

# Surgery to remove your child's tonsils

Ear, Nose & Throat

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Information for Patients, Parents & Carers

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## What is a tonsillectomy?

Tonsils are small glands on each side of the throat. The tonsils are there to help fight germs when you are a young child. After the age of about 3 years, the tonsils usually shrink and become less important in fighting germs. Your body can still fight germs without them.

Surgery to remove the tonsils is called a tonsillectomy. We only recommend removal of the tonsils if they are doing more harm than good.

## Why does my child need this operation?

The main reasons for removing your child's tonsils are to stop them getting severe sore throat (tonsillitis), or improve problems they have with their breathing while they are asleep (sleep apnoea).

Sometimes your doctor will recommend removal of your child's tonsils for other reasons, which they will explain to you in the clinic.

Removing the tonsils will stop your child from getting tonsillitis, but it won't stop them from getting a sore throat again for other reasons.

## What to do before the operation

Arrange for your child to have 2 weeks off nursery or school (if appropriate).

Buy a bottle of Calpol and ibuprofen to have at home, as your child will need regular painkillers for a week after the operation.

**Please call the waiting list office on 0116 258 6058 if your child has a cold or sore throat in the 2 weeks before surgery. It will be safer to delay surgery for a few weeks.**

**Health information and support is available at [www.nhs.uk](http://www.nhs.uk)  
or call 111 for non-emergency medical advice**

Visit [www.leicestershospitals.nhs.uk](http://www.leicestershospitals.nhs.uk) for maps and information about visiting Leicester's Hospitals  
To give feedback about this information sheet, contact [InformationForPatients@uhl-tr.nhs.uk](mailto:InformationForPatients@uhl-tr.nhs.uk)

You will be sent an admission letter explaining what you need to do with your child for the operation. Your child should not have anything to eat or drink from the time discussed at the pre-assessment. It is important to follow these instructions otherwise your child's operation may have to be delayed or cancelled.

The doctor will explain the operation in more detail, talk to you about any worries you may have, and ask you to sign a consent form. An anaesthetist will also visit you to explain about the anaesthetic. Please tell the doctor if your child has any medical conditions such as allergies. Please also tell the surgeon if your child has a history of neck problems, or if they have any loose teeth.

## **What happens during the operation?**

Your child will be asleep under a general anaesthetic.

We will take the tonsils out through the mouth and then stop the bleeding. There are different ways your surgeon may chose to do this depending on your child's needs.

The procedure usually takes about 1 hour. Your child will wake up after the procedure in the recovery room.

## **What happens after the operation?**

Your child will feel sore in the throat after the operation. The doctor will prescribe some simple painkillers.

The nursing team will tell you when it is safe to allow your child to start eating and drinking after the operation.

The anaesthetic may make your child feel tired and a little clumsy for around 24 hours after the operation, so do not let them do anything that may lead to a fall.

Your child will normally be able to go home on the same day. If your child is having other operations at the same time, or has other medical conditions, they may need to stay overnight. If this is the case you will be able to sleep on the ward with your child. We will only let your child go home once they are eating and drinking and feels well enough.

Your child may have sore ears. This is normal because your throat and ears have the same nerves. It does not usually mean that your child has an ear infection.

Your child's throat will look white. This is normal while their throat heals.

If they have not been eating properly, some children get a throat infection after surgery. If this happens you may notice a fever and a bad smell from your child's throat. Call your GP or the hospital for advice if this happens.

If your child needs to be seen in the ENT clinic you will be told of this before leaving the ward. Appointment details will be posted to your home address. If you are planning to move or will be on holiday, please inform the nurse looking after you.

If your child needs any medication to go home, this will be given as soon as possible. Your nurse will tell you the correct way to give and store medication. To speed up your discharge process we ask that you buy a bottle of Calpol and ibuprofen to have at home before you come into hospital.

**Do not exceed the amount on the bottle for your child's age.**

A letter will be sent to your GP.

## What do I need to do at home?

It is best to take your child straight home after you leave hospital as your child may need to rest and sleep. A few days rest at home after leaving hospital is recommended.

Offer your child frequent drinks and it is best to give light foods to start with e.g. toast, sandwiches, biscuits. Then gradually return them to their normal diet. Avoid rich foods, including chocolate, ice-cream and fried foods, as they may make your child feel sick.

If your child vomits, give just clear fluids (juice or water) until it settles, then introduce small amounts of food. If your child continues to vomit or develops a fever, and you are concerned, please telephone the ward from which your child was discharged.

If you notice any bleeding from your child's throat you must see a doctor, as this can be serious. Either call the ward, your GP, or go to your nearest hospital Emergency Department to have it checked.

**Your child should be able to return to school or nursery after 2 weeks.**

**We advise to avoid travelling abroad for 3 weeks after surgery.**

## Can there be problems?

Tonsillectomy is a safe procedure, but every operation has a small risk.

Your child's anaesthetist is an experienced doctor who is trained to deal with any problems that happen during surgery. After an anaesthetic some children feel sick and vomit. They may also have a headache, sore throat or feel dizzy. These side effects are usually short-lived and not severe.

The most serious problem that can occur is bleeding. This may need a second operation to stop it. About 2 children out of every 100 who have their tonsils removed will need to go back into hospital because of bleeding, but only 1 child out of every 100 will need a second operation. Please let us know before surgery if anyone in the family has a bleeding problem.

There is a small chance that we may chip or knock out a tooth, especially if it is loose, capped or crowned, or your child's lip, tongue or gums may be injured.

Some children who have sleep apnoea can experience temporary worsening of their breathing. If your child has this they will be monitored closely after surgery to identify and manage this.

Rarely, children can develop painful or restricted neck movements after surgery; if you are worried this has happened please contact the ward.

## Are there any alternatives to having a tonsillectomy?

Your child may not need to have their tonsils out. You may want to just wait and see if problems related to the tonsils get better by itself. Children often grow out of problems with their tonsils, over a year or so.

Recurrent tonsillitis can also be treated with antibiotics.

The doctor will tell you if they feel that surgery is the best treatment.

## Contact details

If you have any questions, you can ask us at the pre-assessment appointment or on the day of surgery itself. Or you can contact Ward 19, Leicester Royal Infirmary, on 0116 258 5244 or 0116 258 5534.

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