

Information leaflet for parents/carers

Removal of Tonsils



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.

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

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

Diagnosis

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 waiting is always an option. If the attacks continue over a period of time (typically at least four attacks per year for 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 effects, which the condition can have on the child's 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 very low. Minor surgical damage to teeth or lips can occur, but the main post-operative risk is bleeding. This can occur at any time until the throat is fully healed (About two weeks). Some bleeding occurs in about 5-10% 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.

The operation

Your child will be admitted on the day of surgery and will probably stay in hospital for one night. 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 go with 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/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/guardians should be present, to enable the child to get adequate rest.

Whilst your child is asleep in theatre, he/she will be given some painkillers. We will continue to give regular painkillers on the ward after the operation.

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 as prescribed for at the next 7-10 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. It does not matter whether the food is soft or hard, as long as your child swallows the throat should 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. If possible avoid people with colds flu or chest infections and try and avoid smoky atmospheres.

- If you feel your child's symptoms have improved since you last saw the doctors in clinic, please let the secretary know
- Talk to your child about his/her feelings and provide reassurance and support throughout the process. Encourage the idea that this operation will make him/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/she will not look different afterwards.

Further Information

If you have any concerns about your child's admission to hospital, please do not hesitate to contact Jo Williams. She is an Advanced Nurse Practitioner and will answer any questions that you may have. You can contact her by phoning the hospital switchboard on

0121 333 9999 ask for bleep 55183

Information can also be found on the Internet. For more information you may find this website useful

<http://www.medicdirect.co.uk>

We hope this information leaflet will help you understand the treatment offered to your child. Information can also be found on the Internet. Internet access is available in the Child and Family Information Centre at the hospital.

Looking after and sharing information about your child

We have a duty of care to help patients and families understand how information about them is kept and shared and we include the following information in all our patient leaflets:

Information is collected about patients relevant to their diagnosis, treatment and care. We store it in written records and electronically on computer. As a necessary part of that care and treatment we may have to share some patient information with other people and organisations who are either responsible or directly involved in the patient's care. This may involve taking the patient's information off site. We may also have to share some information for other purposes; such as research etc. Any information that is shared in this way will not identify the patient unless we have the patient's and parent's/carer's consent. If you have any questions and/or do not want us to share that information with others, please talk to the people looking after your child or contact PALS (Patient Advice and Liaison Service) on 0121 333 8403.

Birmingham Women's and Children's NHS Foundation Trust
Steelhouse Lane Birmingham B4 6NH
Telephone 0121 333 9999
Fax: 0121 333 9998
Website: www.bwc.nhs.uk

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