

- Pain and sickness are very common after tonsillectomy.
- About 3 out of 100 people having their tonsils out have to return to hospital because of bleeding. A few of these people need another operation to stop the bleeding. A few may also need a blood transfusion.
- Variant Creutzfeldt-Jacob disease (vCJD) is a very rare illness affecting the brain. There is a theoretical risk that instruments used in the tonsillectomy could spread the disease. We try to use as many disposable “one patient” items as possible.
- Serious problems due to an anaesthetic are uncommon. Risk cannot be removed completely and anaesthesia has become much safer in recent years.
- Injury to or loss of teeth is rare.
- There may be temporary effects of a numb tongue and altered taste.

Any operation carries a small risk of death from the combined effects of surgery and the anaesthetic. Death from any cause after tonsillectomy is rare.

All information written in this leaflet has been verified for use by our Consultant ENT Surgeons.

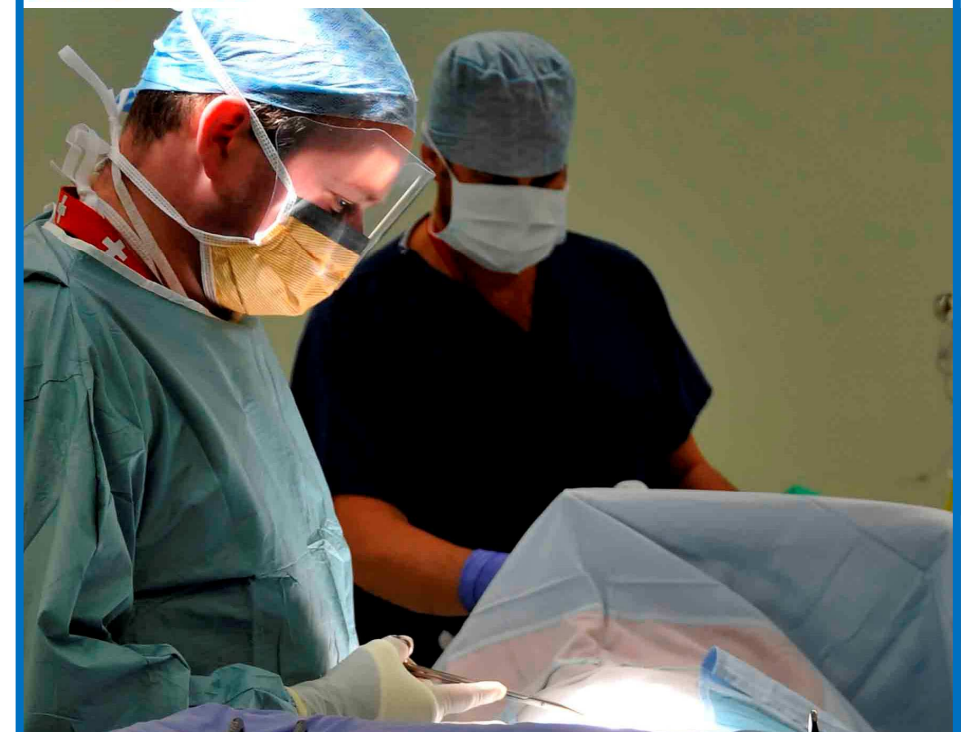
For further information please ask a member of staff or visit www.ent.uk

References

If you require a full list of references for this leaflet please email patient.information@ulh.nhs.uk

The Trust endeavours to ensure that the information given here is accurate and impartial.

If you require this information in another language, large print, audio (CD or tape) or braille, please email the Patient Information team at patient.information@ulh.nhs.uk



Tonsillectomy

Ear, Nose and Throat Department

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 Clayton Ward 01522 573130/573778
 Surgical Admissions Unit 01522 573089/573144
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Aim of the leaflet

This leaflet is aimed at patients undergoing the removal of the tonsils. It aims to explain the procedure and what to expect afterwards.

What are tonsils and why do they need to come out?

Tonsils are lymph glands, which fight infection and often become infected themselves. They are at the back of the mouth on each side.

You may be better off without them:

- If they are repeatedly or always infected
- If they get so large that they cause difficulty with breathing when you are asleep (sleep apnoea)

The operation is usually successful in removing or reducing these problems. Your surgeon will be able to tell you more about this.

Assessment

Before your operation you will be asked some questions to check your health and to find out who can look after you at home.

- Before the day of your operation, you may be asked to come to a pre-assessment clinic. Nurses and/or doctors will talk to you and examine you.
- You may be asked to fill in a questionnaire.
- You may be asked for this information on the day of your operation, when you arrive in the ward or day surgery unit.

The doctors and nurses share the duty of making sure you have all the information you need. If you have questions before the day, please contact the ward or day surgery unit.

get better. The pain relief medicines that you are taking will help.

9. Sneezing, blowing your nose or coughing should not cause problems. You can take a bath or shower and clean your teeth as normal.
10. It is normal for the area to look sloughy. This may smell for a couple of days.

What to watch out for

Infection

The white appearance where the tonsils used to be is normal and does not mean that you have an infection. However, if you feel very unwell, have a fever (high temperature) or your breath becomes smelly, you may have an infection.

If this develops you should contact your GP

Bleeding

Bleeding from the throat after you have left the hospital is not normal.

