

Information about Tonsillectomy (removal of tonsils) in adults

This leaflet tells you about the procedure known as tonsillectomy. It explains what is involved, and the common complications associated with this procedure. It is not meant to replace discussion between you and your doctor, but as a guide to be used in connection to what is discussed with your doctor.

What are the tonsils?

Tonsils are lymphoid tissue, similar to the lymph nodes or “glands” found in the neck, groin and armpit. Tonsils are the two masses on the back of the throat. The tonsils play a part in the development of immunity to infection. The immune system can function well without them.

What problems can they cause?

The main features of tonsillitis are severe sore throat, raised temperature and swollen glands in the neck. People are usually too unwell to go to school or work. Attacks of tonsillitis are common in young people and are often treated with antibiotics. Sometimes the tonsils become persistently infected and children suffer from frequent attacks of tonsillitis over a period of time (recurrent tonsillitis).

Occasionally, people may suffer from persistent soreness of the throat with unpleasant material discharging from the tonsils (chronic tonsillitis).

Tonsils (and adenoids) often become quite large in the early years of life. If they become very large, they may affect breathing, particularly during sleep. The symptoms of this are loud snoring, restless sleeping and in some cases pauses in breathing (obstructive sleep apnoea). In severe cases of this there may be adverse effects on the heart.

Tonsil tumours are very rare. In such cases, tonsil tissue may need to be removed for laboratory analysis.

How is the problem diagnosed?

A doctor will ask you questions about your symptoms and will examine you. It is important for the doctor to take a detailed history to ensure that surgery is necessary. It is important to tell the doctor about any other medical problems that you have or which run in the family before the operation e.g. low blood counts, anaesthetic problems.

It is also important that we know of any medication you are taking (including the contraceptive pill) and any allergies you have. Sometimes the doctor will not advise surgery, but ask you to come back to clinic again at a later stage.

Benefits of tonsillectomy and alternative treatments

Most people will grow out of recurrent tonsillitis eventually, so that waiting is always an option. If the attacks continue over a period of time removal of tonsils may be worthwhile.

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More than five proper attacks of tonsillitis per year over a two year period is often regarded as the point of no return i.e. the time when attacks are unlikely to go away of their own accord, but this figure is somewhat arbitrary in that less frequent attacks may also persist.

Removal of tonsils stops the attacks of tonsillitis, but does not stop the occasional coughs, colds and sore throats, which everybody gets occasionally.

Tonsillectomy is also the only treatment for recurrent throat abscesses or quinsies. There are no real alternatives for recurrent acute tonsillitis except treating individual episodes with antibiotics.

Tonsillectomy is usually recommended for sleep apnoea and is very effective in most cases. The alternative of waiting is less advisable in most cases because of the adverse effects, which the condition can have on health and wellbeing.

Risks and complications of tonsillectomy

No operation is entirely risk free. The risk of serious or life threatening complications after tonsillectomy is low. Minor surgical damage to teeth or lips can occur, but the main postoperative risk is bleeding.

Bleeding can occur at any time until the throat is fully healed (about two weeks). Some bleeding occurs in about ten percent of cases. Readmission to hospital for fluids and antibiotic treatment is often needed, but only about three in a hundred needs to go back to the operating theatre to have the bleeding stopped. Blood transfusion is rarely required.

Very occasionally the jaw can be dislocated during surgery, but usually this is corrected whilst the patient is still asleep.

People who have their tonsils removed do not become more prone to other infections; people live a normal life after this operation.

There can often be temporary changes in the voice and taste after surgery, but it is unusual for these symptoms to persist beyond a few weeks or months.

The throat can often feel more irritable for several weeks or months after surgery until the nerves in the throat settle down. Rarely the throat nerves can produce a persistent pain (neuralgia).

Sometimes small portions of tonsil tissue that remain in the throat can give rise to problems ('tonsil remnants') and need surgery, but this is rare.

Adults who are older than average tend to experience discomfort for longer and have a higher tendency to the above complications.

