
Children's Services

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. The size of the tonsils varies, though children generally have much larger tonsils than adults. After the age of about three years 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 school time. This often leads to the recommendation that the child's tonsils should be removed.

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.

Before the operation

Just prior to the day of admission, you may receive a telephone call from a nurse to run through some standard questions, this is only carried out for children who meet the criteria for day-case tonsillectomies and will elicit any children who may not be able to proceed with surgery i.e. they are unwell with a fever or have an infectious childhood ailment that may impact on surgery. The night before surgery, the ward nurse will telephone you to advise you with regard to fasting times. Please let the nurse know if your child is suffering from a bad cold with a fever. Your child will 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 your child has a fever, 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 your child has any unusual bleeding or bruising problems or if this type of problem might run in the family.

Before the operation, your child should be starved for six hours of food and three hours of clear fluids.

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

Are there alternatives to having the tonsils removed?

Your child will not always need to have his or her tonsils out. You may want to just wait and see if the tonsil problem gets better by itself. Children often grow out of the problem over a year or so. You will be advised when you and your child are seen in clinic if surgery is the best option and why.

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 during an important period such as during exams. 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 your child has to have the operation.

How long will the operation take?

Your child will be away from the ward for just over an hour. The operation will be carried out under a general anaesthetic, which means your child 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 to the bleeding vessels. The operation itself takes about half an hour, after which your child will be looked after in the recovery room until he or she is fully awake. Parents will be called to come to the recovery room via a hospital bleep which will be given to you.

After the operation

Your child may be very sleepy when you first see them or a little disorientated and tearful. Both reactions are completely normal. Your child's throat will be sore after surgery. They may have had some analgesia (painkillers) when they were asleep and will need to continue to have them regularly for the next seven days especially before meals. Normal diet should be resumed as soon as your child is tolerating fluids and this must be maintained throughout the next two weeks of recovery.

It is very important to eat solid foods to keep the tonsil bed clear of any debris, which could be a focus for infection.

It is best if you encourage your child to sleep on their return to the ward as this may help to reduce any feelings of nausea.

Sips of water are allowed as soon as your child is awake, alert and the nurse and anaesthetist are happy. When alert your child may want to sit up and they will probably want to spend the rest of the day in bed resting. They may want to carry on sleeping or do quiet activities such as reading or watching the television. Do reassure your child that their throat will get better.

Your child can eat and drink as tolerated after the operation. Do discuss this with the nurse.

Occasionally children 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 giving your child red or brown drinks after the operation.

Postoperative bleeding is unusual but can occur.

The nurse will observe your child and measure their heart rate (pulse), oxygen levels, and breathing (respirations) after he/she returns to the ward.

Expect post-operative sore throat and earache. However, this will ease with plenty of fluids, eating normally and taking the pain medicine prescribed, initially on a regular basis.

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 two children out of every 100 who have their tonsils out will need to be taken back into hospital because of bleeding, but only one child 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 your child has any teeth like this.

Some children feel sick after the operation. We may need to give your child some medicine for this, but it usually settles quickly.

Going home as advised by surgeon

Depending on certain criteria your child 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 child's post operative recovery. Or your child may stay in hospital over night.

The anaesthetic may make your child feel more tired than usual for a day or two. They should be encouraged to rest. Your child 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

Your child 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 to your child. It happens because the throat and ears have the same nerves and it doesn't always mean that your child has an ear infection. To ease the pain and make eating easier, give paracetamol and/or ibuprofen half an hour to an hour before meals, according to the instructions on the bottle. For the first seven days you should give your child pain relief even if he or she does not seem to be in pain. This will make sure he or she is able to eat and drink comfortably. After the first week, give pain relief as often as he or she seems to need it. Please take your medicine according to the instructions on the bottle and take for the next seven days.

Eating and drinking

It will be tempting to give your child soft foods, which are less painful to swallow, but they must start eating normally as soon as they 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 them to drink lots of fluids. They 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 (incase of vomiting as this may look like blood). Chewing gum (if appropriate) may also help ease the pain.

Brushing teeth

It may be a bit of a battle to get your child to brush his or her teeth after the operation but this will help keep the mouth free of infection, and the sore areas will heal more quickly. It will also freshen your child's mouth.

School activities

Your child should not go to school or nursery for two weeks after they leave hospital and avoidance of mixing with people, as secondary infection may lead to bleeding. For the first few days, he or she should rest as much as possible. Once they are feeling better, there is no restriction on what they can do.

Coughs and colds

Your child should try to avoid crowded places, where they might pick up infections, and people with coughs and colds, for two weeks after the operation. You should also keep your child away from cigarette smoke, as this can make their throat feel worse.

If you are at all concerned about your child 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.

If your child was discharged on the day of surgery, you will receive a telephone call from a nurse the following day to check on your child's progress.

Following this if you encounter any problems you should call the ward up to a week after discharge or your GP if:

1. The sore area starts to bleed again more than two teaspoons of fresh bright red blood.
2. Your child brings up red, black or brown vomit (this may be blood) more than once.
Many children vomit non-bloody sick a few times after surgery which is nothing to worry about.
3. Your child has a raised temperature and paracetamol or ibuprofen does not bring it down.
4. Your child is not drinking any fluids.



We are currently working towards a smoke-free site. Smoking is only permitted in the designated smoking areas.

For advice and support in quitting, contact your GP or the free NHS Stop Smoking helpline on 0800 169 0 169

Help with this leaflet:



If you would like this information in another language, large print or audio format, please ask the department to contact Patient Information: 01223 216032 or

patient.information@addenbrookes.nhs.uk



Document history

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