

# **TONSIL SURGERY IN CHILDREN**

This information leaflet is to support your discussions with your Specialist. This leaflet will explain to you the nature of the surgery associated with tonsillectomy in children. Before you agree to any treatment for your child, you will have an opportunity to discuss your child's procedure and raise any concerns or questions.

## **WHAT ARE THE TONSILS?**

The tonsils are small lymphoid tissue or "glands" in the throat, on each side. They are thought to help fight infection when we are young. After the age of three, it is thought that the tonsils are less important in fighting infections and usually shrink. The body does not need tonsils to help fight infections and can do so without them.

The tonsils are found on the side walls of the throat and in children may be the size of a small grape but in older children may be larger.

## **WHY DO WE REMOVE TONSILS?**

Tonsils may need to be removed if they are causing more harm than good. If there is a lot of infection associated with the tonsils (tonsillitis), then their removal may help to reduce infection. This allows your child to return to school and have less time off school. Sometimes the tonsils are very large. This may cause blockage to the throat at night which can lead to serious health consequences. Very rarely in children if the tonsils are unusually enlarged, more so on one side than the other, they may need to be removed to ensure that there is no other cause for this swelling.

## **WHAT IS TONSILLECTOMY?**

Tonsillectomy is an operation to remove the tonsils through the mouth.

## **DOES MY CHILD HAVE TO HAVE A TONSILLECTOMY?**

Your child does not always require removal of their tonsils. It may be possible to watch and wait and see if the tonsil problem settles by itself. Some children will grow out of this problem. If however there are recurrent infections (five to seven per year) or they have been occurring regularly, for at least three years (three per year), then it may be appropriate to consider their removal.

Antibiotics will help to treat the infection when it occurs but frequent courses of antibiotics may give rise to bacterial resistance (the bugs causing the throat infection not responding to the antibiotic), so other antibiotics may be needed to treat the infection. A low dose of antibiotic may be useful for a prolonged period of time (weeks to months) and this may help to control recurrent infections. This may be useful in order to determine whether tonsillectomy may be of benefit or prior to important life events, such as exams. There is no evidence that alternative treatments are helpful for tonsil problems.

## **HOW IS TONSILLECTOMY SURGERY PERFORMED?**

Your child may be admitted a few hours before the surgery, or the night before if there are other specific medical problems that require addressing. A general anaesthetic is used to make your child fall asleep for the whole procedure.

The tonsils are removed through the throat, with specialised instruments. Any bleeding areas are treated with cautery (using an electric current to seal the bleeding point) or ties (silk thread) to tie off the bleeding area. Once the operation is performed, any area of bleeding is dealt with and when the area is dry, your child will be woken up and will be taken to the recovery bay.

## **OTHER OPERATIONS.**

Sometimes children with breathing difficulties may have enlarged adenoids and enlarged tonsils and these may both be removed at the same time. Occasionally a child may have a number of ear infections or fluid behind the eardrum (glue ear). In both instances, a second operation can be undertaken, with the tonsillectomy. We will tell you what these operations involve and whether we are going to do them.

## **HOW LONG WILL MY CHILD BE IN HOSPITAL?**

Most children are allowed to go home the same day unless there are other medical problems that warrant their staying in the hospital for longer. Your surgeon or doctor will advise you whether this would be necessary. If your child is eating and drinking, they will be allowed to go home, but if they are not and are not feeling well, they will need to stay for longer.

Most children will require approximately 10 -14 days off school or nursery school. They need to be resting at home and away from other people to avoid the risk of infection, which is more likely in crowded or smoky environments.

## **POSSIBLE COMPLICATIONS**

No operation is risk free but there are few risks associated with tonsil surgery.

This is not a comprehensive list of the complications associated with surgery but does cover most problems including rare ones associated with this procedure. If you

wish to discuss further specific issues, please do not hesitate to do so with your doctor.

### **Bleeding.**

This can occur either immediately after the surgery or within a few days of the surgical procedure. This may occur within five to ten days after surgery. We may need to give antibiotics to your child or occasionally they may need to be admitted to hospital for either blood transfusion or, very rarely, to go back to the operating theatre to stop the bleeding. ***It is very important to let us know well before the operation if anyone in your family has a history of excessive bleeding.***

### **Dental damage.**

This may occur as the metal instrument used to keep the mouth open (the gag) may press on the teeth, and if they are loose or there are special caps or crowns or bridges, they may be damaged.

### **Diathermy burns.**

The diathermy instrument is used to seal blood vessels during the surgery by generating heat which stops bleeding. Burns may occur to the lips or the mouth, but very rarely. If this does occur they usually heal on their own. The affected area may require Vaseline to protect the skin.

### **Neck injury.**

Neck injury may occur as a result of positioning of the head, which is required to perform adenoid removal. This is very rare and occurs if there are spine problems before surgery, you must let us know if your child has a neck spine problem.

### **Nerve Damage**

Very rarely nerves giving taste at the back of the throat and tongue may be altered after surgery. This may settle with time.

### **Nausea and vomiting.**

Sometimes children may feel sick after the operation. They may require some medicine to help reduce this. This is usually a short lasting effect that settles quickly.

## **WHAT TO EXPECT AFTER THE SURGERY**

Your child's throat will look white or yellow. This is normal and is not related to pus or infection. This yellow or white appearance is called "ulcer slough". Children may notice some pain in the throat which also affects the ears. This is because the nerve that supplies the throat and ears is the same nerve. Your child will need to take 10 to 14 days off from school in order to allow the throat to heal.

