



University Hospitals Bristol  
NHS Foundation Trust

Patient information service  
**St Michaels Hospital**  
Ear, nose and throat department

# Adult tonsillectomy



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## Why is involved in this operation?

This is an operation to remove the tonsils. The tonsils are situated at the back of the throat on each side. They form part of the immune system in early life, which helps in protecting you from infection.

After the age of three, their function is unimportant and there is no problem in removing them. The operation is done under a general anaesthetic (while you are asleep).

The mouth is supported open and the teeth are protected while the tonsils are carefully removed through the mouth using surgical instruments. During the operation, the area from which the tonsils have been removed usually bleeds fairly briskly to start with. The bleeding is controlled by pressure with a swab and then stopped by using stitches or cautery. You are more likely to bleed if you have had a lot of infections or a quinsy (an abscess on the tonsil).

## What are the benefits?

Usually the operation is done because you suffer from repeated attacks of tonsillitis or quinsy. Removing the tonsils will stop you from getting these infections, although you may still get sore throats, for example when you have a cold.

The tonsils are occasionally removed because of a suspicion that they contain a growth or tumour. This is called a biopsy tonsillectomy and often only one tonsil is taken out. Sometimes in adults, the tonsils are removed as part of an operation aimed at reducing snoring. Very rarely, the tonsils may be removed because it helps improve some forms of psoriasis (a skin disease).



## Why are the risks?

operation is completely without risk.

As well as the complications that may result from having a general anaesthetic, there are some important risks associated with this procedure.

### **Bleeding**

Bleeding occurs in approximately five in 100 cases. Some patients have problems with bleeding immediately after the operation and may need to go back to the operating theatre to have the bleeding stopped. This requires another general anaesthetic. The need to go back to theatre to have the bleeding stopped occurs in about one in 100 cases.

There is also a small risk of patients getting an infection in the tonsil area and having a small bleed after a few days (secondary haemorrhage). A small number of these patients may also need to go back to theatre.

Occasionally, patients who have bleeding problems after a tonsillectomy require blood transfusion. If you are a Jehovah's Witness and cannot accept a blood transfusion, it is essential that you tell the doctor this in the clinic, as this could mean the operation is unsafe for you.

### **Infection**

If you look in your mouth after the operation, it will always look as if it is infected. This is because the mouth is full of bacteria, which are usually harmless.



However, if you do not eat or drink enough after the operation, the amount of bacteria builds up until it starts to cause a problem. Your pain and illness will get worse and this will make it even more difficult to eat and drink. This may require re-admission to hospital for treatment with intravenous fluids (fluid into a vein) and antibiotics.

## **Local injury to the mouth**

A special device or 'gag' is inserted into the mouth to open it enough for the surgeon to do the operation. Loose teeth may be dislodged and in fact may need to be removed by the surgeon during the procedure, as there is a risk that they may fall into the back of your throat while you are recovering from the anaesthetic.

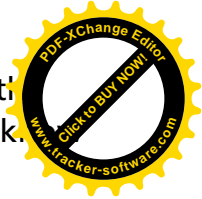
There is also a small risk to any bridgework or crowns that you may have. Some cracking and drying at the corner of the mouth is not uncommon, as is some swelling of the tongue.

More serious bruising of the lips and tongue is rare, but does sometimes happen.

Occasionally when a cautery is used, a small burn on the inside of the cheek can occur. These usually heal up without problems but can be painful at first.

## **Tonsillar remnant/re-growth**

The lower end of the tonsil often spreads out into the base of the tongue at the back of the throat. Removing this entire 'lower pole' can be dangerous because of the increased risk of bleeding. Very rarely, this remaining part can re-grow upward and lead to further infection. If this is the case, it may need to be removed in a further operation.



This is not a complete list of complications, but outlines the more common problems. Please ask if you would like to know anything else.

## What can you expect afterwards?

A tonsillectomy can be a painful operation. Often the pain will get worse the day after surgery and it tends to be painful for several days.

Generally, we advise two weeks off work, education or training after the operation, although sometimes it may take up to three weeks to recover.

Because the nerve that supplies the sensation to the tonsil also supplies part of the ear, it is very common to get earache after a tonsillectomy. This is called 'referred pain'.

Swallowing is difficult because of the pain and muscle spasm in the throat. If you do not eat or drink at all, as well as the risk of dehydration, this increases the risk of an infection in the throat, also increasing the chance of bleeding (see risks section on pages 4 and 5).

We would advise you to try to eat as much as you would normally as soon as possible after the operation. We also advise taking regular painkillers to help make eating easier.

