

ENT07Tonsillectomy (child)

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What is a tonsillectomy?

A tonsillectomy is an operation to remove the tonsils. The tonsils are part of a group of lymphoid tissues (like the glands in your neck) that help to fight off infection from germs that are breathed in or swallowed. As you get older, your tonsils become less important to fight infection.

Your surgeon has suggested a tonsillectomy for your child. This document will give you information about the benefits and risks to help you to be involved in the decision. If you think your child is mature enough, it is best to discuss the operation with them so they can be involved in the decision too. If you have any questions that this document does not answer, ask your surgeon or the healthcare team.

What are the benefits of surgery?

Tonsillitis happens if the tonsils become infected. This causes pain, fever, difficulty swallowing or sleeping, and can make your child feel unwell. If your child has swollen tonsils, they may snore and stop breathing for a short time while they are asleep (risk: 7 in 1,000).

Tonsillitis usually gets better within 7 to 10 days.

Antibiotics may help if the tonsillitis is caused by a bacterial infection but tonsillitis is often caused by a virus and antibiotics do not help. It is important to realise that your child will still get sore throats, such as those that happen with a common cold, after a tonsillectomy. The operation prevents tonsillitis but will not prevent all sore throats.

Are there any alternatives to surgery?

Surgery is recommended as it is the only dependable way to stop tonsillitis that keeps on coming back.

In children, a long course of antibiotics may break a cycle of frequent infections or the tonsillitis may simply stop after a few years.

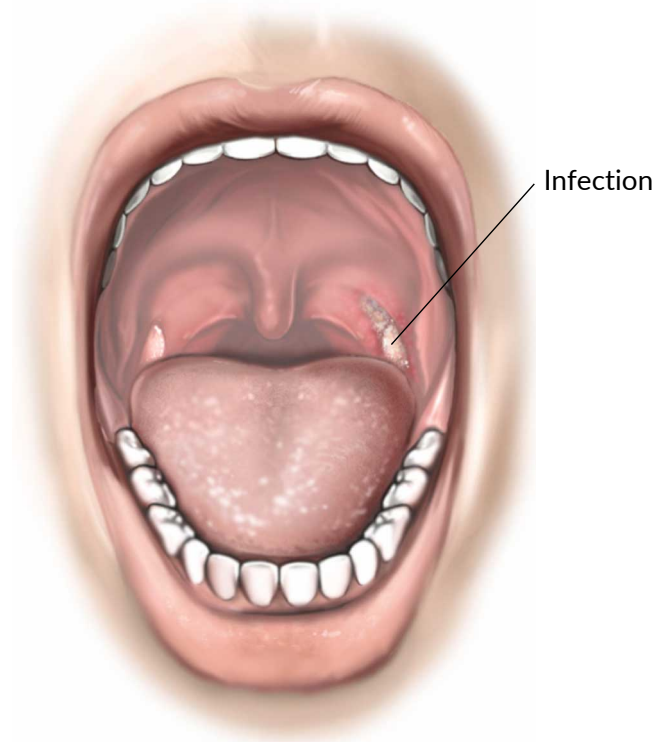
What will happen if I decide that my child will not have the operation?

Your child will probably keep on getting tonsillitis but attacks may become less frequent over time.

Your child will continue to have disturbed sleep. This can be serious and affect behaviour and learning at school. However, many children will improve over time without surgery.

An abscess can sometimes form behind the tonsil. This is known as a 'quinsy'. The pus will need to be removed from the abscess through a needle, and your child will need antibiotics.

Rarely, the infection may spread further into the tissues of the neck, causing a 'parapharyngeal' or 'retropharyngeal' abscess. This is a serious complication and needs an operation to drain away the pus.



Tonsillitis

What does the operation involve?

The healthcare team will carry out a number of checks to make sure your child has the operation they came in for. You can help by confirming to your surgeon and the healthcare team your child's name and the operation they are having.

The operation is performed under a general anaesthetic and usually takes about 30 minutes. Your child may also have injections of local anaesthetic to help with the pain after the operation.

Your surgeon will perform the tonsillectomy through your child's mouth using one of the following techniques.

