Paediatric Tonsillectomy and Adenotonsillectomy
Ear, Nose and Throat Department

We can provide interpreters for a variety of languages, information in larger print or other formats (e.g. audio) - please call us on 01932 723553.

To use the Text Relay service, prefix all numbers with 18001.

Ashford Hospital
London Road
Ashford, Middlesex
TW15 3AA
Tel: 01784 884488
Website: www.ashfordstpeters.nhs.uk

St. Peter’s Hospital
Guildford Road
Chertsey, Surrey
KT16 0PZ.
Tel: 01932 872000

Patient Information
Further Information

We endeavour to provide an excellent service at all times, but should you have any concerns please, in the first instance, raise these with the Matron, Senior Nurse or Manager on duty. If they cannot resolve your concern, please contact our Patient Advice and Liaison Service (PALS) on 01932 723553 or email pals@asph.nhs.uk. If you remain concerned, PALS can also advise upon how to make a formal complaint.
When can my child return to normal activities and school?

It is advisable to stay off school for 2 weeks after the procedure.

Any further worries?

If you are concerned after the procedure, please consult your GP, the ward at St. Peter’s Hospital or in an emergency the A&E department at the Royal Surrey County Hospital, Guildford.

Oak Ward, St. Peter’s Hospital: 01932 722712
Royal Surrey County Hospital: 01483 571122

Consultants and Specialists

Miss Pandora Hadfield, Consultant ENT Surgeon
Mr John Hadley, Consultant ENT Surgeon
Miss Lisa Pitkin, Consultant ENT Surgeon
Mr Peter Valentine, Consultant ENT Surgeon
Mr Pramod Kumar, Associate Specialist ENT
Miss Marysia Kalinkiewicz, Associate Specialist ENT

Paediatric Tonsillectomy and Adenotonsillectomy

Why does my child need a tonsillectomy or adenotonsillectomy?

Children who suffer from frequent episodes of acute tonsillitis, sleep disordered breathing or sleep apnoea, benefit from having their tonsils, and possibly adenoids, removed.

Will losing their tonsils and adenoids adversely affect my child’s health?

The tonsils and adenoids form a very small part of the body’s entire immune system, and their loss will not be significant nor will your child be more prone to infections. In fact it is likely that they are no longer functioning well and the operation will improve your child’s health overall.

What will happen in the operation?

You can accompany your child to the operating theatre. During the procedure your child will be fully asleep under a general anaesthetic and the tonsils and (if necessary) adenoids will be removed via the mouth. You will be able to return to your child as soon as they start waking up afterwards.
How will my child feel after the operation?

Your child will receive plenty of medicine to control discomfort during the operation, and afterwards in the ward. It is advisable to stock up on paracetamol (Calpol) and ibuprofen (Nurofen) syrup to use once you return home. It is important to drink and eat plenty (of all types of food) during the recovery phase as this helps the healing process. It is best to offer food at least half an hour after taking painkiller medicine, when it is fully effective. The pain will get better day by day over the next 2 weeks although at some point, often 3-4 days after the operation, it often gets a little worse. Just continue with the same routine of regular painkillers and encouraging your child to eat little and often. Chewing gum may help to keep the muscles active and painfree, which helps with eating.

Are there any risks?

Earache may occur due to referred pain from the throat, your child may have noticed this before with acute tonsillitis. Loose teeth may need to be removed during the anaesthetic for safety reasons. The voice may sound a little different for a short time as there will be slightly more space within the mouth after the procedure. If the adenoids are removed they may leave a small gap between the palate and the back of the throat, sometimes it take a few days for the muscles of the palate to adjust. It is possible that during this time fluids can be regurgitated back and out through the nose during swallowing, this is very rare and if it does occur is likely to settle down without further treatment.

Bleeding is very unlikely afterwards (less than 3%) but occasionally children need to return to hospital for observation while this settles down. It is normal to see some pinkish saliva (often on your child’s pillow) but if they spit out more that a spoonful of bright red blood or you are concerned please seek further advice from the ward where your child was admitted or the A&E department at the Royal Surrey County Hospital, Guildford, where we have on call Ear, Nose and Throat (ENT) medical staff and emergency ENT beds. In case of emergency, such as continued fresh bleeding from the mouth, dial 999 for an ambulance to the Royal Surrey County Hospital. Any operation carries a small risk of unexpected death from the combined effects of the anaesthetic and surgery. Death from any cause after tonsillecotomy is rare.

Scale to help understand the risks

<table>
<thead>
<tr>
<th>Common</th>
<th>Uncommon</th>
<th>Rare</th>
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<tbody>
<tr>
<td>1 in 10</td>
<td>1 in 100</td>
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<td>1 in 10,000</td>
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For comparison, an individual has a lifetime risk 100 times greater of suffering serious injury or death in a road accident, than as a result of receiving a general anaesthetic.

When can my child leave hospital?

Many children go home a few hours after the procedure but some are advised to stay for one night, particularly children under 3 years of age or those with symptoms of Obstructive Sleep Apnoea.