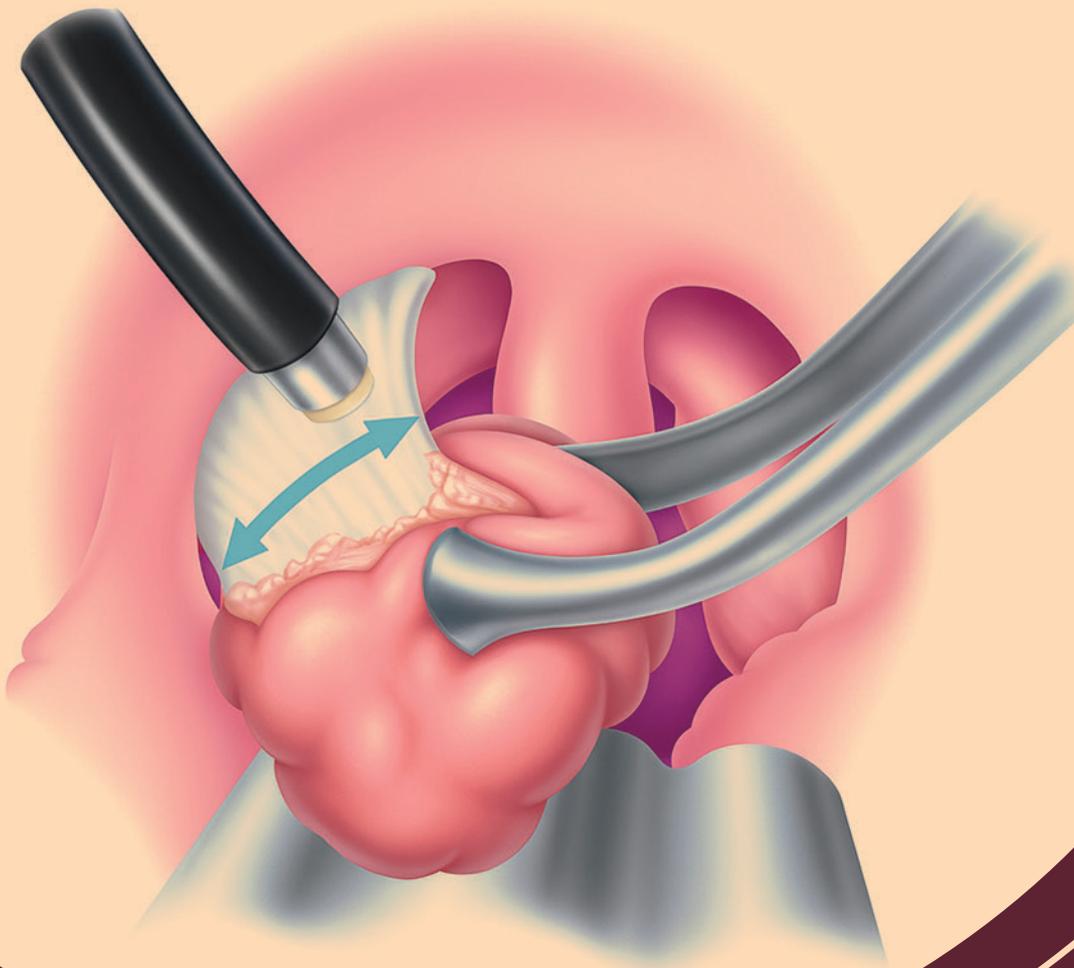


Patient FAQs

Coblation Adenotonsillectomy



TREE TOP
HOSPITAL



This booklet answers the most common questions about coblation adenotonsillectomy (removal of tonsils and adenoids using coblation technology). It's designed to help you understand the procedure, preparation, recovery, and potential risks.

1 What is Coblation Adenotonsillectomy?

Coblation adenotonsillectomy is a minimally invasive surgery that removes enlarged tonsils and adenoids using low-temperature radiofrequency energy.

- “Coblation” stands for controlled ablation at 40–70 °C, preserving healthy tissue.
- The tool creates a plasma field that gently dissolves unwanted tissue.
- Unlike electrocautery (400–600 °C), coblation reduces heat damage, bleeding, and pain.

2 Why Might I Need This Surgery?

Your ENT specialist may recommend coblation adenotonsillectomy if you have:

- Recurrent tonsillitis (frequent sore throats)
- Obstructive sleep apnea or loud snoring
- Chronic nasal obstruction or breathing difficulties
- Repeated ear infections linked to adenoid enlargement

Removing the tonsils and adenoids can improve breathing, reduce infections, and enhance sleep quality.

