

Useful Telephone Numbers

- Bluebell ward, Lister Hospital
Tel: 01438 284008
- Children's Emergency Department, Lister Hospital
Tel: 01438 284333
- Children's Day Services, Lister Hospital
Tel: 01438 286315
- ENT Department, Lister Hospital
Tel: 01438 314333, Ext. 5113 / 4118
- ENT Admission Office (waiting list)
Tel: 01438 286836 or 01438 286835
- ENT Nurse Specialist (Monday to Friday, 8.30am - 6pm)
Tel: 01438 314333, bleep 1028
Mobile: 07785 343359 or 07876 390290

Useful ENT website: www.entuk.org

In an Emergency:

Dial 999 and request an ambulance or attend the nearest A&E of the following hospitals unless away from home

- Lister Hospital A&E (SG1 4AB) - 01438 784732
- New QEII Urgent Care Centre, Welwyn Garden City - 01707 247549
- Luton and Dunstable
- Princess Alexandra Hospital, Harlow

Lister Hospital
Coreys Mill Lane
Stevenage
Hertfordshire SG1 4AB

www.enher-ts-tr.nhs.uk

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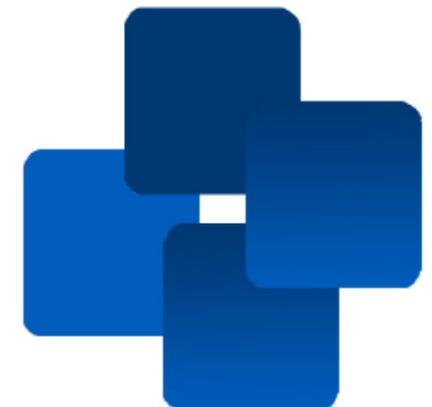
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You can request this information in a different format or another language.

Patient Information

Tonsillectomy (Children)

Ear, Nose and Throat Department



Tonsillectomy in children

What is the procedure?

Surgical removal of the tonsils is known as tonsillectomy. The 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.



When a patient has tonsillitis, they complain of severe sore throat, a temperature and swollen glands in the neck. The patient is usually too unwell to go to school. Tonsillitis is common and is often treated with antibiotics.

Sometimes the tonsils become persistently infected and patients suffer from frequent attacks of tonsillitis over a period of time (recurrent tonsillitis).

What are the benefits?

Prevent recurrent sore throat and tonsillitis. To treat obstructive sleep apnoea (child who stops breathing at night).

What are the alternatives including no treatment ?

As most children will grow out of recurrent tonsillitis within a year or two, waiting is always an option.

Anaesthetic and procedure

This operation is performed under general anaesthetic when the child is asleep and takes about 40 minutes. Tonsils are removed through the child's mouth. This procedure is often combined with grommet insertion and/or adenoidectomy

Time in hospital

The operation is performed as a day case or a single night stay in hospital.

Risks and complications

Occasionally bleeding can occur. If this happens in the hours following surgery then a further operation may be required. In this Trust, the post-tonsillectomy bleeding rate is less than 5%.

Rarely, bleeding may occur up to two weeks after leaving hospital. This could indicate an infection where admission to hospital may be required. It has been shown that the risk of bleeding is reduced if your child is very quiet and allowed to rest for 24 hours after surgery.

During the operation, there is a very small chance that we may chip or knock out a tooth, especially if it is loose.

Post-operative care and advice

The operation will result in a sore throat and often earache. This will normally resolve within three to four days with pain relieving medicines.

Your child has been given pain relief and can next have

Paracetamol at hrs

and/or

Ibuprofen athrs

Diet and oral hygiene

It is important for your child to eat and drink normally as this encourages healing and reduces the risk of infection. Offer foods that need chewing, for example: toast, crisps and apples. Encourage your child to drink water after eating, and clean their teeth. This helps to keep the mouth and throat clean, and helps reduce bad breath.

Care at home and time off school

Your child may feel tired for the first few days. We advise that your child takes plenty of rest and sleep and gradually returns to normal levels of activity over the next few days. The risk of bleeding is increased if your child is very active. During the first night we strongly advise that you should check your child two or three times and offer drinks and painkillers at regular intervals. We advise sleeping in the same room as your child.

If your child has any fresh bleeding from their mouth or nose, return

immediately to the Accident and Emergency Department or call an ambulance. Your child may vomit dark brown blood. This is not a problem unless the vomiting continues or the vomit is red which indicates fresh bleeding. The brown blood is usually old blood that has previously been swallowed during surgery.

Children should be kept off school with adult supervision for at least two weeks. In order to minimise the risk of infection they should avoid contact with people with infections, and avoid exposure to dust and smoky places. It is advisable to go outdoors in the fresh air when your child feels able.

Outcome

Once the discomfort from the healing has settled, most children are back to normal within a fortnight. Although they may not be immune from a mild viral sore throat, they will not have tonsillitis again.

Those with obstructive symptoms generally have more energy, and eat and sleep much better after the operation. If the operation was straightforward and free of complications the outlook is normally excellent with no long term problems.

If problems have occurred your doctors will explain what to expect and whether further treatment will be needed.

A follow-up appointment is not necessary.