

## ENT04Tonsillectomy (adult)

Expires end of February 2023

If you need more information, please contact the department directly.

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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. As you get older, your tonsils become less important to fight infection.

Your surgeon has suggested a tonsillectomy. However, it is your decision to go ahead with the operation or not. This document will give you information about the benefits and risks to help you to make an informed decision.

If you have any questions that this document does not answer, it is important that you ask your surgeon or the healthcare team. Once all your questions have been answered and you feel ready to go ahead with the procedure, you will be asked to sign the informed consent form. This is the final step in the decision-making process. However, you can still change your mind at any point.

## What are the benefits of surgery?

Tonsillitis happens if the tonsils become infected. This causes pain, fever and difficulty swallowing and can make you feel unwell. 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.

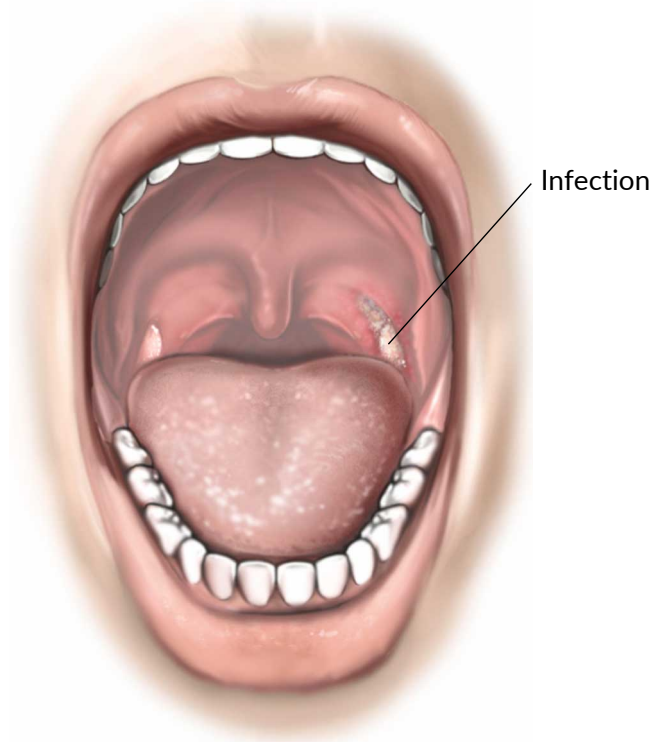
It is important to realise that you will still get sore throats, such as those that happen with a common cold, after a tonsillectomy. The operation prevents tonsillitis but will not prevent all sore throats.

Your doctor may be concerned that there is an underlying cancer, especially if one of your tonsils is larger than the other, has an ulcer on it or you have confirmed cancer in the glands of your neck. The tissue that your doctor removes will be examined under a microscope to help make the diagnosis. If a problem is found, the healthcare team will discuss the appropriate treatment with you.

## 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. For adults, this treatment is less likely to be effective, especially following glandular fever.



Tonsillitis

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

You will probably keep on getting tonsillitis.

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

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

If your doctor is proposing a tonsillectomy for anything other than infection you should discuss this carefully with them.

## What does the operation involve?

The healthcare team will carry out a number of checks to make sure you have the operation you

came in for. You can help by confirming to your surgeon and the healthcare team your name and the operation you are having.

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

Your surgeon will perform the tonsillectomy through your 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.

Your surgeon will stop any extra bleeding.

## What should I do about my medication?

Make sure your healthcare team knows about all the medication you take and follow their advice. This includes all blood-thinning medication as well as herbal and complementary remedies, dietary supplements, and medication you can buy over the counter.

## How can I prepare myself for the operation?

If you smoke, stopping smoking now may reduce your risk of developing complications and will improve your long-term health.

Try to maintain a healthy weight. You have a higher risk of developing complications if you are overweight.

Regular exercise should help to prepare you for the operation, help you to recover and improve your long-term health. Before you start exercising, ask the healthcare team or your GP for advice.