The operation

You will be admitted on the day of surgery and will probably stay in hospital for one night.

The nurses and doctors will see you before your operation. If you have any concerns, please do not hesitate to mention them.

A general anaesthetic is required for the operation. A nurse from the ward will accompany you

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to the anaesthetic room.

After you have been sent to sleep, the surgeon examines the tonsils and removes them through the mouth. The surgery takes about 30 minutes, after which you will be transferred to the operating theatre recover area until you are ready to be returned to the ward.

After the operation

When you return from theatre, you need to “sleep off” the anaesthetic, so only close relatives should be present.

Whilst you are asleep in theatre, you will be given some painkillers. We will continue to give regular painkillers on the ward after the operation.

Although it may hurt, it is important to eat normally and drink plenty of fluids. Doing this promotes the healing of the throat.

Most people are fit enough to go home the morning after surgery but some can go the same evening, provided their pain is adequately controlled and they can eat and drink. If you do go home on the same day, your home circumstances need to be suitable i.e. you will need a responsible adult who can stay with you.

At Home

You will be given painkillers to go home with, and it is important to take them regularly. It is a good idea to take them 30 minutes before mealtimes so they have maximum effect when you are eating.

Try to eat and drink as normally as possible after the operation. It does not matter whether the food is soft or hard, as long as you chew and swallow. Chewing gum is often helpful.

You will be quite sore for the first week (soreness is often worst on the fifth postoperative day). You may also notice earache, yellow or white patches on the area where your tonsils used to be, bad breath, a nasty taste in your mouth and tiredness. These things all settle in time.

We would advise that you remain off school or work for about two weeks after the operation. For the first week you need to stay in and around the house. Avoid contact with people who have coughs and colds and with smoky atmospheres.

Do not smoke – use the operation as an opportunity to give up!

If you are at all concerned, have a temperature or start to bleed from the throat, please contact your GP or telephone the ward for advice.

If you have any concerns about your admission to hospital, or if you feel your symptoms have improved since you last saw the doctor in clinic, please do not hesitate to contact us.

Contact us

Please ask our staff any questions you may have about your treatment. Alternatively, you can **phone the main hospital switchboard on 0121 424 2000** and ask to speak to your consultant’s secretary.

Our commitment to confidentiality

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We keep personal and clinical information about you to ensure you receive appropriate care and treatment. Everyone working in the NHS has a legal duty to keep information about you confidential.

We will share information with other parts of the NHS to support your healthcare needs, and we will inform your GP of your progress unless you ask us not to. If we need to share information that identifies you with other organisations we will ask for your consent. You can help us by pointing out any information in your records which is wrong or needs updating.

Additional Sources of Information:

Go online and view NHS Choices website for more information about a wide range of health topics <http://www.nhs.uk/Pages/HomePage.aspx>

You may want to visit one of our Health Information Centres located in:

- Main Entrance at Birmingham Heartlands Hospital Tel: 0121 424 2280
- Treatment Centre at Good Hope Hospital Tel: 0121 424 9946
- Clinic Entrance Solihull Hospital Tel: 0121 424 5616
or contact us by email: healthinfo.centre@heartofengland.nhs.uk.

Dear Patient

We welcome your views on what you thought of this patient information leaflet, also any suggestions on how you feel we can improve through our feedback link below:

- Patient Information Feedback email:
patientinformationleafletfeedback@heartofengland.nhs.uk

If you wish to make any other comments this can be done through the links listed below:

- Patient Opinion: www.patientopinion.org.uk
- I want great care: www.iwantgreatcare.org (Here you can leave feedback about your doctor)

Be helpful and respectful: think about what people might want to know about our patient information and this hospital and how your experiences might benefit others. Remember your words must be polite and respectful, and you cannot name individuals on the sites.

If you have any questions you may want to ask about your condition or your treatment or if there is anything you do not understand and you wish to know more about please write them down and your doctor will be more than happy to try and answer them for you.