

Tonsil Surgery (Tonsillectomy)

Information for
parents and carers



What is a tonsillectomy?

A tonsillectomy is the surgical procedure to remove the tonsils. The tonsils are found at the back of the throat.

The usual reason for needing a tonsillectomy is repeated infections or enlarged tonsils that cause disturbed sleep.

What are tonsils?

Tonsils are small glands of lymphoid tissue in the throat. They help to provide some basic early protection against infection in very young children.

The body has many other more sophisticated ways of fighting infection, so even if young children have their tonsils removed their body will still be able to fight infections.

After the age of about 3 years old the tonsils become less important in fighting germs and usually shrink in size.

What are the benefits of the operation?

Tonsils are only removed if they are doing more harm than good. You will have the opportunity to discuss this with your child's ENT (Ear, Nose and Throat) doctor before the operation.

Removing the tonsils will help to solve these problems:

- obstructive sleep apnoea
- repeated or frequent tonsillitis (your child can still develop a sore throat but it won't be tonsillitis).

What are the risks?

This is a simple and safe operation. However all operations carry some risks:

- The most serious risk is bleeding. This may need a second operation to stop it. 2 children in every 100 who have their tonsils out will need to be taken back into hospital because of bleeding, and 1 child in every 100 will need a second operation to stop the bleeding.
- There is a small risk (about 5 in 100) that your child will develop an infection after they have had their tonsils removed. If an infection develops your child will need antibiotics.

Are there any alternatives to tonsillectomy?

Before we consider carrying out a tonsillectomy operation on your child we may see whether they can be treated by using frequent courses of antibiotics to help with infections, or a low-dose antibiotic for a number of months to help keep infections away.

Children also sometimes grow out of the problem of recurrent infections, so we always wait at least a year to see if this happens before considering a tonsillectomy operation.

What happens during the operation?

The operation is carried out under a general anaesthetic. Your child will be asleep throughout the operation.

The tonsils are then removed through the mouth. Any bleeding is stopped using cautery (an instrument used to seal a wound), or sometimes you will see a black thread (or tie) at the back of their throat.

Most children will have the operation as a day case. This means they should be able to go home on the same day as the operation. Sometimes, however, your child will need to stay overnight. The reasons for this are:

- if they have moderate or severe obstructive sleep apnoea
- if they have other medical conditions, for example, severe asthma, bleeding tendency, cerebral palsy
- if your child weighs less than 15kg or is obese

In order for your child to be able to go home on the same day as the operation, you must also have:

- access to transport (car/taxi) and a telephone in case of an emergency
- one adult carer per child at home for the first 24 hours.

Consent

We will ask you for your written consent (agreement) for the operation to go ahead. If there is anything you are unsure about, or if you have any questions, please ask the doctor before signing the consent form.

Fasting instructions

Please make sure that you follow the fasting (starving) instructions, which should be included with your appointment letter.

Fasting is very important before an operation. If your child has anything in their stomach whilst they are under anaesthetic, it might come back up while they are asleep and get into their lungs.

Pain assessment

Your child's nurse will use a pain assessment tool to help assess your child's pain score after their operation. This is a chart which helps us to gauge how much pain your child may be feeling. You and your child will be introduced to this assessment tool either at their pre-assessment visit or on the ward before their operation. You can continue to use this assessment at home to help manage your child's pain if you wish.

Pregnancy statement

All girls aged 12 years and over will need to have a pregnancy test before their operation or procedure. This is in line with our hospital policy.

We need to make sure it is safe to proceed with the operation or procedure, because many treatments including anaesthetic, radiology (X-rays), surgery and some medicines carry a risk to an unborn child. The pregnancy test is a simple urine test and the results will be available immediately. If the result is positive we will discuss this and work out a plan to support your child.

Anaesthetic risks

In modern anaesthesia, serious problems are uncommon. Risk cannot be removed completely, but modern equipment, training and drugs have made it a much safer procedure in recent years. Throughout the whole of life, an individual is at least 100 times more likely to suffer serious injury or death in a road traffic accident than as a result of anaesthesia¹.

Most children recover quickly and are soon back to normal after their operation and anaesthetic. Some children may suffer side effects like sickness or a sore throat. These usually last only a short time and there are medicines available to treat them if necessary.

The exact likelihood of complications depends on your child's medical condition, the nature of the surgery and anaesthesia your child needs. The anaesthetist can discuss this with you in detail at the pre-operative visit.

What happens at the hospital?

You will be asked to arrive on the Children's Day Care Ward or at Theatre Direct Admissions (TDA) at 7.30am. Your child's nurse will greet you and show you either to your child's bed on the ward or to the waiting area (in TDA).

The nurse will check the paperwork, put some name-bands around your child's wrists and check your child's temperature, heart-rate and breathing rate.

Your child's nurse will look after you and your child for the day. Together with a health play specialist they can help prepare your child for the operation. The nurse will make sure you understand the routine of the day and your child's care before and after the operation and can answer any questions you both may have.

The anaesthetist and the surgeon will come to see you and your child. The surgeon will go through the procedure and ask you to sign a consent form (agreement for the operation to go ahead).

This is a good time to ask any further questions you might have.

Very occasionally we have to cancel the surgery if it is found that your child has active tonsillitis on the day of admission. Whilst this can be disappointing, this is done as the surgery is more difficult and less safe when the tonsils are actively infected.

If your child will need a bed on the High Dependency Unit (HDU) after the operation, we will need to check that a bed is available before going ahead with the surgery.

In the anaesthetic room

A nurse and one parent or carer can accompany your child to the anaesthetic room. Your child may take a toy or a comforter.