3 How Does Coblation Technology Work?

Coblation uses radiofrequency energy combined with saline to form a plasma field that:

- Softens tissue bonds, allowing precise removal
- Seals small blood vessels, minimizing bleeding
- Operates at cooler temperatures to protect nearby structures

This targeted approach leads to faster healing and less postoperative discomfort.

4 What Happens During the Procedure?



Anesthesia

- General anesthesia keeps you asleep and pain-free.
- An anesthesiologist monitors vital signs throughout.



Tissue Removal

- A coblation wand is inserted to remove adenoid tissue behind the nose.
- Tonsils are carefully ablated from their capsule, leaving a thin rim of tissue.



Hemostasis

- The device coagulates small vessels as it works.
- Any remaining bleeding sites are touched up with low-heat cautery or sutures.



Closure & Recovery Room

- No external stitches are needed.
- You're moved to recovery for monitoring until awake.

5 Benefits Compared to Traditional Surgery

Feature	Coblation Approach	Traditional Cold Steel/Electrocautery
Operating Temperature	40 - 70 °C	400 - 600 °C
Tissue Damage	Minimal	Greater
Blood Loss	Reduced	Moderate to higher
Post-Op Pain	Less	More
Healing Time	Quicker	Longer
Risk of Re-Admission	Lower	Slightly higher

6 What Are the Risks and Complications?

Coblation adenotonsillectomy is generally safe, but possible complications include:



Bleeding during or up to two weeks after surgery



Infection of the throat bed or surgical site



Temporary voice changes or nasal speech



Swelling leading to mild breathing difficulty



Small chance (up to 3%) of tonsil tissue regrowth

7 How Should I Prepare?



Medical Evaluation

Pre-op blood tests and anesthesia assessment.



Medications

Stop blood-thinning drugs as advised (e.g., aspirin).



Fasting

No food or drink 6 - 8 hours before surgery.



Home Arrangements

Stock up on soft foods, ice pops, and prescribed pain relief.

- Bring any relevant medical records and a list of allergies to your appointment.

8 What Is the Hospital Stay and Recovery Timeline?



Hospital Stay	Often same-day discharge or an overnight stay for children.
First Week	Throat pain peaks at days 2 - 3, managed with regular painkillers. Soft diet (ice cream, soups) and good hydration are essential.
Return to Activities	Most adults resume light work in 5 - 7 days; children return to school in 7 - 10 days.
Full Recovery	Healing completes by 2 - 4 weeks, with scab detachment and return to normal diet.

9 Postoperative Care and Home Tips

- Take pain medication on schedule, even if pain seems mild.
- Maintain high fluid intake (at least 1.5 L/day for adults).
- Use cool, soft foods to soothe the throat.
- Avoid hot, spicy, rough, or acidic foods until fully healed.
- Encourage children to rest and limit physical play for two weeks.



10 When to Contact Your Doctor

Seek immediate care if you experience:

- Heavy bleeding or bloody vomit
- Severe, unrelenting throat pain not eased by medication
- Fever above 38.5 °C for more than 24 hours
- Difficulty breathing or swallowing saliva
- Signs of dehydration (dizziness, scant urination)



11 Alternative Treatments

Traditional Tonsillectomy/Adenoidectomy:

Cold steel or monopolar cautery.

Intracapsular Tonsillectomy:

Removes the bulk of tonsil tissue, leaving capsule intact.

Non-Surgical Options:

Antibiotic courses, nasal steroids, or watchful waiting in mild cases.



Discuss pros and cons of each with your ENT team.

12 Will My Immune Function Be Affected?

- Tonsils and adenoids play a minor role in fighting childhood infections.
- Studies show no long-term impact on immunity after removal.
- You may notice fewer throat and ear infections post-surgery.



13 Can the Tonsils or Adenoids Grow Back?

- Coblation leaves a thin rim of tissue near the capsule, preserving structure but risking regrowth in up to 3 % of cases.
- Regrowth is more common in very young children.
- A repeat procedure is rarely needed.

Next Steps

- ❶ Review this booklet with your caregiver and ENT specialist.
- ❷ Complete any preoperative tests and follow fasting instructions.
- ❸ Prepare your home environment for smooth recovery.
- ❹ Keep emergency contacts handy and know when to seek help.

We're here to answer further questions and ensure your comfort. Please contact the ENT clinic at [phone number] or [email address] for personalized guidance.

Wishing you a safe surgery and swift recovery!



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