Chewing gum keeps the muscles of the throat moving and can be very useful. You will probably feel quite unwell for a few days as a result of the operation as well as feeling pain in the throat.



## Are there any alternatives?

People who have repeated attacks of tonsillitis often prefer to have their tonsils removed because the tonsillitis makes them feel unwell, requiring them to have a lot of time off work, education or training.

However, tonsillitis is not generally a life-threatening problem. It can be treated with antibiotics prescribed by your GP. If left alone, there is a chance that you will grow out of the tendency to get tonsillitis. This is more likely the younger you are, but the doctor will have taken this into account before deciding to offer you a tonsillectomy.

If you are suffering from snoring or problems with breathing during sleep (sleep apnoea), there are alternatives such as wearing a special pressure mask at night (called 'CPAP'), losing weight, or treating any nasal blockage that you may have.

## More information

Please feel free to ask any further questions when you come to pre-admission clinic.

You can also contact the ENT nurse practitioner through the hospital switchboard in office hours – **0117 923 0000**.

If at any time you do not want to go ahead with this operation, please phone the admissions officer on **0117 342 1836** or **0117 342 1837**.



Please note that if for any reason you would value a second opinion concerning your diagnosis or treatment, you are entirely within your rights to request this.

The first step would usually be to discuss this with the doctor or other lead clinician who is responsible for your care.

Smoking is the primary cause of preventable illness and premature death. For support in stopping smoking contact **NHS Smokefree on 0300 123 1044**

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For an interpreter or signer please contact the telephone number on your appointment letter.

For this leaflet in large print or PDF format, please email [patientleaflets@uhbristol.nhs.uk](mailto:patientleaflets@uhbristol.nhs.uk).





If you have any worries or would like to discuss any aspect of your child's care please contact us on the telephone number below:

Meadow Ward (E519) 0117 342 6145  
or 0117 342 7030

Penguin Ward (E602) 0117 342 8331

Between 8.00am and 6.00pm

Alternatively:

Out of hours team 0117 927 6998

or

Switchboard 0117 923 0000

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For an Interpreter or Signer please contact the telephone number on your appointment letter.

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University Hospitals Bristol  
NHS Foundation Trust

Patient Information Service  
Bristol Royal Hospital for Children

# Caring for your child after a tonsillectomy



Respecting everyone  
Embracing change  
Recognising success  
Working together  
**Our hospitals.**





Please read this booklet during your clinic visit and bring it with you when your child is admitted.

If your child is unwell with a cold or tonsillitis just before they come into hospital, contact your GP or the ward to check that they are well enough for the operation.

**Important instructions**

**Before your child's operation, he or she should have no food or milk:**

**after** .....

**on** .....

**And he or she should have no clear fluids (squash or water):**

**after** .....

**on** .....

The operation takes about 30 to 45 minutes and then your child will go into the recovery room for a short time until they are fully awake. As a routine, your child will be observed closely by his or her nurse for any signs of bleeding.

Sometimes children can be sick after a tonsillectomy but this should settle after a while. Some anaesthetists prefer the children to have a drip for a few hours until they are drinking.

If sickness does not settle, medications can be given to relieve symptoms.

Some children may need to stay in hospital for one night and should be able to go home the following morning, as long as they are eating and drinking and taking pain killers.

We advise you not to use public transport to travel home from the hospital. If you know that this will be a problem please speak to the nurse at the clinic or the nurse caring for your child on the ward.

Your child's throat will be sore after the operation. This can be relieved by giving your child some paracetamol medicine and Ibuprofen. Follow the instructions on the bottle or packet carefully. Usually your child will need to take this for up to two weeks.



It is important that your child eats **normally** after the operation to help the throat to heal. It is advised that your child or she has some paracetamol medicine half-an-hour before each meal - breakfast, lunch, tea and bedtime. Make sure that they do not have more than four doses in 24 hours. Your child may require paracetamol and Ibuprofen for up to two weeks after surgery.

After the operation your child should have two weeks away from school. He or she should avoid contact with anyone with a cold or who is unwell, and should avoid smoky and crowded environments for two weeks.

There is a very slight chance that bleeding can occur after tonsillectomy and we advise you not to travel abroad or for long distances during the two weeks after the operation.

If your child has any streaks of fresh blood in their saliva or they vomit any fresh blood, there is no need to panic but you should come to the emergency department at the children's hospital immediately. If this is not possible, call 999.

If your child feels hot or their breath smells, please contact your GP.