

Patient Information

Tonsillectomy

What are tonsils?

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

Why do I need an operation?

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

Tonsillectomy is performed for several reasons:

- Recurrent tonsillitis or peritonsillar abscess (quinsy).
- As a part of snoring or sleep apnoea surgery.
- Less commonly to aid in diagnosis of malignancy.

What is the operation like?

Tonsillectomy requires overnight admission to hospital. You will be given a general anaesthetic for approximately 30 minutes. The tonsils are removed through the mouth often with an electrocautery /diathermy dissection – this uses electricity to create a small burn at the raw edge of the tissue and simultaneously seal the blood vessels closed to prevent bleeding.

After an overnight stay you will be seen by the surgeon in the morning, and usually discharged home with pain relief and occasionally a course of oral antibiotics.

What is the recovery like?

Nausea and mild vomiting is relatively common and is usually related to the anaesthetic and palate irritation. Tonsillectomy can unfortunately cause a significant amount of discomfort – often at its worst on day 5 or 6 after surgery and can persist for 2 weeks. Ear pain is quite common and is called “referred pain.” Bad breath will occur for the first week or two. It is normal to have white plaques in the throat from where the tonsils were originally situated; these do not indicate infection. A white plaque is the normal appearance of a ‘scab’ in the mouth and is expected to persist for up to 2 weeks.

We recommend 2 weeks off school or work after tonsillectomy. Avoid excessive exertion during this period.

What can go wrong?

The surgery is usually safe and uncomplicated however it is important that you are aware of the risks of the procedure.

General complications such as nausea, vomiting, sore throat and drowsiness may occur as a result of the anaesthetic. Serious drug reactions related to the anaesthetic are very rare.

Patient Information

Tonsillectomy

Specific problems related to Tonsillectomy:

• **Bleeding** is the major complication and occurs in approximately one in 20 adult patients and 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 needs to be reported to your doctor** by calling the Austin hospital, presenting to the Emergency Department or calling an ambulance if severe. If this occurs and it is moderate or severe, we tend to observe the patient in hospital overnight and usually the bleeding settles on its own. Sometimes a blood transfusion is required, and occasionally we need to take patients back to theatre to stop further bleeding.

Discharge Instructions:

DO

- Keep well hydrated
- Continue as normal a diet as possible (soft foods may be easier initially but rougher foods will not do any harm and can actually help to clean the tonsillar bed and reduce infection and therefore bleeding)
- Take regular analgesia (paracetamol, oxynorm)
- Rest adequately & avoid excessive exertion
- Report any active bleeding
- Attend a review appointment with your GP 1 week after surgery

DO NOT

Do not take aspirin as it affects blood coagulation (clotting)

Do not take anti inflammatory medications such as Neurofen unless specifically directed by your surgeon

2 weeks after your surgery:

You will be contacted by telephone 2 weeks after discharge by our nursing staff. You will be asked a series of questions regarding your condition since discharge from hospital and if you have had your review with your local doctor. If no issues or concerns are raised, then you will not be required to attend 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.