if your child has a strep infection. If the culture is positive for strep, your child will be given an antibiotic. In many children, tonsils or adenoids are enlarged over time without obvious infection. Often they gradually shrink without treatment.

Surgery to remove constantly enlarged tonsils and/or adenoids was once thought to be the best treatment. These days, the American Academy of Pediatrics considers surgery absolutely necessary only under the following conditions:

- Tonsil and/or adenoid swelling makes normal breathing difficult (this may or may not include sleep apnea).
- Tonsils are so swollen that your child has a problem swallowing.
- Enlarged adenoids make breathing uncomfortable and severely distort speech and may also distort facial growth. In this case, surgery to remove only the adenoids may be recommended.

Surgery is a reasonable option and may be suggested in the following cases:

- Your child has many severe sore throats each year, especially if they are caused by strep infection or if there are signs of serious illness.
- Your child has enlarged tonsils and/or adenoids that make it hard to breathe or swallow.
- Your child's lymph nodes beneath the lower jaw are swollen or tender for at least 6 months, even with antibiotic treatment.
- Your child has repeated ear infections despite treatment with medications and/or ventilation tubes (adenoids only) -

What should I do if my child is to have surgery?

If your child needs surgery, make sure he or she knows what will happen before, during, and after surgery. Don't keep the surgery a secret from your child. It's better to be honest with your child than to leave him or her with fears and unanswered questions. Help your child get familiar with the hospital setting and be ready to answer any questions that he or she may ask.

If the hospital allows, it's a good idea to "live in" with your child during the hospital stay even if it's out-

patient surgery. Surgery can be scary for a young child. It can be made less scary by letting the child stay close to loved ones. Although you won't be allowed in the operating room, let your child know you'll be nearby during the operation.

This information is provided to help you learn more about tonsils and adenoids, when they require treatment, and the various ways in which they are treated. If you are concerned about your child's tonsils or adenoids, discuss it with your pediatrician. He or she will be able to help you make an informed decision.

This information should not be used as substitute for the medical care and advice of your child's physician. Health related topics found on the Andorra Pediatrics web site should not be used for diagnosing purposes or be substituted for medical advice. As with any new or ongoing treatment, always consult your professional healthcare provider before making any changes in treatment or beginning any new treatment. If you have any questions or concerns, please call our office.