



Tonsillectomy

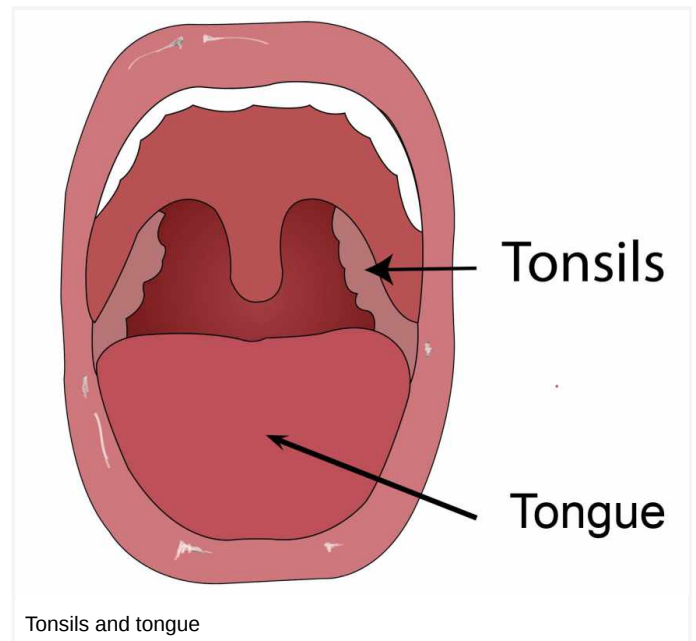
Information for patients from the Ear Nose and Throat (ENT) Department

This leaflet is not meant to replace the information discussed between you and your doctor, but can act as a starting point for such a discussion or as a useful reminder of the key points.

What are tonsils?

The tonsils are two fleshy lumps at the back of your throat. Normal tonsils and adenoids act as a barrier to help fight infections. They are made of lymphoid tissue, which is part of the body's immune system. Unfortunately there are hundreds of different viruses and bacteria which can cause illness.

Throughout childhood we are constantly exposed to different viruses, which probably explains why the tonsils and adenoids grow in size until around the age of eight, and then in most cases begin to shrink. By the time you become an adult your adenoids should have almost disappeared and your tonsils should be small.



Why do I need surgery?

When healthy, the tonsils and adenoids help to fight infections, but they sometimes cause more trouble than they are worth.

- Infected tonsils can be painful, especially when swallowing.
- Time is lost from school or work.
- Very high temperatures can cause fits in children.
- An abscess (quinsy) can form which needs an emergency hospital admission.
- Very large tonsils can obstruct breathing.

- Some tonsils are always (chronically) infected, causing a constant sore throat.

If tonsils are regularly infected or very large they are no longer of use to you and you can do without them.

Is surgery the only option?

Tonsillitis can get better on its own. Simple treatment with rest, plenty of fluids, and painkilling tablets (such as paracetamol) may be enough. More severe cases can be treated with antibiotics.

To prevent attacks, make sure you eat a healthy balanced diet, and take regular exercise and fresh air. Do not smoke and do not expose children to passive smoking. Keep your mouth clean with regular teeth-brushing and rinsing your mouth with water.

What is the success rate of surgery?

Removing the tonsils is 100% effective in stopping tonsillitis. You can still get sore throats, but these will not be as bad as tonsillitis.

What are the risks?

Tonsillectomy is a very safe procedure, however, no operation is totally risk-free.

- A general anaesthetic (where you are asleep) carries very small risks. These risks will be explained by the anaesthetist before your surgery.
- You may develop an infection after surgery. The symptoms of an infection can include bad breathe and a high fever. Antibiotics may be needed.
- There is a risk of excessive bleeding, either during your operation or up to two weeks after surgery.

To control excessive bleeding, around 2 in every 100 patients may need:

- a second operation
- to be re-admitted to hospital, or
- a blood transfusion.

This surgery is not more dangerous for adults that it is for children, but it is more painful as the tonsils in adults tend to be more scarred.

Will I have an anaesthetic?

Your tonsils are removed under a general anaesthetic (you are asleep for the procedure).

How long will I have to stay in hospital?

You may be allowed home on the same day as your surgery or the day after.

If you are discharged home on the day of your operation, please make sure that you arrange for a responsible adult to stay with you for the first 24 hours.

What should I do before I arrive at the hospital?

- If you smoke you should give up because smokers are more likely to suffer complications after their operation.
- Arrange to take two weeks off work or school and do not plan anything important for two weeks after your surgery.
- Make sure you have a supply of paracetamol, co-codamol, or soluble tablets for the pain when you get home.
- Bring in to hospital any other medication you are taking. These will be locked in a cupboard by your bed and used by you as needed, and returned to you when you go home.
- **If you have tonsillitis, a cold, or flu in the two weeks before your surgery, please telephone the preadmission nursing team for advice. Your operation may need to be postponed due to the higher risk of bleeding.**
 - Preadmission Nursing Team, William Harvey Hospital
Telephone: 01233 616743
 - Preadmission Nursing Team, Queen Elizabeth the Queen Mother Hospital
Telephone: 01843 234458
 - Preadmission Nursing Team, Kent and Canterbury Hospital
Telephone: 01227 783114

How can I prepare for my surgery?

