

## Department of ENT

# Tonsillectomy

### What are tonsils?

Tonsils are lumps of tissue at the back of the throat one each side and they help filter and protect the body from infection. They are there to fight germs when you are a young child. As you get older, the tonsils become less important in fighting germs and usually shrink. Your body can still fight infections without them.

Tonsillitis occurs when the tonsils become infected themselves. They become red and swollen and this can make swallowing and therefore eating and drinking, difficult and painful.

The infection can be viral or bacterial. Viral tonsillitis is the most common and will not respond to treatment with antibiotics.

### Why remove them?

Removal of tonsils is at the discretion of the individual surgeon. Recurrent tonsillitis causes enlargement of the tonsils, difficulty with eating and perhaps breathing, and a loss of work time.

Most patients currently having a tonsillectomy report benefits from the operation, but there is no guarantee that tonsillectomy will prevent all sore throats in the future. A quinsy is an abscess that develops alongside the tonsil, as a result of tonsil infection, and is most unpleasant. People who have had a quinsy therefore are often advised to have a tonsillectomy to prevent having another. Other rarer indications include obstructive sleep apnoea (the tonsils obstructing normal breathing at night).

### Before the operation

You will be seen at the pre-admission clinic by a nurse where you will be asked for details of your medical history and carry out any necessary clinical examinations and investigations. You will be asked if you are taking any medication and it helps us if you bring details with you of anything that you are taking.

You will usually be admitted on the morning of the operation. General ENT examinations are then carried out. The doctor or nurse will explain the operation in more detail, discuss any worries you may have, and ask you to sign a consent form. If you have a temperature, or if there is any evidence of infection or recent infection the operation will almost definitely be postponed. This is because the risk of

postoperative bleeding is increased when infection is present. It is very important to tell us if you have any unusual bleeding or bruising problems or if this type of problem might run in the family.

Before the operation, you need to be starved for six hours of all food and fluids.

Please bring this information booklet with you on the day of surgery.

## **Are there alternatives to having the tonsils removed?**

Antibiotics may help for a while, but frequent doses of antibiotics can cause other problems. A low-dose antibiotic for a number of months may help to keep the infections away, this should be discussed with your GP. There is no evidence that alternative treatments such as homeopathy or cranial osteopathy are helpful for tonsil problems. (ENT-UK 2006).

You may change your mind about the operation at any time and signing a consent form does not mean that you have to have the operation.

## **How long will the operation take?**

You will be away from the ward for about an hour. The operation will be carried out under a general anaesthetic, which means you will be deeply asleep and will not feel any pain during the operation.

The tonsils are removed through the mouth, any bleeding is stopped with electric cautery or the bleeding vessels are tied off. The operation itself takes about 30 minutes, after which you will be looked after in the recovery room until you are fully awake.

## **After the operation**

Sips of water are allowed as soon as you are awake and alert, at the anaesthetists discretion.

Normal diet should be resumed as soon as you are tolerating fluids and this must be maintained throughout the next two weeks of recovery.

You will probably want to spend the rest of the day in bed resting and may want to carry on sleeping or doing quiet activities such as reading or watching the television. Occasionally you may vomit after the operation. This is most often old blood (dark brown in colour) which has been swallowed during surgery. Nurses will also look for any evidence of fresh bleeding (bright red). It is therefore important to avoid having red or brown drinks after the operation.

Postoperative bleeding is unusual but can occur.

The nurse will also observe you and measure your heart rate (pulse), oxygen levels, and breathing (respirations) after you return to the ward.

Expect post-operative sore throat and earache, however this will ease with plenty of fluids, eating normally and taking the painkilling tablets prescribed.

## **Possible complications**

Tonsil surgery is very safe, but every operation has a small risk.

The most serious problem is bleeding. This may need a second operation to stop it. About five adults out of every 100 who have their tonsils out will need to be taken back into hospital because of bleeding, but only one adult out of every 100 will need a second operation (ENT-UK 2006).

Please let us know before surgery if anyone in the family has a bleeding problem.

During the operation, there is a very small chance that we may chip or knock out a tooth, especially if it is loose, capped or crowned. Please let us know if you have any teeth like this.

You may feel sick after the operation. We may need to give you some medicine for this, but it usually settles quickly.

## **Going home as advised by surgeon**

Depending on certain criteria you may be done as a day case so that they can go home on the day of surgery if the surgeon and anaesthetist are happy with your post operative recovery. Or you may stay in hospital over night.

