

FRIEND OR FOE?

Mr Elliot Benjamin, Consultant Ear, Nose and Throat (ENT) Surgeon, at the Wellington Diagnostics and Outpatients Centre, discusses common concerns parents may have about the removal of tonsils and adenoids



The removal of tonsils and adenoids are two of the most commonly performed operations in the UK. They are procedures most commonly (not exclusively) performed on children; and parents often have very understandable concerns regarding the nature, necessity, and possible complications of surgery.

WHAT ARE TONSILS AND ADENOIDS?

They are small glands that sit in the back of the throat and nose which help fight infections especially in young children. They are just a small part of a large collection of similar glands. Removing the tonsils and adenoids does not have any long term risk of increased infections in the future. The body still fights infections easily without them and like the appendix, once they have become infected, you are better off without them.

WHY REMOVE THE TONSILS AND ADENOIDS?

The main reason for removing tonsils in this country is for recurrent tonsillitis. We define this as four to five episodes per year over a couple of years of significant tonsillitis. This is characterised by the child being generally unwell with a painful throat preventing eating and drinking with episodes lasting about a week.

The second most common reason for an adenotonsillectomy is for sleep apnoea. This is a fairly common condition in children, where due to the increased size of both the adenoids and tonsils, the children snore so heavily that they actually get gaps or pauses in their breathing pattern. They wake slightly, breathe normally again and then go back into a deeper sleep. This persistent disruption of the sleep pattern and repeated dropping of the oxygen levels whilst sleeping leads to day time tiredness, (or sometimes hyperactivity in children)

but also long term educational and developmental problems and in the most severe cases, strain on the heart.

WHAT DOES THE OPERATION INVOLVE?

This is always performed under a full general anaesthetic, taking approximately 30 minutes. Often the surgery can be performed as a day case, and the patient can go home the same day (normally after six hours). In the case of sleep apnoea or if other medical problems are present, the children will stay in overnight (with a parent) for simple observation.

Recovery normally takes up to about two weeks, with an expected degree of discomfort in the throat. This can be eased by simple pain medicine and regular eating. Long gone are the days of jelly and ice cream, nowadays its all biscuits and crisps to clean the back of the throat and promote healing.

WHAT ARE THE POSSIBLE COMPLICATIONS THAT CAN OCCUR?

Tonsil and adenoid surgery is very safe, but as with all operations there are small risks. There is a very small risk of damaging or chipping teeth during the operation especially in the presence of loose or wobbly milk teeth.

The main complication is bleeding from the tonsils after the operation. This may possibly need a second operation to stop the bleeding or rarely a blood transfusion. Approximately two out of 100 children who have their tonsils removed may get some form of bleeding and less than half of these may need a second operation.

Adenotonsillectomy is a safe and very common operation which can dramatically improve the quality of life of children and adults alike when performed for appropriate reasons.

MEET THE CONSULTANT



Mr Elliot Benjamin, Bsc(Hons), MBChB (Hons), DLO, FRCS (Orl-HNS), is a consultant paediatric and adult ENT surgeon based at the Wellington Diagnostic Outpatient Centre in Golders Green. As well as being consultant surgeon at Charing Hospital and Chelsea & Westminster Hospital, he is an honorary senior

lecturer at Imperial College, London.

The Wellington Diagnostic Outpatient Centre in Golders Green offers a full paediatric ENT service including skin prick allergy testing, flexible nasendoscopy and children's hearing tests.

QUICK FACTS

- Removal of adenoids and tonsils is a safe and common operation
- Tonsils are removed for recurrent tonsillitis or Sleep Apnoea
- Sleep Apnoea can effect growth and development
- There are no long term problems from not having any tonsils and adenoids.
- For more information go to: www.earnoethroatlondon.com or www.wellingtondiagnosticscentre.com

COUGH CARE

Dr Mike Greenberg, Consultant Paediatrician at the Wellington Diagnostic and Outpatient Centre talks about the problems of coughing in young children

Coughing is one of the most common reasons why children are brought to see a paediatrician. Coughing may be a feature of asthma, but not all children who cough have asthma. The hallmarks of asthma are wheezing, and response to an inhaled bronchodilator. A history of allergies, eczema and hay fever lend further weight to an asthma diagnosis.

Coughing for more than three weeks following a cold may be because of a condition known as 'persistent isolated cough', which is distinct from asthma. Both time and the avoidance of unnecessary medication is all that is needed. Reassurance that there will be

spontaneous resolution is the important message. Sometimes a dry, persistent cough may be habitual and again avoidance of medication is important. Cough suppressant medicines are not advised for children.

When coughing is associated with fever, there may be an underlying infection. Most chest infections in children are caused by viruses, and require supportive treatment only, but persistent high fever with a wet sounding cough may indicate an underlying pneumonia and the need for antibiotic treatment.

TB is on the rise, and if there is prolonged coughing with weight loss, your doctor may request a chest X-ray and skin test. In infants



under a year, there is an annual winter surge of viral bronchiolitis which usually requires supportive treatment only, but sometimes necessitates admission to hospital for feeding support and oxygen.

Dr Greenberg is also clinical director of paediatrics at The Royal Free Hospital. To make an appointment with Dr Mike Greenberg, please call 0207 483 5148

To arrange an appointment at the Wellington Diagnostics and Outpatients Centre, please contact The Enquiry Helpline on 020 7483 5148 or visit www.wellingtondiagnosticscentre.com