

## **Information about Tonsillectomy (removal of tonsils) in children**

This leaflet tells you about the procedure known as tonsillectomy in children. 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.

### **What problems can they cause?**

When a child has tonsillitis, the child complains of severe sore throat and has a temperature and swollen glands in the neck. The child is usually too unwell to go to school or nursery.

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).

Tonsils (and adenoids) often become quite large in the early years of life. If they become very large, they may affect the child’s 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 affects on the heart.

### **How is the problem diagnosed?**

A doctor will ask you questions about your child’s symptoms and will examine your child. 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 your child or your family has before the operation e.g. low blood counts, anaesthetic problems. 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 children will grow out of recurrent tonsillitis within a year or two, so that waiting is always an option. If the attacks continue over a period of time (typically at least four attacks per year to two years) removal of tonsils may be worthwhile. This stops the attacks of tonsillitis but does not stop the occasional coughs, colds and sore throats, which everybody gets occasionally.

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 affects, which the condition can have on the child’s health and well-being.

### Risks and complications of tonsillectomy

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

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

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

### Before coming into hospital

- If you feel your child's symptoms have improved since you last saw the doctor in clinic, please let your consultant's secretary know
- If your child develops a cold or other illness during the week before admission, please let us know
- Talk to your child about his or her feelings and provide reassurance and support throughout the process. Encourage the idea that this operation will make him or her healthier. Be with your child as much as possible before and after the surgery. Reassure your child that this operation does not remove any important parts of the body, and that he or she will not look different afterwards.

### The operation

Your child will be admitted on the day of surgery and will probably be discharged home the same day - if overnight stay is required this will be discussed with you. You are most welcome to stay with your child during the admission.

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

A general anaesthetic is required for the operation. You are able to accompany your child to the anaesthetic room until they are asleep. A nurse from the ward will also be with your child so if you feel unable to go to the anaesthetic room your child will be with a nurse that he or she knows.

When your child is sent to sleep, the surgeon examines the tonsils and removes them through the mouth. The surgery takes about 30 minutes. Don't forget though that your child will be away from the ward for longer than this, as it takes time to send them to sleep and wake them back up again. They are usually away from the ward for about an hour.

### After the operation

When your child returns from theatre, they need to "sleep off" the anaesthetic, so only parents or guardians should be present, to enable the child to get adequate rest. Whilst your child is asleep in theatre, he or she will be given some painkillers. We will continue to give regular painkillers on the ward after the operation.

## Information for Patients

---

Although it may be sore for your child, it is important that they are encouraged to eat normally and drink plenty of fluids. By doing this, it promotes the healing of the throat.

### Caring for your child at home

It is important to give your child regular Paracetamol / Calpol and Ibuprofen/Nurofen for at least the first three to four days. It is a good idea to give it to them about 20 minutes before they are due to have a meal. This will be more comfortable for them to eat. Some children complain of pain in their ears. This is quite normal and can be treated with Paracetamol / Calpol.

It is also important for your child to eat and drink as much as possible after the operation. Hard foods such as toast are promoted as chewing and swallowing helps the throat to heal.

We would advise that your child remains off school or nursery for about two weeks after the operation. For the first week, they need to stay in and around the house. Avoid contact with children who have coughs and colds and with smoky atmospheres.

**If you are at all concerned about your child's condition, if he or she develops a temperature or starts to bleed from the throat, telephone the ward for advice PAU 0121 424 0625 or alternatively take your child to accident and emergency.**

### 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.

### Further sources of information:

Contact NHS Direct, Telephone 0845 4647 or visit them on the internet at <http://www.nhsdirect.nhs.uk>.

### Our commitment to confidentiality

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

## Information for Patients

---

or contact us by email: [healthinfo.centre@heartofengland.nhs.uk](mailto: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](mailto: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](http://www.patientopinion.org.uk)
- I want great care: [www.iwantgreatcare.org](http://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.**