Tonsillectomy in children

We hope this leaflet will help you to understand a little more about your operation and the treatment you will receive after surgery. If you have any further questions, please don’t hesitate to ask a member of the nursing or medical staff. They will be happy to help you.

What is tonsillectomy?

Tonsillectomy is an operation to remove the tonsils from your throat. Your tonsils lie on either side of your throat. In the first two years of life they produce antibodies, helping to protect you against bacteria entering the body. By trapping the bacteria the tonsils can become infected themselves, sometimes leading to repeated attacks of tonsillitis. These infections may clear up on their own, generally becoming less frequent as you get older. Sometimes, however, the attacks of tonsillitis become a recurring problem when you may be advised to have your tonsils removed.

Once you have recovered from the operation you will be less likely to suffer from throat infections. Evidence also shows that for people over the age of two, removing the tonsils does not reduce their resistance to general infections.

Are there any alternatives to surgery?

Surgery (an operation) is recommended as the only dependable way to stop frequent attacks of tonsillitis. In children, a long course of antibiotics may break a cycle of frequent infections or the tonsillitis may simply stop after a few years.

What will happen if I decide not to have the operation?

You will probably keep on getting tonsillitis. An abscess, known as a quincy, can sometimes form behind the tonsil. Antibiotics will be prescribed, with any pus drained with a needle. Very rarely, the infection may spread into the neck causing a parapharyngeal or retropharyngeal abscess when an operation to drain the pus may be necessary.

Admission

On the day of your admission please phone the admissions department (as indicated on your letter of admission). This is to confirm that a bed is ready for you, as on rare occasions it may be needed for an emergency. Don’t forget to bring all your usual medications. When you arrive, the nurses will explain the ward layout and routine.

Before the operation

You MUST not have anything to eat for six hours before your operation, but you can have water up until two hours before surgery. This is to prevent vomiting during the procedure. Similarly, we ask you not to chew gum.

The operation

The operation takes about half an hour and is performed under general anaesthetic. The tonsils are peeled away from the underlying muscles and the bleeding controlled.

On the morning of your operation the nurse, an ENT (Ear, Nose and Throat) specialist and the anaesthetist will visit you and explain the operation and anaesthetic to you. If you or your parent / guardian have any concerns or questions, please don’t hesitate to ask.

After the operation

After the operation we will transfer you to the recovery unit where you will be carefully monitored. Parents / guardians will be invited to join you once you are awake and you can return to the ward together. You will continue to be closely observed over the next few hours before being encouraged to have something to eat and drink before going home. Most children are able to go home the same day of their operation, but only if they are eating properly. Occasionally an overnight stay is required.

At home

Throat pain gradually gets worse over the first 4-5 days after the operation before starting to improve. It rarely lasts more than two weeks. Children must be given painkillers regularly, as recommended on the packet. This is the most effective way to relieve the pain. Earache is also common as the ear and throat share the same nerves. The pain is due to inflammation of the tissue around the site of the operation, not of the ear itself.

Parents / guardians must ensure that their child eats normal food that needs to be chewed and swallowed, and drinks plenty of water. This encourages the production of saliva and keeps the muscles at the back of the throat moving. If the muscles seize up, the pain will get worse.

Children will need to stay off school and away from groups of people for two weeks while the throat is healing.
There is normally no need for a follow-up appointment after this operation. Parents/guardians should contact Oak Ward if they have any questions.

**What are the risks and complications?**

Any operation may lead to problems including the following general risks:
- Injury to nearby tissues
- Allergic reaction to the drugs or anaesthetic

**Complications specific to this operation**

**Pain**
This is the most common problem following tonsillectomy, especially in older teenagers. It is very important to take painkillers regularly, as prescribed.

**Bleeding**
Minor bleeding from the operation site can occur [5 cases in 100]. This usually happens within the first 12 hours after the operation and normally stops by itself. On rare occasions it may be necessary to go back to theatre to control the bleeding [1 case in 300] There is also a small risk that bleeding may occur from the throat 5 to 10 days after the operation. Generally this is just spotting and should not be a cause for concern. On rare occasions, the bleeding may increase, in which case parents/guardians MUST contact Oak Ward immediately. If the bleeding is severe they MUST call an ambulance straight away.

**Infection**
There may be white areas or thick grey coating at the back of your child's throat. This is normal and indicates the tonsils are healing. However if s/he complains of increasing pain and becomes feverish, s/he may have an infection. Your GP can provide antibiotics for this. If your child is unable to eat or drink due to the infection / pain, s/he may need to be readmitted to hospital for intravenous fluids / antibiotic therapy. Infection during this period can also cause the throat to bleed.

Rarely, small pieces of the tonsil may be left behind (tonsil remnants). These can continue to become infected and cause tonsillitis.

**Contact details:**

**Oak Ward**
01823 342016

**ENT secretaries**
01823 342166 / 342168

Please note: Emergency services are provided by hospitals in Taunton, Exeter, Bristol and Dorchester. Other more local hospitals may NOT provide emergency cover in the event of severe bleeding.