- Cold dissection technique – Your surgeon will use a steel instrument to peel or cut the tonsil away from the layer of muscle underneath it.
- Diathermy technique – Your surgeon will use a special instrument that uses heat to stop the bleeding.
- Coblation technique – Your surgeon will use an instrument that uses radio-frequency energy to dissolve the tonsil.

Your surgeon will stop any extra bleeding.

What can I do to prepare my child for the operation?

Your child should try to maintain a healthy weight. They will have a higher risk of developing complications if they are overweight. If your child is having surgery to improve their breathing during sleep, it is less likely to be successful.

Your child can reduce their risk of infection in a surgical wound by keeping warm around the time of the operation. Let the healthcare team know if your child feels cold.

What complications can happen?

The healthcare team will try to reduce the risk of complications.

Any numbers which relate to risk are from studies of people who have had this operation. Your doctor may be able to tell you if the risk of a complication is higher or lower for your child.

Some complications can be serious.

You should ask your doctor if there is anything you do not understand.

Your anaesthetist will be able to discuss with you the possible complications of having an anaesthetic.

General complications of any operation

- Bleeding on the day of surgery (risk: less than 1 in 100) or in the next 2 weeks (risk: less than 6 in 100). Your child may need another operation to stop the bleeding (risk: 1 in 300). If the bleeding is heavy, your child may need a blood transfusion.

Bleeding can happen more than once (risk: 1 in 500).

- Infection of the surgical site (wound). Let your surgeon know if your child has any bleeding. An infection usually settles with antibiotics but your child may need special dressings and their wound may take some time to heal. In some cases another operation might be needed. Do not give your child antibiotics unless you are told they need them.
- Allergic reaction to the equipment, materials or medication. The healthcare team is trained to detect and treat any reactions that might happen. Let the doctor know if your child has any allergies or if they have reacted to any medication or tests in the past.

Specific complications of this operation

- Small pieces of the tonsil may be left behind (tonsil remnants). These remnants can continue to become infected and cause tonsillitis.
- Lingual tonsillitis. There is some tonsil tissue in the back of the tongue. Sometimes this tissue will develop tonsillitis after the real tonsils have been removed.

Covid-19

Coming into hospital increases the risk of you or your child catching or passing on Covid-19 (coronavirus) as you will be around more people than usual. This risk to your child increases further if the procedure involves their nose or throat. Practise social distancing, hand washing and wear a face covering when required.

Consequences of this procedure

- Pain. This is the most common problem following a tonsillectomy, particularly for older teenagers. The healthcare team will give your child medication to control the pain and it is important that they take it as you are told to reduce discomfort.

How soon will my child recover?

In hospital

After the operation your child will be transferred to the recovery area and then to the ward. They should be able to go home the same day or the

day after. However, your doctor may recommend that your child stays a little longer.

Your child will not be able to go home unless they are eating properly. It is important your child eats normal food that needs to be chewed and swallowed. This keeps the muscles at the back of the throat moving. If the muscles seize up, the pain will get worse.

If you are worried about anything, in hospital or at home, contact the healthcare team. They should be able to reassure you or identify and treat any complications.

Returning to normal activities

The pain can last for up to 2 weeks. It usually gets gradually worse over the first 4 to 5 days before beginning to improve, and tends to be worse first thing in the morning. Give your child painkillers regularly, 30 minutes before mealtimes and before your child goes to bed.

Your child will need to stay off school and away from groups of people for 2 weeks. This is to help prevent throat infections while your child's throat is still healing. Infection in the first 2 weeks can cause the throat to bleed.

The future

Most children make a full recovery and return to normal activities.

Summary

If left untreated, tonsillitis can cause complications. Surgery is the only dependable way to stop tonsillitis that keeps on coming back and the resulting pain, fever and difficulty swallowing.

Surgery is usually safe and effective but complications can happen. You need to know about them to help you to make an informed decision about surgery for your child. Knowing about them will also help to detect and treat any problems early.

Keep this information document. Use it to help you if you need to talk to the healthcare team.

Some information, such as risk and complication statistics, is taken from global studies and/or databases. Please ask your surgeon or doctor for more information about the risks that are specific to you, and they may be able to tell you about any other suitable treatments options.

This document is intended for information purposes only and should not replace advice that your relevant healthcare team would give you.

Acknowledgements

Reviewer: Mansoor Sharifi (MD, PhD)

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