The anaesthetic may make you feel more tired than usual for a day or two so you should try and rest. You should not drive for 24 hours as you may still be affected by the anaesthetic or do anything that requires good co-ordination.

You will probably feel uncomfortable for a week or two after the operation and may find swallowing difficult. However, eating a normal diet is extremely important.

**Eating a normal diet is essential to help with the healing process and reduce the risk of infection leading to secondary bleeding, it also helps reduce the pain.**

## **Pain relief**

You will probably have a sore throat for about a week and may also complain of earache. The earache is actually caused by the sore throat, but it may not seem like that. It happens because the throat and ears have the same nerves and it doesn't always mean that you have an ear infection. To ease the pain and make eating easier, have your painkillers as prescribed 30 minutes to an hour before meals, according to the instructions on the bottle. For the first seven days you should take your pain relief even if you don't feel in pain. This will make sure that you are able to eat and drink comfortably. After the first week, take your pain relief as often as you feel you need it. Please take your medicine according to the instructions on the bottle and take for the next seven days. We will give you some paracetamol, codeine and ibuprofen to take home, but it is a good idea to have a spare bottle at home as well.

Following the operation avoid taking aspirin as this could make you bleed. Unless your doctor has prescribed it.

## **Eating and drinking**

You will be given a sandwich to eat shortly after the surgery.

It will be tempting to have soft foods, which are less painful to swallow, but you must start eating normally as soon as you can after the operation. Eating foods like toast, or cereals helps the area where the tonsils were removed to heal more quickly. It is very important for you to drink lots of fluids. You may find it easiest to drink chilled liquid, but avoid acidic drinks like orange juice, which will sting. Avoid drinking red or brown drinks such as blackcurrant or coke for the next 24 hours (in case of vomiting as this may look like blood). Avoid very hot drinks as this could cause bleeding. Chewing gum (if appropriate) may also help ease the pain.

## **Brushing teeth**

This will help keep the mouth free of infection, and the sore areas will heal more quickly. Your throat may look white and you may also see small threads in your throat – these are the ties used to help stop the bleeding during the operation and they will fall out by themselves.

## **Work**

You should not go to work for two weeks after you leave hospital. For the first few days, you should rest as much as possible. Once you are feeling better, there is no restriction on what you can do.

## Coughs and colds

You should try to avoid crowded places, where you might pick up infections, and people with coughs and colds, for two weeks after the operation. You should also keep away from cigarette smoke, as this can make your throat feel worse and can affect the healing process which could lead to infection and secondary bleeding.

### **If you are at all concerned please contact:**

**Ward:**.....and ask to speak to the nurse in charge, who will advise accordingly and document the telephone conversation.

Tel: 01223.....

Within 48 hours of discharge.

After 48 hours contact your GP.

You should call your GP if:

1. The sore area starts to bleed again more than two teaspoons of fresh bright red blood.
2. If you bring up red, black or brown vomit (this may be blood) more than once. Some people can vomit non-bloody sick a few times after surgery which is nothing to worry about.
3. You have a raised temperature and paracetamol or ibuprofen does not bring it down.
4. You are not eating and drinking.

Following any telephone advice, if you are still worried you can always go directly to the local Emergency Department where they will be examined by a doctor and your fears can be discussed/allayed.



Addenbrooke's is smoke-free. You cannot smoke on site. For advice on quitting, contact your GP or the NHS smoking helpline free, 0800 169 0 169

Please ask if you require this information in other languages, large print or audio format: 01223 216032 or [patient.information@addenbrookes.nhs.uk](mailto:patient.information@addenbrookes.nhs.uk)

Informacje te można otrzymać w innych językach, w wersji dużym drukiem lub audio. Zamówienia prosimy składać pod numerem: 01223 216032 lub wysyłając e-mail: [patient.information@addenbrookes.nhs.uk](mailto:patient.information@addenbrookes.nhs.uk)

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#### Cantonese

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#### Turkish

এই তথ্য বাংলায়, বড় অক্ষরে বা অডিও টেপে পেতে চাইলে দয়া করে 01223 216032 নম্বরে ফোন করুন বা [patient.information@addenbrookes.nhs.uk](mailto:patient.information@addenbrookes.nhs.uk) ঠিকানায় ই-মেইল করুন।

#### Bengali

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