You can reduce your risk of infection in a surgical wound by keeping warm around the time of the operation. Let the healthcare team know if you feel cold.

If you have not had the coronavirus (Covid-19) vaccine, you may be at an increased risk of serious illness related to Covid-19 while you recover.

Speak to your doctor or healthcare team if you would like to have the vaccine.

## 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 you. Some risks are higher if you are older, obese, you are a smoker or have other health problems. These health problems include diabetes, heart disease or lung disease.

Some complications can be serious and can even cause death.

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). You may need another operation to stop the bleeding (risk: less than 2 in 100). If the bleeding is heavy, you may need a blood transfusion.
- Infection of the surgical site (wound). Let your surgeon know if you have any bleeding. An infection usually settles with antibiotics but you may need special dressings and your wound may take some time to heal. In some cases another operation might be needed. Do not take antibiotics unless you are told you 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 your doctor know if you have any allergies or if you have reacted to any medication or tests in the past.
- Blood clot in your leg (deep-vein thrombosis – DVT). This can cause pain, swelling or redness in your leg, or the veins near the surface of your leg to appear larger than normal. The healthcare team will assess your risk. They will encourage you to get out of bed soon after the operation and may

give you injections, medication, or special stockings to wear. Let the healthcare team know straight away if you think you might have a DVT.

- Blood clot in your lung (pulmonary embolus), if a blood clot moves through your bloodstream to your lungs. Let the healthcare team know straight away if you become short of breath, feel pain in your chest or upper back, or if you cough up blood. If you are at home, call an ambulance or go immediately to your nearest Emergency department.
- Chest infection. If you have the operation within 6 weeks of catching Covid-19, your risk of a chest infection is increased (see the 'Covid-19' section for more information).

### 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.
- Change of taste (risk: 1 in 3 in the first 2 weeks, 1 in 12 lasting 6 months, less than 1 in 100 lasting more than 2 years).
- Feeling you have something in your throat (risk: 1 in 5).
- Change in your voice. Your voice may sound a little different but should be back to normal within 3 months.

### Covid-19

A recent Covid-19 infection increases your risk of lung complications or death if you have an operation under general anaesthetic. This risk reduces the longer it is since the infection. After 7 weeks the risk is no higher than someone who has not had Covid-19. However, if you still have symptoms the risk remains high. The risk also depends on your age, overall health and the type of surgery you are having.

You must follow instructions to self-isolate and take a Covid-19 test before your operation. If you have had Covid-19 up to 7 weeks before the operation you should discuss the risks and benefits of delaying it with your surgeon.

### Consequences of this procedure

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

### How soon will I recover?

#### In hospital

After the operation you will be transferred to the recovery area and then to the ward. You should be able to go home the next day. However, your doctor may recommend that you stay a little longer. Sometimes a tonsillectomy is done as a day case (no overnight stay in hospital).

You will not be able to go home unless you are eating properly. It is important to eat normal food that needs to be chewed and swallowed. This keeps the muscles at the back of your 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

If you had sedation or a general anaesthetic and you do go home the same day:

- a responsible adult should take you home in a car or taxi and stay with you for at least 24 hours;
- you should be near a telephone in case of an emergency;
- do not drive, operate machinery or do any potentially dangerous activities (this includes cooking) for at least 24 hours and not until you have fully recovered feeling, movement and co-ordination; and
- do not sign legal documents or drink alcohol for at least 24 hours.

To reduce the risk of a blood clot, make sure you carefully follow the instructions of the healthcare team if you have been given medication or need to wear special stockings.

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. Take painkillers regularly, 30 minutes before mealtimes and before you go to bed.

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

Regular exercise should help you to return to normal activities as soon as possible. Before you start exercising, ask the healthcare team or your GP for advice.

Do not drive until you are confident about controlling your vehicle and always check your insurance policy and with your doctor.

Ask your healthcare team if you need to do a Covid-19 test when you get home.

## The future

Most people 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. 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

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