

TONSILLECTOMY

INFORMATION FOR PARENTS AND PATIENTS

IT IS VERY IMPORTANT YOU READ THIS INFORMATION AND ASK ANY QUESTIONS PRIOR TO GIVING CONSENT FOR TONSILLECTOMY

AN ELECTIVE OPERATION

About 30,000 tonsillectomies are carried out in the UK each year.

Tonsillectomy is generally an “elective” operation, meaning the patient, parent or legal guardian decide if they wish to have the operation based on discussion and explanation of the benefits and risks with their surgeon.

THE FUNCTION OF THE TONSILS

The tonsils (correctly named the “palatine” tonsils) are part of the immune system that contribute to immunity in the first 2-3 years of life; after this, other parts of the immune system take over this function and the tonsils become largely redundant.

WHY REMOVE THE TONSILS?

The two most common reasons are recurrent bouts of tonsillitis and tonsils so large, they significantly interfere with sleep and breathing. There are other, less common reasons why the tonsils are sometimes removed.

TONSILLITIS

Current UK guidance indicates frequent attacks of severe tonsillitis, with seven episodes in a twelve-month period, or fewer attacks each year over a longer period are reasons to remove the tonsils for bouts of infection.

This evidence is based on a relatively small, but well-designed, American study published in 2002; it is uncertain if the evidence from this study, based on about 300 children, is directly applicable to adults, although it is the basis of current UK guidance for both children and adults.

Many children will experience periods of recurrent tonsillitis over a period of time, but these episodes may resolve with no treatment, and so waiting a little longer is often a sensible option if the episodes of tonsillitis have been of recent onset.

VERY LARGE TONSILS

When the tonsils are very large, and often with no episodes of infection, they can interfere with breathing, sleeping and eating; the voice can also sound muffled or “plummy”. Children may have difficulty swallowing solid foods, with episodes of gagging or choking; they may just avoid such foods, favouring a softer diet.

Sleep disturbance can be very loud snoring, restless sleep, bed-wetting and awakening during the night. While adults often experience tiredness during the day, children can seem “over-tired” and hyperactive.

When sleep-disordered breathing at night is more severe, there can be bouts of “apnoea” when breathing is interrupted and stops for short periods during sleep.

Often, in children with very large tonsils, the adenoid is also enlarged, and removal of the adenoid might be recommended at the same time as removing the tonsils. (See adenoidectomy information).

BEFORE THE TONSILLECTOMY OPERATION

There is a risk of increased bleeding during and after tonsillectomy if you have had a throat infection in the 2-3 weeks prior to tonsillectomy. If this is the case, and for your safety, your operation will be postponed until you are free from infection.

Having a general anaesthetic with a head cold carries an increased risk of post-operative chest infection. If this is the case, and for your safety, your operation might be postponed until you are free from infection.

Smoking increases the risk of chest infection, blood clots in the leg and post-operative bleeding. Please consider giving up smoking and if this is not possible, please do not smoke for 48 hours before your operation.

Older girls, (12 years and above), and adult women will be asked to confirm they are not pregnant and may need a pregnancy urine test on the day of their operation to confirm they are not pregnant. If pregnancy is confirmed, the operation will have to be cancelled.

Please **do not** come for your operation if you have diarrhoea or vomiting in the preceding 48 hours.

Prior to surgery, you (or parent/legal guardian) will be asked to sign a consent form for yourself, or on behalf of your child, confirming you wish to have the tonsillectomy operation, and have fully understood the benefits and risks of the operation, including the information in this leaflet.

THE TONSILLECTOMY OPERATION

You/your child will see your anaesthetist before your operation and they will be able to answer specific questions about your general anaesthetic, including the use of painkillers by suppository (in the back passage of the bottom), once you are asleep with the anaesthetic.

The operation is carried out under a general anaesthetic, with the patient fully unconscious. Once off to sleep, by breathing a gas and/or having an injection, the anaesthetist will place a breathing tube in through the mouth and give more anaesthetic vapour with oxygen through the tube to keep the patient asleep.

Parents are encouraged to come to the anaesthetic room until their child is asleep, but if they do not wish to do this, a nurse will accompany your child.

The anaesthetist also gives the patient painkillers and anti-sickness medicines to the patient while they are asleep.

The tonsillectomy operation is performed through the mouth and usually takes about 30 – 45 minutes.

There are many different ways of removing the tonsils; I use Coblation intracapsular tonsillectomy, which uses the energy from sodium ions in salt water to dissolve the tonsil tissue. This allows the tonsil to melt away, without going through the layer under the tonsil (the capsule) into the muscle bed, avoiding large blood vessels and the many pain nerve endings in the muscle.

The advantages of this intracapsular technique are generally very little blood loss during the operation, less pain following the operation, a faster recovery and a lower risk of bleeding after the surgery.

The disadvantage is the small chance of some re-growth of tonsil tissue, which might need a further operation to treat this if it causes problems.

I usually carry out the operation in the morning, and the patient would go home, if well, 4-6 hours after the operation.

