

# **Patient Information**

## **Paediatric Tonsillectomy**

### **+/- Adenoidectomy**

#### **What are tonsils and adenoids?**

Tonsils and adenoids are pads of lymphoid tissue located on the sides of the throat and back of the nose. These tissues enlarge and become inflamed when infected with viruses or bacteria. As we grow through childhood the tonsils and adenoids usually shrink significantly.

#### **Why does my child need an operation?**

It is always up to the patient and their family to decide if they would like surgery after discussing the risks and benefits with their doctor.

Tonsillectomy is more commonly performed nowadays for obstructive sleep apnoea which can affect up to 3% of children. It may also be performed in children who suffer repeated bouts of tonsillitis therefore requiring significant time off school and frequent antibiotic courses.

Adenoidectomy is typically performed when the adenoids remain large and block the back of the nose causing snoring with or without apnoea (intermittently stopping breathing during sleep), nasal obstruction, mouth breathing, muffled voice or if they are contributing to middle ear fluid and infection.

Your child's immunity is not affected by removing the tonsils and adenoids – if anything it is improved by removing a constant focus of infection.

#### **What is the operation like?**

Tonsillectomy and Adenoidectomy requires overnight admission to hospital, whereas an adenoidectomy alone is usually a day case. Your child will be given a general anaesthetic for approximately 30 minutes. The surgery is performed through the mouth – the tonsils and adenoids are gently dissected away from the muscle tissue of the back of the throat. Diathermy cautery may be used to seal off any blood vessels to minimize any bleeding. Your child will be completely asleep, will not feel any pain during the operation and will not remember the actual operation.

#### **What is the recovery like?**

Commonly children will be irritable or lethargic while arousing from the anaesthetic after the operation. Nursing and medical staff will perform regular observations and ensure the recovery is as smooth as possible. Your child will be observed overnight (for tonsillectomy) and the ward nursing staff will assist with pain medications and encourage some eating and drinking. Your child will be seen by the ENT surgical team in the morning and, if well, usually discharged home with pain relief and sometimes oral antibiotics to take for 5-7 days.

Adenoidectomy alone is tolerated quite well with only minor post operative discomfort. Tonsillectomy can unfortunately cause a significant amount of discomfort – often worse 5 – 6 days after surgery and mostly completely gone by 2 weeks. Ear pain is quite common and is called “referred pain.” It is normal to have creamy plaques in the throat where the tonsils were originally situated. These are part of the normal healing process which can take up to 2 weeks. Infection is rare and usually there is a fever. Bad breath may occur for the first week or two.

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We recommend 1 week off school after adenoidectomy alone and 2 weeks off after tonsillectomy. Avoid excessive exertion during this period.

### Possible Complications of Surgery

**General complications** such as nausea, vomiting, sore throat and irritability may occur as a result of the anaesthetic or operation itself. Serious drug reactions to the anaesthetic are very rare.

### Specific problems related to Tonsillectomy:

- **Bleeding** is uncommon but is the major complication. It occurs in approximately one in 50 children. A few small specks or streaks in the saliva can be managed at home with sucking on ice; however any active or fresh bleeding at all needs medical attention in hospital. If this occurs, return to the Emergency Department or call an ambulance if severe. The ENT surgical registrar will be called via the hospital switch board number 9496 5000 to assess and provide any necessary treatment.
- **Infection** of the tonsil bed is uncommon – characterised by fever and increasing pain usually 5-10 days post operatively, redness and swelling of the throat. We may give antibiotics if signs of infection are present.

### Discharge Instructions:

<b>DO HELP YOUR CHILD TO</b>	<b>DO NOT ALLOW YOUR CHILD TO</b>
<ul style="list-style-type: none"><li>- Drink plenty of fluids</li><li>- Continue as normal a diet as possible (soft foods may be easier initially but rougher foods will not do any harm )</li><li>- Take regular analgesia (paracetamol, codeine. Painstop is a mixture often recommended)</li><li>- Rest adequately &amp; avoid excessive exertion</li><li>- Attend a review appointment with your GP 1 week after surgery</li></ul>	<ul style="list-style-type: none"><li>- <b>Take aspirin as it affects blood coagulation (clotting)</b></li><li>- <b>Take anti-inflammatory medications (such as Neurofen) unless specifically directed by your surgeon</b></li></ul>






### 2 weeks after surgery:

You will be contacted by telephone 2 weeks after your child's discharge from hospital by our nursing staff. You will be asked a series of questions regarding his/her condition since discharge and whether your child has been reviewed by your local doctor. If no issues or concerns are raised, you will not be required to bring your child to any further outpatient clinics.

### How to get help:

If you are concerned about your recovery, you can contact the ENT surgical team through the hospital switchboard on 9496 5000 or present to your GP or Emergency department for help. In an emergency call 000.