Tonsillectomy is one of the most commonly performed operations in the United States, accounting for nearly a half million procedures each year. The indications for this surgery can be classified into two categories.

- Sleep apnea
- Tonsil infection

**Respiratory Obstruction from Hypertrophy**

Adenoids and tonsils can often be enlarged in children and sometimes can be so large that they block the airway when children are sleeping. This is often demonstrated by loud snoring at night, gasping for air during sleep, sleepiness during the daytime, and constant mouth breathing. Often, children with large tonsils and adenoids talk as if their nose is completely blocked. Obesity can also be a factor in contributing to sleep apnea. Removal of tonsils and adenoids can be a helpful way to treat sleep apnea, particularly in the cases when tonsils are visibly enlarged on examination.

**Recurrent and Chronic Infection**

Recurrent Group A Beta hemolytic streptococcal (G.A.B.H.S.) infections are a common reason why tonsils are removed. There are only a handful of good studies available to guide us and these are open to interpretation. However, most pediatricians and ear nose and throat doctors agree that tonsillectomy is appropriate if a child meets the following criteria:

- 7 infections in any one year
- 5 infections a year for 2 years
- 3 infections a year for 3 years

Chronic Strep carrier state is also a reason to remove the tonsils.

Chronic tonsillitis is poorly defined. A sore throat lasting 3 months or more, with with tonsil enlargement and bad breath, enlarged lymph nodes in the neck which have not improved after an extended course of antibiotics might result in our recommending tonsillectomy.

Peritonsillar abscess (PTA) used to be a reason for tonsillectomy. However, studies have shown that there is a 10%-20% rate of recurrence of peritonsillar abscess usually among patients with a history of recurrent strep throat. In the current day, tonsillectomy is not commonly performed in children with peritonsillar abscess but drainage of the abscess is mandatory.