POST-OPERATIVE CARE

Your throat will be sore, both from the operation and from the anaesthetic breathing tube. Earache is common after tonsillectomy, as the same pain nerves go to the throat and to the ear drum. It is common for your mouth and jaw to feel stiff for a few weeks after the operation.

You are advised to use ibuprofen (e.g. Nurofen) three times daily and paracetamol (e.g. Calpol) four times daily at the full dose appropriate for your child's or your age and weight for the first week after surgery. If you are allergic to these medicines, alternatives will be discussed. Please buy these from your pharmacy in advance of your operation, as it is much cheaper than a private prescription. The medicine packages will contain detailed manufacturer's instructions on doses and side effects.

You will be given a small supply of oral morphine solution (Oramorph) to use as a third "top-up" or "rescue" painkiller, in case you occasionally need something stronger for the pain. Although this is not common, it is helpful to have something at home. It is better and safer to use the Oramorph if required than to use more than the recommended doses of paracetamol and ibuprofen. Oramorph is a strong painkiller and you should follow the manufacturer's instructions regarding activities while taking Oramorph. (e.g. for adults, do NOT drive/operate machinery etc.).

You will be given a course of antibiotics, which for this tonsillectomy technique, (but not all techniques), appears helpful to use during the convalescent period, reducing the risk of infection. You should complete the course prescribed, usually, ten days.

Adults, (who have a slightly higher risk of post-operative bleeding), will be given a 10-day course of tranexamic acid, (TXA, Cyclocapron), a medicine used to reduce the risk of healing tissue breaking down too soon, resulting in bleeding.

It is important to maintain a good intake of clear fluids to prevent dehydration, which might require hospital treatment with intravenous fluids.

Cool and cold drinks are better than hot drinks.

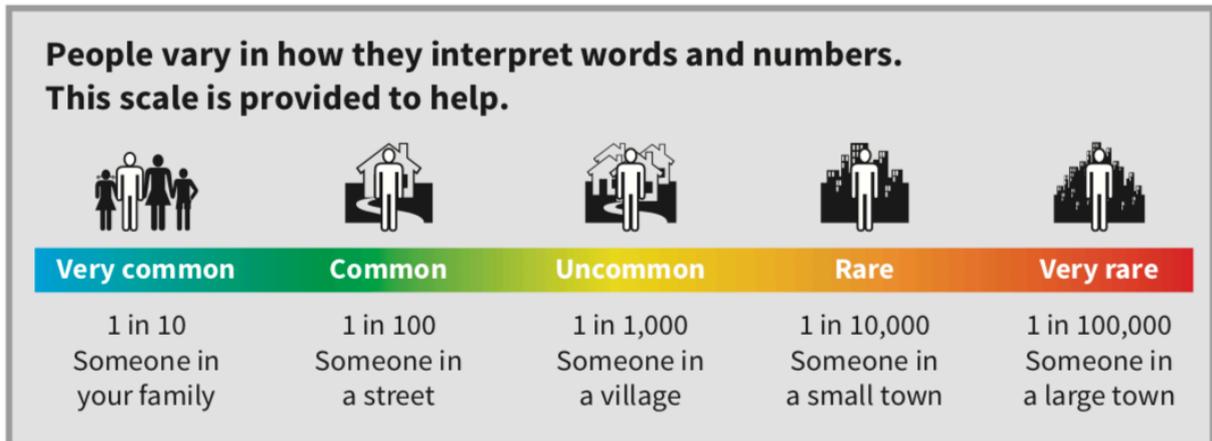
Soft foods are easier and more comfortable to manage than rough, hard foods. Ice-cream, jelly, pasta, scrambled eggs and yoghurt are usually easy to swallow when the throat is sore. Unusually, if you are not well enough to go home following your operation, on the day of surgery, you might need to be transferred to another hospital that has 24-hour ENT nursing and medical staff; this would most likely be to St George's, Tooting.

Return to normal activities (e.g. work, nursery, school, college) is recommended at about two weeks following the operation; some feel well enough after a week, although strenuous exercise, swimming and physical activity should be avoided for two weeks. You should not plan to fly or travel abroad for three weeks after your operation.

You will be given a routine follow-up outpatient appointment, usually for about 4-6 weeks after your surgery, but should bring this forward and come sooner if you have any concerns.

POSSIBLE COMPLICATIONS

The following is to help you understand the numbers relating to risks of complications:



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Large studies estimate that 95 in every 100 of those having their tonsils removed (95%) have an uneventful recovery, with throat discomfort, but no serious complications.

BLEEDING

About 5 in 100 of those having tonsillectomy (5%) will have post-operative bleeding. This can be either spitting up bright red blood or vomiting blood stained or dark brown fluid.

The tonsils, mouth and throat have a large blood supply, and bleeding is usually not serious, but can be, requiring further hospital treatment and sometimes a second operation to stop bleeding (approximately 1 in 100).

Of those returning to hospital with bleeding, approximately 5 in 100 of these who have bleeding will require a blood transfusion to replace their blood loss.

