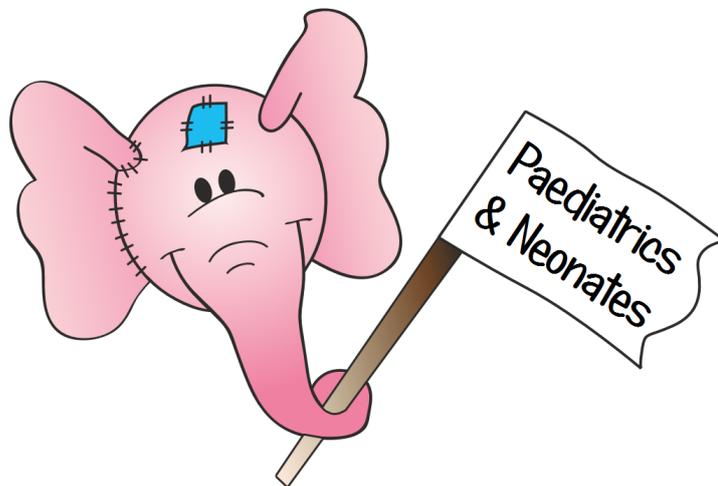


# Operation to remove tonsils

**Children's Ward**

**Parent/Carer Information Leaflet**



## Introduction

Your child's consultant has suggested that your child has an operation to remove their tonsils. This leaflet explains more about the operation, the benefits and risks, and what to expect when your child comes to hospital. The medical name of the operation is a tonsillectomy.

If you have any questions or concerns, please contact a member of the Children's Ward.

## Why does my child need this operation?

The tonsils are two glands which are located in the back of the throat. In children they help the body fight off infection. As a child's immune system develops and gets stronger, tonsils become less important and often shrink.

Ear, nose and throat doctors may recommend taking tonsils out for several reasons:

- The most common reason is to prevent repeated attacks of tonsillitis. This is inflammation of the tonsils and can be caused by many different viruses and bacteria.
- After an attack of quinsy which is a tonsil abscess.
- Occasionally, because the tonsils are too large and causing difficulty with breathing at night.

## What are the benefits of the operation?

The benefits are:

- Your child should not have tonsillitis again. This does not mean your child will never have a sore throat again.
- It should reduce school absence due to tonsillitis.
- Removal of enlarged tonsils may improve night time breathing.

## What are the risks?

As with any operation, there are some risks:

- Very rarely, bleeding may occur after in the throat the operation. If this happens on the day of surgery, another operation may be needed to stop it.

Bleeding from the throat at home, during the first two weeks after your child's operation, is usually due to a throat infection. If this happens, your child will need to come back to hospital for treatment. If the bleeding does not stop, they may need another operation.

Capped, crowned or loose teeth are fragile and may be damaged or dislodged during the operation, if the surgeon is not aware of their presence. Therefore, please make sure you inform the nurses or doctors about these before your child's operation.

- There are some rare risks of general anaesthetics which you can discuss with your child's anaesthetist in more detail before the operation. After the anaesthetic, some people feel sick or are sick. Your child may have a headache, sore throat or feel dizzy or lightheaded but these effects should only be temporary.

### **What is the alternative to removing tonsils?**

Antibiotics, which are medicines that kill bacteria, may be used to treat infection of the tonsils. However, antibiotics have been found to be ineffective in the long term. In this case, surgery is the standard treatment that is usually advised.

### **What does the operation involve?**

The tonsils are taken out through your child's mouth. The operation is carried out using a general anaesthetic, where your child will be asleep.

### **What happens before the operation?**

We will give you instructions about when your child needs to stop eating and drinking before the operation, with your appointment letter.

### **What happens when we come for the operation?**

You will have an appointment for the morning or the afternoon.

When you arrive at the Children's Ward, a nurse will ask you some questions and assess your child's:

- blood pressure
- heart rate
- breathing rate

If you have any questions or worries, please ask the nurse who is looking after your child. They are always happy to answer your questions.

The nurse will put a wrist band on each of your child's wrists and put a numbing cream on the back of their hands. This is used so that when the anaesthetist puts a cannula into their hand to give the anaesthetic, they will not feel this being put in. A cannula is a thin, plastic tube.

The surgeon will come and see you to explain the operation. If you want your child to have the operation, the surgeon will ask you to sign a consent form, if you have not already signed one at a previous appointment.

The anaesthetist will come and see your child to check that they are well enough to have the operation.

