

## Children's Services – Information for parents

# Tonsillectomy

### What are tonsils?

Tonsils are lumps of tissue at the back of the throat that help to filter bacteria and protect the body from infection. The size of the tonsil varies, though children generally have much larger tonsils than adults.

Tonsillitis occurs when the tonsils themselves become infected. They become red and swollen and this can make swallowing, and therefore eating and drinking, difficult and painful.

The infection can be viral or bacterial. Viral tonsillitis is the most common and will not respond to treatment with antibiotics.

### Why remove them?

Removal of tonsils is at the discretion of the individual surgeon. Recurrent tonsillitis causes enlargement of the tonsils, difficulty with eating and perhaps breathing, and a loss of school time. This often leads to the recommendation that the child's tonsils should be removed.

### Before the operation

Your child will be admitted the day before, or on the morning of the operation. General and ENT examinations are done. The doctors will explain the operation in more detail, discuss any worries you may have, and ask you to sign a consent form. If your child has a temperature, or if there is any evidence of infection or recent infection, the operation will almost definitely be postponed. This is because the risk of postoperative bleeding is increased when infection is present.

Before the operation, your child should be starved for six hours of food and three hours of clear fluids.

## How long will the operation take?

Your child will be away from the ward for about an hour. The operation will be carried out under a general anaesthetic, which means your child will be deeply asleep and will not feel any pain during the operation.

The tonsils are removed through the mouth so stitches are rarely needed. The operation itself takes about half an hour, after which your child will be looked after in the recovery room until he or she is fully awake.

## After the operation

Your child may be very sleepy when you first see them or a little disorientated and tearful. Both reactions are completely normal. Your child's throat will be sore after surgery. They may have had some analgesia (painkillers) while they were asleep and will continue to have them regularly when they are back on the ward, especially before meals.

It is best if you encourage your child to sleep on their return to the ward as this may help to reduce any feelings of nausea.

Sips of water are allowed as soon as your child is awake and alert. When alert your child may want to sit up and they will probably want to spend the rest of the day in bed. They may want to carry on sleeping or do quiet activities such as reading or watching the television. Do reassure your child that their throat will get better.

Occasionally children may vomit after the operation. This is most often old blood (dark brown in colour), which has been swallowed during surgery. Nurses will also look for any evidence of fresh bleeding (bright red). It is therefore important to avoid giving your child red or brown drinks after the operation.

Postoperative bleeding is unusual but can occur.

The nurse will also observe your child frequently, and measure their heart rate (pulse), oxygen levels, and breathing (respirations) after he/she returns to the ward.

Your child can eat and drink as tolerated after the operation. Do discuss this with your nurse.

## Going home

- Children usually go home the morning after the operation.

- The anaesthetic may make your child feel more tired than usual for a day or two. They should be encouraged to rest.
- Your child will probably feel uncomfortable for a week or two after the operation and may find swallowing difficult. They may also be reluctant to eat certain foods or brush their teeth.

## **Pain relief**

Your child will probably have a sore throat for about a week and may also complain of earache. The earache is actually caused by the sore throat, but it may not seem like that to your child. To ease the pain and make eating easier, give paracetamol or ibuprofen half an hour to an hour before meals, according to the instructions on the bottle. For the first 24 hours you should give your child pain relief every four to six hours even if he or she does not seem to be in pain. This will make sure he or she is able to eat and drink comfortably. After the first 24 hours, give pain relief as often as he or she seems to need it, but no more than stated on the instructions on the bottle. We will give you some paracetamol and ibuprofen to take home, but it is a good idea to have a spare bottle at home as well.

## **Eating and drinking**

It will be tempting to give your child soft foods, which are less painful to swallow, but they should start eating normally as soon as they can after the operation. Eating foods like toast or cereals helps the area where the tonsils were removed to heal more quickly. Even if your child is not eating a great deal, it is very important for them to drink lots of fluids. They may find it easiest to drink chilled liquid, but avoid acidic drinks like orange juice, which will sting.

## **Brushing teeth**

It may be a bit of a battle to get your child to brush his or her teeth after the operation but this will help keep the mouth free of infection, and the sore areas will heal more quickly. It will also freshen your child's mouth, especially if he or she is not eating a great deal.

## **School and activities**

Your child should not go to school or nursery for ten days after they leave hospital. For the first few days, he or she should rest as much as possible. Once they are feeling better, there is no restriction on what they can do.

## Coughs and colds

Your child should try to avoid crowded places, where they might pick up infections, and people with coughs and colds, for two weeks after the operation. You should also keep your child away from cigarette smoke, as this can make their throat feel worse.

If you have any further questions do not hesitate to ask the nursing staff.

### **If you are at all concerned about your child please contact:**

**Ward:**.....and ask to speak to the nurse in charge, who will advise accordingly and document the telephone conversation.

**Telephone:** 01223.....  
**within 48 hours of discharge.**

### **After 48 hours contact your GP.**

#### **You should call your GP if:**

- Your child is in a lot of pain and pain relief does not seem to help.
- Your child has a raised temperature and paracetamol or ibuprofen does not bring it down.
- Your child is not drinking any fluids.
- The sore area starts to bleed again.
- Your child brings up red, black or brown vomit (this may be blood) more than once. Many children vomit non-bloody sick a few times after surgery, which is nothing to worry about.

Following any telephone advice, **if you are still worried about your child, you can always take them directly to the local Emergency Department where they will be examined by a doctor and your concerns can be discussed/allayed.**

If you have any further questions do not hesitate to ask the nursing staff.

Please ask if you require this information in other languages, large print or audio format: 01223 216032 or [patient.information@addenbrookes.nhs.uk](mailto:patient.information@addenbrookes.nhs.uk)

Potete chiedere di ottenere queste informazioni in altre lingue, in stampato grande o in audiocassetta.

## Italian

若你需要本信息的繁體中文、大字體或音訊格式的版本，請要求索取。

## Cantonese

तमने आ माहिती बीछ भाषाओमां, मोटा अक्षरोमां अथवा सांभणी शकाय ओवा माध्यम (ओडीओ इमॅट)मां जेठती छीय तो कृपा करीने पूछो.

## Gujarati

تکایه پرسیار بکه نه گهر نه وزانیاریهت دهوی به زمانیکی تر , به پیتی گهره یانیش به شیوهی دهنگ

## Kurdish

اگر آپ کو یہ معلومات دوسری زبانوں میں، بڑے الفاظ کی اشاعت میں یا آڈیو ٹیپ پروکاروں کو براۓ مہربانی اس کیلئے درخواست کریں۔

## Urdu

**This leaflet is awaiting review by the Trust Reader Panel.**



Addenbrooke's is smoke-free. Please do not smoke anywhere on the site.

For advice on quitting, contact your GP or the NHS smoking helpline free, 0800 169 0 169

## Document history

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