While you wait for your surgery date, you can start preparing for your operation. Research shows that fitter patients, who are able to improve their health and activity levels before surgery, recover more quickly. Taking an active role in planning and preparing for your operation will help you:

- feel in control
- leave hospital sooner, and
- get back to normal more quickly.

To help with this, you may be contacted by a member of the One You Kent (OYK) team. OYK work in the community, and help patients improve their general health. This includes help and advice on:

- Stopping smoking
- Losing weight
- Getting more exercise

More information can be found on the following web sites.

- One You Kent (<https://www.kentcht.nhs.uk/service/one-you-kent/>) (Kent Community Health)
- Fitter Better Sooner Toolkit (<https://www.cpoc.org.uk/patients/fitter-better-sooner-toolkit>) (Royal College of Anaesthetists)

What happens when I arrive at hospital?

Please refer to your appointment letter for where you need to report to when you arrive at hospital.

On arrival at the hospital you will be greeted by a member of the nursing team who will show you to your bed area or cubicle. They will help you to complete the necessary paperwork and also discuss with you the care you will receive whilst in hospital. The nurse will ask you questions about your general health. Similar questions will be asked by the doctor and anaesthetist.

The doctor will again explain your operation. Please use this time to ask any questions. Remember you can withdraw your consent for treatment at any time.

Your blood pressure, temperature, and pulse will be recorded and then you will be prepared for theatre by the nurse. You may be prescribed a tablet or injection to help you relax before surgery.

What happens during my operation?

Before your operation, the anaesthetist usually sends you to sleep by giving you an injection. Once you are asleep the anaesthetist puts a plastic tube in your mouth; this goes into your trachea (windpipe) so that you can breathe during your operation.

A special splint holds your mouth open while you are asleep. Your tonsils are removed through your mouth; there is no external cut. Any excessive bleeding is controlled by a combination of pressure swabs, diathermy (electric cautery), stitches, or via radio frequency electrical current (coblation).

Will I need stitches?

Stitches are not always used for this operation. If used they will fall off from the wound site naturally within a week or two. It will be alright for you to swallow them or spit them out if you notice them inside your mouth.

How will I feel after my operation?

You will stay in bed for several hours after your surgery. Your pulse and condition will be checked and recorded frequently. Your throat will be sore and you may feel sick, but the nurse will be able to give you an injection or tablet to control this. You will be allowed to drink as soon as the nurse is happy with your condition.

Can I eat and drink when I return home?

It is very important to eat and drink regularly, as this will help with your healing. Chewing and swallowing are good exercises for your throat. Eat a normal diet but try to avoid hot spices or sharp citrus fruits. Chewing

gum, preferably sugar-free, between meals helps. We advise you take soluble painkilling tablets about half an hour before meals as swallowing will be painful.

Is there anything I can do to help my recovery?

- Keep away from crowded areas or anyone with a cold or flu, or smoky dusty places.
- You may need to take regular painkillers for the first week, as sometimes on day four or five the pain can increase again; this is part of the healing process, and will gradually get better.

What if I feel unwell at home?

Tonsillectomy pain is often felt in the ears but earache does not mean an ear infection. A white or yellow coating on the back of your throat where your tonsils were removed is normal and does not mean it is infected. This is a sign that you are healing.

If you have bleeding from your nose or throat, that is intermittent and not continuous, you should either contact your GP or telephone the nursing team on Rotary Ward on 01223 616234 for advice. Most bleeds are minor but there is a risk of serious haemorrhage up to two weeks after the operation.

If your bleeding is severe and continuous you should go straight to your nearest Emergency Department.

This leaflet has been produced with and for patients.

Please let us know:

- If you have any accessibility needs; this includes needing a hearing loop or wanting someone to come with you to your appointment.
- If you need an interpreter.
- If you need this information in another format (such as Braille, audio, large print or Easy Read).

You can let us know this by:

- Visiting the Trust web site (<https://www.ekhuft.nhs.uk/ais>).
- Calling the number at the top of your appointment letter.
- Adding this information to the Patient Portal (<https://pp.ekhuft.nhs.uk/login>).
- Telling a member of staff at your next appointment.

Any complaints, comments, concerns or compliments, please speak to a member of your healthcare team. Or contact the Patient Advice and Liaison Service on 01227 783145 or email (ekh-tr.pals@nhs.net).

Patients should not bring large sums of money or valuables into hospital. Please note that East Kent Hospitals accepts no responsibility for the loss or damage to personal property, unless the property has been handed into Trust staff for safe-keeping.

Further patient information leaflets are available via the East Kent Hospitals' web site (<https://www.ekhuft.nhs.uk/patient-information>).

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