IF YOU ARE UNWILLING TO ACCEPT (OR FOR YOUR CHILD TO ACCEPT) BLOOD TRANSFUSION PRODUCTS, YOU MUST TELL YOUR SURGEON BEFORE BOOKING A DATE FOR TONSILLECTOMY.

The risk of very serious bleeding, leading to death has been reported in around 1 in 40,000 of those having tonsillectomy in the UK. The rate is similar in Sweden and reported as less frequent in Denmark (1 in 100,000).

Of the rare deaths following tonsillectomy, bleeding accounts for about 1 in 6 of these (16%); other causes are related to medicines, breathing problems and heart complications, chest infection, progression of other pre-existing medical conditions and a proportion for whom no specific cause could be identified. From all causes, the risk of death is about 1 in 15,000 of those having tonsillectomy.

IF YOU OR YOUR CHILD IS COUGHING UP OR SPITTING OUT TEASPOON VOLUMES OF FRESH, BRIGHT RED BLOOD, OR VOMITING DARK OR BLOOD-STAINED FLUID: DIAL 999 FOR AN EMERGENCY AMBULANCE TO YOUR LOCAL A&E (EMERGENCY) DEPARTMENT

OTHER COMPLICATIONS

Infections are uncommon after tonsillectomy. Cough and fever may indicate a chest infection, requiring further treatment. Mild bad breath is common during the recovery period.

Fever, swelling and redness in the neck are rare complications of tonsillectomy, when an abscess forms in the neck. However, they are serious and require hospital treatment.

Nausea and vomiting after surgery are uncommon with modern anaesthetic medicines and anti-sickness medicine are given during the operation.

Allergic and other reactions can occur with any medicine, both during and after the operation; these are uncommon.

Damage to the mouth, tongue, taste buds (with alteration in sense of taste) and teeth are small risks of the operation. When children have loose baby teeth, permission will be sought to remove these if they are very wobbly, to avoid the risk of a tooth being swallowed or inhaled during or after the operation. Burns to the lips and mouth from the Coblation handpiece used to seal blood vessels are rare.

When very large tonsils (and adenoid) are removed, the voice can change. Sometimes, when swallowing a large mouthful of fluid, a little might come back down the nose. This is due to the extra space left after the operation when the palate has to get used to moving through a larger distance to close off the back of the mouth from the nose. This occurs in about 1 in 1200 to 1 in 1500 children and usually settles within six weeks following surgery; rarely the changes can be permanent, requiring speech therapy and surgery to correct the problem.

Healing of the throat can cause scarring and tightening of the throat with the sensation of some narrowing in the back of the throat. This is uncommon with Coblation tonsillectomy

The throat usually looks white and inflamed for the first week or two following surgery. This is generally not a cause for concern, unless accompanied by a high fever, greater than 38 degrees Centigrade that does not settle with the antibiotics, paracetamol and ibuprofen.

The uvula (the dangling pink piece at the middle of the back of the palate) can be swollen after surgery; this usually settles in a few days and cold drinks help. Seek urgent medical attention if the swelling is causing difficulty breathing.

With a short, day-case operation, blood clots in the leg (deep vein thrombosis, DVT) and the clot lodging in the lung (pulmonary embolus, PE) are uncommon; adults will normally have protective stockings supplied on admission to reduce this risk.

Damage to the neck with infection are rare, but can be serious, with the risk of damage to the spinal nerves that control breathing and the arms and legs. Those with Down syndrome are more at risk of damage to the neck, and special precautions are taken.

**Go to your nearest
Accident and Emergency department if you or your child develop any of the
following:**

- **Bleeding from the nose or throat**
- **Breathing problems**
- **A high temperature (more than 38 degrees Celsius, despite regular painkillers)**
- **Increasing pain**
- **Increasing neck stiffness**
- **An inability to drink normally, as this can lead to dehydration**

FURTHER INFORMATION RESOURCES

Intracapsular Coblation tonsillectomy – The Mayo Clinic

<https://youtu.be/CnoiACRhXME>

ADVISORY - THIS VIDEO CONTAINS IMAGES OF THE OPERATION

The National Audit of tonsillectomy, Royal College of Surgeons of England

www.rcseng.ac.uk/library-and-publications/

ENT UK – national specialty organisation – patient information

www.entuk.org

SIGN Guideline – sore throat and tonsillectomy

<https://www.sign.ac.uk/sign-117-management-of-sore-throat-and-indications-for-tonsillectomy.html>

Royal College of Anaesthetists/Association of Anaesthetists of Great Britain & Ireland – “you and your anaesthetic”

www.hdfnhs.uk/content/uploads/2016/02/you-and-your-anaesthetic.pdf

Stopping smoking

<https://www.nhs.uk/live-well/quit-smoking/10-self-help-tips-to-stop-smoking/>

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Clinic Appointments

Children

St Anthony's Hospital 020 8335 4678

Guildford Nuffield 01483 555 805

Adults

Ashted Hospital 01372 221 441

Office

01372 275161 option 4

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