It may be possible to give the anaesthetic with your child sitting on your lap. Your child may either have anaesthetic gas to breathe or an injection through a cannula (a thin plastic tube that is placed under the skin, usually on the back of their hand). Local anaesthetic cream (EMLA or Ametop, sometimes known as 'magic cream') can be placed on their hand or arm before injections, so they do not hurt as much. It works well for 9 out of 10 children.

If the anaesthetic is given by gas, it will take a little while for your child to be anaesthetised. They may become restless as the gases take effect. If an injection is used, your child will normally become unconscious very quickly indeed. Some parents may find this upsetting.

Once your child is asleep you will be asked to leave quickly, so that the medical staff can concentrate on looking them. The nurse will take you back to the ward to wait for your child.

Your child will then be taken into the operating theatre to have the operation. The anaesthetist will be with them at all times.

After the operation

Your nurse will make regular checks of your child's pulse, temperature and throat. They will also make sure your child has enough pain relief to keep them comfortable until you are discharged home.

Once your child is awake from the anaesthetic they can start drinking and, if they are not sick, can start eating their normal diet.

The minimum recovery time before discharge after tonsillectomy as a day case is 6 hours. This is usually enough time for us to check that your child is recovering well. It also gives us time to check that your child is passing urine (having a wee) after the operation. In some circumstances your child may be allowed home before they have passed urine. If your child has not passed urine within 6 hours of the operation, please contact the ward for advice.

Your child cannot go home on public transport after a general anaesthetic. You will need to take them home by car. This will be more comfortable for them and also quicker for you to return to the hospital if there are any complications on the journey home.

Occasionally, the anaesthetic may leave your child feeling sick for the first 24 hours. The best treatment for this is rest and small, frequent amounts of fluid and toast or biscuits. If vomiting continues for longer, please contact your GP.

The hospital experience is strange and unsettling for some children, so do not be concerned if your child is more clingy, easily upset or has disturbed sleep. Just be patient and understanding.

Advice after tonsillectomy

It is normal for your child's throat to be sore. This gets worse around 3 days after the surgery, but you should expect it to get better day by day after that. You will need to make sure that you have enough pain relief at home for 7 days.

Pain relief should be given regularly, by the clock and including overnight, for 7 days to make sure that your child is comfortable. It is best to give pain relief half an hour before meals to help make eating and drinking more comfortable.

It is normal for their throat to have yellow scabs where the tonsils were. These will be there for about 10 days.

When your child goes home, although their throat may be sore, it is essential that you make sure they eat and drink normally, as this helps the throat to heal. Toast, biscuits and crisps will keep the healing tonsil beds (where the tonsils were removed) as clean as possible.

Earache and bad breath are common for a few days after the operation and you may notice that your child snores for several weeks until the swelling settles. It is also common for their nose to feel stuffy or bunged up.

Your child should rest as much as possible for the first few days and stay away from people with coughs and colds. This is to prevent infection. They will need to have 2 weeks off school.

Please stay in the Oxfordshire area for 2 weeks, in case your child develops any of the complications outlined below. Please avoid flying and foreign travel for 3 weeks after the operation.

Complications

If your child has any significant bleeding please dial 999 and ask for an ambulance.

Otherwise please contact the Children's Hospital if your child has:

- minor bleeding from where the tonsils were removed
- a high temperature (38.5 °C or above) (this could be a sign of infection)
- persistent pain which is not being relieved by regular doses of painkillers.

Follow-up care

It is unlikely that your child will need a follow-up appointment. Your nurse will tell you if they do.

How to contact us if you have any concerns

If you have any worries or queries about your child once you get home, or you notice any signs of infection, please telephone the ward and ask to speak to one of the nurses. You can also contact your GP.

Children's Day Care Ward

Telephone: **01865 234 148** or **01865 234 149**
(7.30am to 7.30pm, Monday to Friday)

Outside of these hours, you can contact:

Robin's Ward

Telephone: **01865 231 254** or **01865 231 255**

Melanie's Ward

Telephone: **01865 234 054** or **01865 234 055**

Tom's Ward

Telephone: **01865 234 108** or **01865 234 109**

Bellhouse Drayson

Telephone: **01865 234 049**

Kamran's Ward

Telephone: **01865 234 068** or **01865 234 069**

Horton General Hospital Children's Ward

Telephone: **01295 229 001** or **01295 229 002**

All of these wards are 24 hours, 7 days a week.

Oxford University Hospitals Switchboard

Telephone: **0300 304 7777**

Further information

For further information on coming into hospital, visit our website:

NHS Choices:

Website: www.nhs.uk/conditions/tonsillitis

ENT UK:

Website: www.entuk.org/patients/conditions/65/after_your_childs_tonsil_surgery_tips_for_parents

Oxford University Hospitals:

Website: www.ouh.nhs.uk

Watch the video:

“Having an operation in Oxford Children’s Hospital with YiPpEe”:

Website: www.ouh.nhs.uk/get-involved/yippee

References

¹ Royal College of Anaesthetists (2023) 7th edition. Your child’s general anaesthetic. London: RCOA

Website: www.rcoa.ac.uk/patients

Please bring this leaflet with you on the day of your child’s admission. We hope that this information is useful to you and would welcome any comments about the care or information you have received.

How to give feedback about your experience

We would like to hear about your experience with our Children’s Services. Please ask for a paper survey to fill in.

Further information

If you would like an interpreter, please speak to the department where you are being seen.

Please also tell them if you would like this information in another format, such as:

- Easy Read
- large print
- braille
- audio
- electronic
- another language.

We have tried to make the information in this leaflet meet your needs. If it does not meet your individual needs or situation, please speak to your healthcare team. They are happy to help.

Author: Advanced Children's Nurse Practitioner Team on Children's Day Care
May 2024
Review: May 2027
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