

TONSILLECTOMY

This information leaflet is to support your discussions with your Specialist. This leaflet will explain some information about the tonsils and what to expect from a tonsillectomy operation. Before you agree to any treatment, you will have an opportunity to discuss your procedure and raise any concerns or questions.

WHAT ARE THE TONSILS?

The tonsils are small lymphoid tissues found in the throat, one on each side. They are the size of a small grape. Their exact role is not yet determined but it is thought that they may contribute to the immune system and possibly help to fight infections. As we get older the tonsils become less important in the immune system and may shrink and become smaller. Your body can still deal with infections without tonsils being present.

WHY TAKE OUT TONSILS?

We only take tonsils out when they are causing harm. If they are diseased or are a source of recurrent infections (tonsillitis) the removal of the tonsils may remove the problem. Antibiotic treatments can help to deal with infections but if, despite antibiotics, the sore throats keep recurring then this may indicate a need for their removal. Tonsils can sometimes be very large causing difficulties with breathing.

Occasionally patients may experience severe infection which causes pus to build up at the side of the tonsil. This is called a peritonsillar abscess or quinsy. This condition can be extremely painful and people are therefore offered the option of having a tonsillectomy to prevent another one from occurring. Tonsils may also need to be removed if we are suspicious of a tumour (cancer or lymphoma). Fortunately tumours of the tonsils are rare. However if there is a rapid increase in the size of a tonsil, with ulceration or bleeding occurring from one side, then their removal is usually advised.

DO I HAVE TO HAVE MY TONSILS OUT?

You do not always need to have your tonsils out. If surgery is required for recurrent tonsillitis then you may wish to watch and wait and see if the infection subsides with repeat antibiotics. If however the reason for removing the tonsils relates to breathing issues or to rule out a tumour, it may be more appropriate to go ahead with the surgery.

You are able to change your mind at any stage after signing a consent form for the operation and are not bound to proceed to have the procedure done.

HOW IS TONSILLECTOMY SURGERY DONE?

A general anaesthetic is used to make you fall asleep for the whole procedure.

The surgery is done through the mouth and the tonsils are gently removed from the side walls of the throat and any bleeding vessels are carefully dealt with. You are usually allowed to go home the same day after surgery (Day Care Surgery)

WHAT MAY I EXPECT AFTER THE SURGERY?

You will have some throat and/or ear discomfort. The nerve that supplies the throat also supplies the ear, and there may be “referred pain” from tonsils to the ear. Regular painkillers and normal eating and drinking will help to reduce this. Your tonsil areas of the throat will look white or yellow for approximately 10 days after the surgery. This is normal.

It is very important that you continue with regular painkillers and that you try and eat and drink as normally as you can. This reduces the chance of infection leading to bleeding. It is strongly advised that you avoid irritant food such as spicy food, physically hot food and acidic food such as citric fruits and juices. Approximately one in twenty patients may have bleeding after surgery. This may occur five to ten days after surgery. This is secondary haemorrhage. If this happens you may notice some blood-stained saliva or a metallic taste in the back of the throat. You must attend your nearest Accident and Emergency Department, visit the GP or the ward (whichever is easiest and closest).

HOW MUCH TIME OFF WILL I NEED?

You will need ten to fourteen days off school or work. Resting at home away from crowded areas will allow the throat to heal without the risk of catching other people’s infections. You should definitely avoid people if they have a cough or a cold. The ward nurse will be able to provide you with a sick note for the day that you are in hospital. It is normal to feel tired and washed out for a few days after surgery.

COMPLICATIONS

There are some potential consequences and risks that you need to be aware of prior to giving consent for surgery. The complications are uncommon. Listed below are some of the problems associated with 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.

Infection

This occurs in approximately 5% to 10% of patients. This may occur early after surgery. The best way of avoiding infections is to be eating and drinking regularly and avoiding other people with infections.

Bleeding

This can occur on the day of surgery (primary haemorrhage) or as a result of infection which usually occurs from day three to day twelve (secondary haemorrhage). Primary haemorrhage may need a return to the operating theatre to stop the bleeding.

Secondary haemorrhage requires a stay in hospital, antibiotic treatment and throat washes. Very occasionally a blood transfusion may be required, or a return to the operating theatre to stop the bleeding.

Tooth or Lip Injury

This may occur due to the use of metal instruments in the mouth, that open the mouth and keep the lips out of the way allowing the surgeon a view of the throat. There is a very rare risk to the teeth. You must mention any loose teeth, crowns or caps and bridges that you have so that the surgeon can pay extra attention.

Burn Injuries

Electric current instruments are used to cauterise tissue to reduce bleeding. These may cause inadvertent injury to other areas of the mouth or throat. A burn to the lips or mouth is very rare.

Neck Injury

The head needs to be positioned to allow full view of the throat and so injuries to the neck may occur very rarely. If you are known to have neck problems please let the surgeon know.

Jaw Dislocation

The jaw is normally opened widely to allow a full view of the throat and there is a very rare risk of causing joint dislocation.

Scarring

The soft palate is close to where the tonsils lie and may become scarred as a result of surgery. This is a very rare risk and if it occurs may lead to regurgitation of food or liquids through the nose and the loss of air during speech into the back of the nose (nasal speech).

Altered Taste

Very rarely the sense of taste of the back of the throat may be altered following tonsillectomy. The degree to which this occurs varies from person to person. The taste & movement of the front part of the tongue is very rarely affected.