

## Disclaimer

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## What are tonsils?

Tonsils are small glands at the back of the mouth, one on each side. They have a role in fighting infection, particularly in very young children, but they become less important as you get older, probably from around 3 years of age.

## Why have surgery?

The most common reason to remove the tonsils is because of severe sore throat due to infection (tonsillitis). If the frequency and severity of infection is such that it is having a significant impact on the life and well being of your child, tonsillectomy may be the best treatment option. In particular, frequent tonsil infection may have a significant effect on school attendance.

Tonsils may also be removed if they become very large and obstruct the airway. This can cause breathing problems at night (obstructive sleep apnoea). Very large tonsils can also make eating difficult. Such problems usually occur in younger children, up to 5 years of age, and require removal of the adenoids as well as tonsils.

## What if my child does not have surgery?

Sometimes children have frequent episodes of tonsillitis over a period of a few months to a year and then the problem settles. This is quite common when a child starts school. Tonsillectomy is not recommended unless your child has had recurring infections for over a year. Each infection can be treated with antibiotics but regular use of antibiotics over a prolonged period can in itself cause problems. Sleep apnoea can cause serious health problems through causing stress on the heart and lungs. Therefore, surgery is strongly advised in such cases.

## Before the operation

If your child is at school you should inform the school that he/she will be away for 2 weeks. You should inform your surgeon if your child bruises easily or bleeds excessively, or if there is any such history in your family. If your child has a cold or tonsillitis within 2 weeks of their admission it is recommended that you contact the hospital to postpone the operation.



Large tonsils may cause airway obstruction.

## About the operation

The operation is performed through the mouth under general anaesthetic and takes approximately 30 minutes. A gag is used to keep the mouth open and if your child has any loose teeth you should mention this to the surgeon. If the tooth is very loose and near the front it is safer to remove it at the time of surgery. After the operation he/she will be kept under close observation in the recovery area for a further 45 minutes, so will be off the ward for about 1 1/4 hours. You will be able to go to the anaesthetic room with your child until he/she is anaesthetised and you may be able to come to the recovery area once your child is awake. Most children go home on the day of surgery.

## After the operation

Your child may feel sick immediately after the operation due to having swallowed blood during surgery. Medication will be given for this if necessary. He/she will have pain and this can be severe. In addition to being in the throat, pain is often felt in the ears (referred pain). Your child will be given medication to relieve the pain and it is important you give this regularly, particularly before meals. Eating and drinking following tonsillectomy is very important so that the throat heals well without infection. Your child can eat whatever he/she wants, there is no recommended diet. You should be aware that the pain may get worse after discharge from hospital. However, generally children recover from tonsillectomy quicker than adults and seem to have less pain following surgery.

If you look at your child's throat after surgery the appearance will be that of a grey/white slough. This is the normal healing appearance of the throat after surgery and will disappear after 10 to 14 days. The appearance may look like an infection but is to be expected and is quite normal.

## Possible complications

Tonsillectomy is a safe operation and complications are rare. The most significant complication is bleeding, which usually occurs a few days after surgery (secondary haemorrhage) and is often due to infection. Secondary haemorrhage occurs in approximately 2% of child tonsillectomies. Your child will probably need to be readmitted to hospital and given antibiotics. Very rarely it is necessary to control bleeding with a further operation. **Bleeding can be serious and you should contact a doctor straight away. You should contact the ward for advice or alternatively go to the nearest hospital casualty.**

Infection can occur without bleeding. Your child may have a fever and an unpleasant smell in his/her throat. In such circumstances it is advisable for your child to have a course of antibiotics, so you should see your GP or contact the ward for advice.