



Tonsillectomy and / or adenoidectomy

This leaflet is for parents and carers of children having surgery on their tonsils or adenoids. It aims to answer some of the questions that you or your child may have about their operation. You will also have an opportunity to discuss any further concerns with us, on admission.

A general anaesthetic requires your child to be starved beforehand.

Morning admission:

Last food: 2.30am

Breastfeed: 4.30am

Water or weak squash until 7.30am

Afternoon admission:

Last food: 7.30am

Breastfeed: 9.30am

Water or weak squash until 12.30pm

Please be aware that milk and chewing gum is considered food.

If you do not follow these instructions your child's procedure may be delayed or even cancelled.

What is a tonsillectomy?

A tonsillectomy is the surgical procedure to remove the tonsils. The tonsils are situated at the back of the mouth. The normal reason for a tonsillectomy is recurrent infections or enlarged tonsils causing disturbed sleep.

What is an adenoidectomy?

An adenoidectomy is a surgical procedure to remove the adenoids. The adenoids are similar to tonsils but situated behind the nasal passages, high in the back of the throat. Enlarged adenoids can cause problems such as noisy breathing, snoring and disturbed sleep.

Are there alternative treatments?

Surgery has been recommended because your child has experienced recurring problems with their tonsils and/or adenoids. Earlier bacterial infections may have been treated with antibiotics.

How is the procedure done?

The tonsils and adenoids are removed under a general anaesthetic, so your child will be asleep

throughout the procedure. The tonsils and adenoids are both removed through the mouth. The adenoids are usually removed using an electrical device to evaporate the tissue and seal the blood vessels. Your child will be away from the ward for around 1-2 hours.

What are the risks of the procedure?

The main surgical risk is bleeding. A small percentage of children may have bleeding after the operation and some will need to return to theatre to have this stopped. There is also a risk of bleeding for up to one week post-operatively. The throat is sore after the operation and regular painkillers are required.

Every anaesthetic carries a risk, but this is small. The anaesthetic will be given by an anaesthetist (a specially trained doctor). After having an anaesthetic some children may feel sick or vomit. They may have a headache, sore throat, feel dizzy or be upset. These side effects are usually not severe and are short-lived.

What shall I bring to hospital?

For some children it is reassuring if they can bring a familiar toy from home. A play specialist may be involved in your child's care, and they will be able to provide a range of suitable toys and activities. A hospital gown will be provided to wear to theatre. However, children may want to bring their own nightwear, slippers and dressing gown to change into afterwards.

What happens on admission?

The surgeon will explain the procedure to you on the ward, and can discuss any worries that you may have. An anaesthetist will also visit you to explain the anaesthetic. If your child has any medical problems, for instance, allergies, please tell the surgeon and anaesthetist about these. Your child may also have 'magic cream' (local anaesthetic) applied to the back of their hands so that the anaesthetic injection will be less painful. One parent/carer will be able to accompany your child to the anaesthetic room and stay with them until they are asleep.

What happens after the operation?

After your child has had their operation, they will be taken into the recovery room to wake up. Once they are sufficiently recovered, you may be able to accompany the nurse to collect them and bring them back to the ward. Children are given pain relief during their operation. If necessary, further pain relief will be given on the ward. It is possible that your child may vomit following surgery – medicine can be given to relieve this if the vomiting persists.

Please note: only two visitors per bedside are allowed on the ward at any one time.

When can we go home?

You will be advised by your child's surgeon on the day of their operation when they can go home. Some children are able to go home the same day if they have recovered well and have not experienced any complications. If, for any reason, your child does not meet the discharge criteria, they may need to stay overnight. Please bring provisions for an overnight stay with you. Two adults must be present to accompany the child home.

Advice following tonsillectomy and adenoidectomy

When your child returns home after the operation, they must rest for a few days. Please keep out of contact with non-family members, avoid crowded areas and stay in a smoke-free zone for two weeks following surgery. This is to prevent infection. Your child will need to have 1-2 weeks off school (your surgeon will advise you on the day of surgery).

When your child goes home, make sure that they eat and drink normally as this helps the throat to heal. A mixture of crunchy and chewy foods is best. Spicy or very hot foods should be avoided. Use ice creams/lollies to soothe their throat. Chewing gum may also help as it increases the production of saliva and encourages swallowing.

Earache and bad breath are common for a few days after the operation. It is normal for the throat to have yellow scabs where the tonsils were. These will be present for about 10 days.

You may notice snoring for several weeks until the swelling settles. It is also common to experience nasal stuffiness.

Do not allow your child to blow their nose for the first few days (and only gentle blowing for 10 days after this).

Please stay in the Reading area for two weeks, in case your child develops any of the complications outlined below.

Please avoid flying and foreign travel for three weeks after the operation.

Pain relief

You will need to ensure that you have enough pain relief at home for 1-2 weeks.

Pain relief will need to be given regularly to ensure that your child remains comfortable.

- Your child can next have Paracetamol at _____ (time).
- Your child can next have Ibuprofen at _____ (time).

Please give medications as per the advice on the label/packaging.

It is best to give pain relief half an hour before meals to ensure that eating and drinking is comfortable. Pain improves over the first 48 hours and then may get worse again at 5-7 days post-surgery.

Throat sprays and lozenges can be bought from the local pharmacy or supermarket. These will help numb the throat.

If your child's pain is not controlled at home by painkillers, please contact the ENT Department (during office hours) or the ward (out of hours) for advice.

Possible complications following tonsillectomy and adenoidectomy

- **Infection:** Recognised by feeling feverish with increased pain in throat/ears and difficulty swallowing. If you notice this, please contact the ENT Department or Ward or see your GP as this may require treatment.
- **Bleeding, spitting out of fresh blood or clots:** If you notice this, please attend your nearest Emergency Department (A&E) for a review.

Contact us

Pre-clerking nurse: 0118 322 7686

Lion Ward: 0118 3227519

Kempton Day Bed Unit: 0118 322 7512

ENT Clinic 0118 322 7139

Please ask if you need this information in another language or format.

RBFT Paediatric Unit, May 2024. Next review due: May 2026

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Excellent