The nurse will be able to give you a rough idea of the time your child will have the operation. We try to minimise delays as much as possible but sometimes these occur.

When it is time for your child's operation, one parent can go with them to the anaesthetic room and stay until they are asleep. The operation will last about an hour, depending on the type of surgery.

## **What happens after the operation?**

On waking, a nurse will bring your child back to you on the ward, when the recovery team are happy with them.

During the recovery period on the ward, the nursing team will assess your child and offer them something to eat and drink, when it is safe to do so.

Your child may still have a cannula in when they come back to the ward. We recommend that this is kept in until your child goes home. This can be used to give your child medicine, if they need it. For example, some people feel sick or are sick after having a general anaesthetic. If your child feels sick, please tell the nurse and we can give them some anti-sickness medicine.

## **Will my child be in pain?**

It is usual for your child to be uncomfortable for a few days after this operation. We will give them pain relief while they are having their operation and they can have regular pain relief when they are back on the ward.

Some children have a sore throat for two weeks and it is common to get earache after an operation to remove tonsils. When your child goes home, they will require regular pain relief. We recommend getting simple pain control, if suitable for your child, such as Paracetamol and Ibuprofen. (brand names include Calpol and Nurofen). This will not be provided by the hospital. It is beneficial to alternate the Paracetamol and Ibuprofen.

We recommend that you follow the instructions on the bottle, giving pain relief regularly, especially before meals.

Keeping your child pain free will help encourage eating and drinking and this will reduce the risk of bleeding after the operation.

## When can my child go home?

Your child may need to stay in hospital for at least six to eight hours after the operation, or one night depending on the consultant's advice. One parent is welcome to stay overnight with their child. Before they can go home, your child will need to have:

- Eaten an adequate amount of food and drink
- Had no bleeding
- Passed urine
- Stopped being sick
- A normal temperature
- The doctor's approval to go home

We recommend that your child does not travel home on public transport due to the risk of infection.

## How do I care for my child after their operation?

The major risk after removal of tonsils is bleeding. Although this cannot always be prevented, you can help reduce the risk by following this advice:

**School** – your child will need to stay off school for at least two weeks to feel completely well and minimise the risks of picking up an infection. If your child gets an infection, it will increase their risk of bleeding.

**Eating and drinking** – we recommend your child eats a normal diet.

Swallowing will probably be difficult after having a tonsillectomy. However, it is important to eat solid foods because it will help your child's throat to heal more quickly. Please encourage your child to eat rough foods, such as toast and cereals, as this will help to clean the tonsil beds. This will reduce the risk of infection and the risk of bleeding.

Give your child plenty of drinks but avoid acidic drinks, such as orange juice, because they will sting. Chewing gum and sweets can help reduce your child's pain, by preventing muscle spasms.

Please avoid people with coughs and colds, and smoky atmospheres, for the first week. This will minimise their risk of picking up an infection.

## What do I do if my child becomes unwell?

If your child:

- has a high temperature
- has smelly breath
- is being sick
- is generally unwell

please contact either your GP or the Children's Ward for advice. If your child has any bleeding from their mouth or nose, however small, take them to your nearest Emergency Department immediately.

### Follow up

If your child needs to see their consultant again, we will give you an outpatient appointment. This will normally be approximately two to three months after surgery. Where applicable, your child's consultant may ask for a repeat sleep study, to assess for improvement after the operation.

### Can I find out more?

You can find out more from the following weblink:

#### NHS Choices

<http://www.nhs.uk/Conditions/Tonsillitis/Pages/Treatment.aspx>

If you have any questions or if there is anything you do not understand about this leaflet, please contact:

Children's Ward on 01384 244271

Russells Hall Hospital switchboard number: 01384 456111

#### **This leaflet can be downloaded or printed from:**

<http://dudleygroup.nhs.uk/services-and-wards/c2-childrens-ward/>

If you have any feedback on this patient information leaflet, please email [patient.information@dgh.nhs.uk](mailto:patient.information@dgh.nhs.uk)

**This leaflet can be made available in large print, audio version and in other languages, please call 0800 073 0510.**

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Ulotka dostępna jest również w dużym druku, wersji audio lub w innym języku. W tym celu zadzwoń pod numer 0800 073 0510.

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Aceasta broșura poate fi pusă la dispoziție tipărită cu caractere mari, versiune audio sau în alte limbi, pentru acest lucru vă rugăm să sunați la 0800 073 0510.

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