If there is bleeding and there is more than a teaspoonful of blood, you should go straight to your nearest hospital emergency department.

This bleeding can be after the operation or later when you are recovering.

Risks and benefits

Tonsillectomy is usually successful in reducing infections or relieving breathing difficulties. Your surgeon will be able to tell you how successful he/she expects the operation to be for you.

Like all medical treatments there are some side effects (which do not usually last long) and some risks.

- you know who to contact should there be problems.

Occasionally, it is necessary to stay overnight because of drowsiness, vomiting or bleeding. The day surgery unit does not have overnight beds and you will be taken to a different ward to the one where the surgery took place.

Advice for when you get home

1. We suggest that you try to eat normal food as soon as possible. It is important that you have plenty to drink. For comfort, avoid alcohol and spicy and very hot foods.
2. You will have medicines or tablets to reduce pain. These are best taken regularly at first and where possible you should take them half an hour before meals, unless the instructions on the package say otherwise. Soluble medicines, dissolved in water, will be most comfortable for you.
3. Some pain relief medicines contain codeine, which may cause constipation. Extra drinks and fruit or fibre in our food will help.
4. Any medicines or tablets that you normally take can be taken when you get home, unless you are advised otherwise.
5. You must not take medicines that contain aspirin, as this may cause bleeding.
6. If you are taking the oral contraceptive pill and you have been prescribed antibiotics, the effect of the pill may be reduced. You may need to use additional methods of contraception. Your GP can give you more information about this.
7. Rest is important for two weeks after a tonsillectomy to help recovery and the healing process. Therefore, returning to work or college and strenuous activities such as sports are best avoided. Sexual activity may be resumed when you feel able.
8. Earache is common after tonsillectomy. This will gradually

Before your operation

The hospital will send you advice about the arrangements for your operation.

- It is helpful if you bring a list of all the medicines, pills or herbal remedies that you are taking as these may affect the operation or the anaesthetic.
- It is important that you provide information about any allergies that you may have.
- It can be helpful to make a note of any questions that you want to ask including anything that worries you.
- If you are unwell when you are due to come into hospital, please telephone the ward for advice.

On the day of your operation

- You will receive instructions about when to stop eating and drinking (fasting). It is important to follow these. If there is food or liquid in your stomach during your anaesthetic, it could come up into the back of your throat and damage your lungs.
- When you arrive at the ward, a nurse will be allocated to you and show you around. Your blood pressure, pulse and temperature will be measured. The surgeon and anaesthetist will come and talk to you before the operation. They will explain what is involved and answer your questions before asking you for your consent.
- Nothing will happen to you until you understand and agree with what has been planned for you. You can still decide not to go ahead with the operation.
- You will be asked to change into an operating gown and to wear an identity band.

The anaesthetic room

Most people go to the anaesthetic room on a trolley. Sticky pads are used to attach monitoring leads on your chest (they do not

hurt). Monitoring equipment is used to measure your heart rate, blood pressure and oxygen levels in your blood.

Your anaesthetic

The operation normally takes place under a general anaesthetic, which means you will be unconscious.

The anaesthetist usually does this by:

- giving drugs through a cannula (a soft plastic tube inserted using a needle into a vein in the arm or hand). These take less than a minute to take effect.
- continuing the anaesthetic with gases and vapours, or by giving more drugs through your cannula.
- inserting a tube into your throat for you to breathe through while you are anaesthetised. The surgeon works around this tube and it keeps your airway open and clear during the operation. It is taken out before you wake up but often causes a sore throat.

The operation

The surgeon removes the tonsils through the mouth. Any bleeding areas are sealed with electrical forceps (diathermy) or with silk or linen ties. There will be no stitches that need removal later. The operation leaves raw areas where the tonsils were. These will heal over the next couple of weeks.

During and after the operation

The anaesthetist may give you:

- fluid through your cannula ('a drip'). This is sterile water with salt or sugar added and it helps prevent dehydration.
- drugs which reduce your pain and sickness later.

Pain relieving drugs may be given by:

- injection into your cannula.

- injection into a muscle.
- inserting a suppository into your back passage (rectum). Your anaesthetist will discuss this with you beforehand if you wish. It is inserted while you are anaesthetised.
- tablets or medicines, when you are ready to swallow.

The recovery room

You will regain consciousness in the recovery room. You will be breathing oxygen through a clear plastic mask. This is standard practice after surgery. Oxygen does not smell unpleasant. Recovery staff will be with you at all times and they will continue to monitor your blood pressure, oxygen levels and pulse rate.

You will be able to talk but there will be some pain, which will be similar to that of tonsillitis. You will be given more pain relieving drugs until you are comfortable.

The rest of the day/overnight in hospital

You will gradually be able to sit up and then get up. You can have a drink and possibly something light to eat. You may need further pain relief medicines before you go home.

You will receive further advice from the doctors and nurses about what to expect when you are at home. They will answer any questions that you may have. You can go home when you feel comfortable and when you and the hospital staff are satisfied with your recovery.

The journey home and your first night

It is important that:

- you receive further advice from hospital staff about what to expect at home.
- you have someone to drive you home and a responsible adult in the house with you during the night. If this is not possible then we recommend that you stay overnight in hospital.