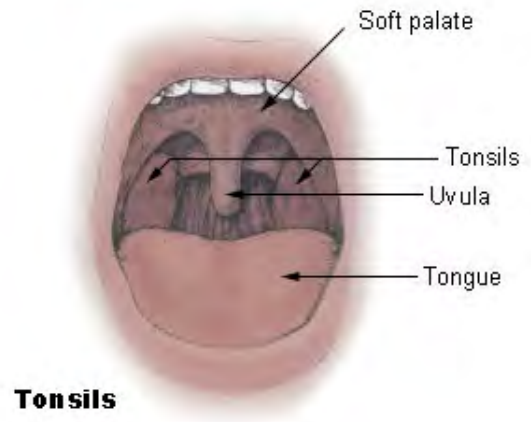
Adult tonsil surgery

This leaflet will provide some background information about tonsil surgery in adults. It may be helpful in the discussions you have with your GP or specialist when deciding on possible treatment. This information leaflet is to support and not to substitute the discussion between you and your doctor. Before you give your consent to the treatment, you should raise any concerns with your GP or specialist.

What are tonsils?

Tonsils are small glands in the throat, one on each side. They are there to fight germs when you are a young child. As you get older, the tonsils become less important in fighting germs and usually shrink. Your body can still fight germs without them. We only take them out if they are doing more harm than good.



Tonsils

Why take them out?

We will usually only recommend taking tonsils out if they cause frequent, disabling episodes of tonsillitis despite treatment. As a guide, this means seven or more episodes in one year, five or more per year for two years, or three or more per year for three years. The other main reason for removing tonsils is if they are large and block the airway. A quinsy is an abscess that develops alongside the tonsil, as a result of tonsil infection. In people who have had more than one quinsy we also recommend tonsillectomy to prevent further episodes. Tonsils are also removed if we suspect there is a tumour in the tonsil.

Do I have to have my tonsils out?

You will not always need to have your tonsils out. You may want to just wait and see if the tonsil problem gets better by itself. Your doctor will explain to you why they feel that surgery is the best treatment.

You may change your mind about the operation at any time, and signing a consent form does not mean that you have to have the operation.

If you would like to have a second opinion about the treatment, you can ask your specialist. They will not mind arranging this for you.

You may wish to ask your own GP to arrange a second opinion with another specialist.

Before your operation

Arrange for two weeks off work. Let us know if you have a chest infection or tonsillitis before your admission date because it may be better to postpone the operation. It is very important to tell us if you have any unusual bleeding or bruising problems, or if this type of problem might run in your family.

How is the operation done?

You will be asleep under general anaesthetic. We take the tonsils out through the mouth, and then stop the bleeding. This takes about 30 minutes.

How long will I be in hospital?

You will normally go home the same day of the operation, after a period of observation. You will be able to go home when you are eating and drinking and feel well enough.

Possible complications

Tonsil surgery is safe, but every operation has a small risk.

- The most serious problem is bleeding. This may need a second operation to stop it. Up to 20 adults out of every 100 who have their tonsils out may need to be taken back into hospital because of bleeding, but only 1 adult out of every 100 will need a second operation. Bleeding can happen at any time up to two weeks after surgery and is most common between days five and ten.
- During the operation, there is a very small chance that we may chip or knock out a tooth, especially if it is loose, capped or crowned. Please let us know if you have any teeth like this.
- Some patients notice a change in how food and drink tastes after the operation. This is usually temporary.

What to expect afterwards

- Your throat will be sore for 10 to 14 days. The pain often gets worse before it gets better, and is usually at its worst between days three and six. It is important to take painkillers such as paracetamol or ibuprofen regularly, half an hour before meals for at least the first week, so please make sure you have some at home. Your doctor may also prescribe you codeine, a stonger painkiller, if appropriate. Do not take aspirin because it may make you bleed.
- Eating food will help your throat to heal. It will help the pain too. Drink plenty of fluids and stick to bland, non-spicy food. Chewing gum may also help the pain.
- You may also have sore ears – this is normal. It happens because your throat and ears have the same nerves. It does not mean that you have an ear infection.
- Your throat will look white. This is normal while your throat heals.
- You may also see small threads in your throat – they are used to help stop the bleeding during the operation, and they will fall out by themselves.
- Some people get a throat infection after surgery, usually if they have not been eating properly. If this happens you may notice a fever and a bad smell from your throat. Call your GP or the hospital for advice if this happens.

Aftercare advice

- You will need 10 to 14 days off work.
- Make sure you rest at home away from crowds and smoky places. Keep away from people with coughs and colds and practise good hand hygiene to avoid catching a cold. If you smoke, avoid smoking while your throat heals, as it slows healing and increases the risk of bleeding.
- You may feel tired for the first few days, but this is normal, and you should ensure you rest.
- **Bleeding can be serious. If you spit or cough up any fresh blood, you must seek medical advice straight away, even if the bleeding stops, as a small bleed can sometimes come before a larger one. Call the ward or your GP, or go to your nearest Emergency Department (A&E). If the bleeding is heavy, call 999.**

How to contact us

ENT Outpatient Department (Townlands) reception: 01865 903274

Dorrell Ward, Tel: 0118 322 7172 or 0118 322 8101

Clinical Admin Team (CAT1) (Monday to Friday, 9am to 4pm), Tel: 0118 322 7139 or email rbbh.CAT1@nhs.net

Based on an ENT UK leaflet authored by Matthew Yung, November 2015.

To find out more about our Trust visit www.royalberkshire.nhs.uk

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

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