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## Patient information

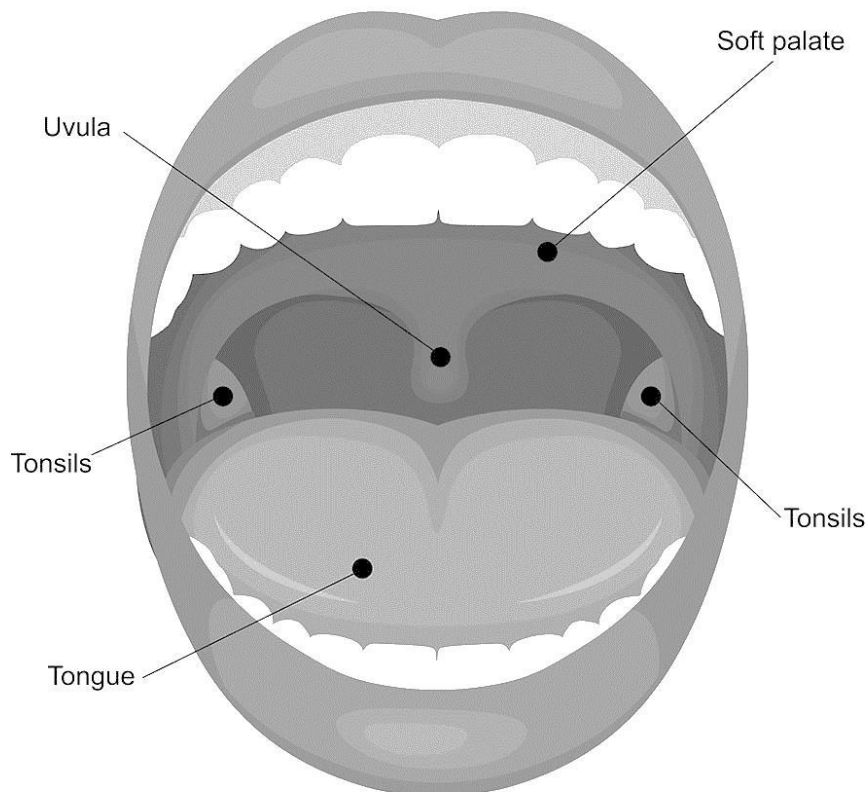
### Tonsillectomy

#### Ear Nose and Throat Speciality

Your Consultant / Doctor has advised you to have a Tonsillectomy. This procedure is usually done as a day-case.

#### 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.



#### Do you need them? (\*)

Your body can still fight germs without them. We only take them out if they are doing more harm than good.

## **Why take them out? (\*)**

We will only take tonsils out if they cause recurrent sore throats despite treatment with antibiotics. 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, and is most unpleasant. People who have had quinsy therefore often choose to have a tonsillectomy to prevent having another.

Tonsils are also removed if we suspect there is a tumour in the tonsil. A rapid increase in the size of a tonsil or ulceration or bleeding occurs if a tumour of the tonsil develops. Tumours of the tonsil are rare.

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. He or she will not mind arranging this for you. You may wish to ask your own family doctor (GP) to arrange a second opinion with another specialist.

## **What is a Tonsillectomy?**

This is an operation to remove your tonsils.

## **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.

## **What are the benefits of having a Tonsillectomy?**

Tonsillectomy will stop you having recurring tonsillitis. It will not stop you getting sore throats due to the common cold.

## **What are the risks of having a Tonsillectomy?**

- **Pain**  
This procedure is quite painful but regular painkillers will reduce the severity.
- **Bleeding (\*)**  
Either while you are still in hospital after your operation in which case you may return to theatre and have a short anaesthetic to have the bleeding point sealed off. Or as a result of infection (1-4%) during the healing process, if this happens you will need to attend the accident and emergency department to be treated. In the worst case you may require a blood transfusion or return to theatre; this is very unusual.
- **Infection**  
To minimise the risk of this you must ensure you eat and drink normally, avoid smoky and crowded environments and people with coughs/colds if possible
- **Injury to teeth or lips**  
Care will be taken to prevent this.
- **Voice change**  
If you sing, you may notice an alteration in your voice, but this is unusual.
- **Regurgitation**  
Food or drink may reflux into the back of your nose when swallowing which is due to guarding when swallowing, this usually settles after a few days when normal swallowing is resumed.

- **Loss of Taste**

This is an uncommon complication.

### **Are there any alternative treatments available?**

There are no other treatments available for recurrent tonsillitis other than long term antibiotics.

### **What will happen if I decide not to have treatment?**

You will continue to have recurrent tonsillitis.

### **What sort of anaesthetic will be given to me?**

You will be given a general anaesthetic. General anaesthesia is drug-induced unconsciousness: it is always provided by an anaesthetist: a doctor with specialist training.

Unfortunately, general anaesthesia can cause side effects and complications. Side effects are common, but are usually short-lived: they include nausea, confusion and pain. Complications are very rare, but can cause lasting injury: they include awareness, paralysis and death.

There is a risk of damage to teeth, particularly caps or crowns and veneers. Your anaesthetist will take every care, but occasionally damage can occur.

The risks of anaesthesia and surgery are lower for those who are undergoing minor surgery, and who are young, fit, active and well.

For more information, please ask for a copy of the leaflet "You and Your Anaesthetic" (PIF 344).

You will be given an opportunity to discuss anaesthetic options and risks with your anaesthetist before your surgery.

**If you are worried about any of these risks, please speak to your Consultant or a member of their team.**

### **Getting ready for your operation**

- You will be seen in the pre-operative clinic before you are admitted to hospital. Here you may have blood tests or a heart tracing if required. You will be assessed to see if you are fit for the anaesthetic.
- The staff will ask routine questions about your health, the medicine you take at the moment and any allergies you may have.
- You will be able to discuss the operation with the nurse practitioner. You will be asked to sign a consent form to say that you understand the procedure, and what the operation involves.

### **The day of your operation**

- You will come into hospital the day of your operation.
- Before your general anaesthetic, you must not eat for a minimum of six hours or drink for a minimum of three hours. You will be told when this is to start.
- Please leave all cash and valuables at home. If you need to bring valuables into hospital, these can be sent to General Office for safekeeping.

- General Office is open between 8.30 and 4.30 Monday to Friday. Therefore, if you are discharged outside these times we will not be able to return your property until General office is open. The Trust does not accept responsibility for items not handed in for safekeeping.
- You will be asked to remove jewellery - plain band rings can be worn but they will be taped.
- Please do not wear any makeup.
- Please leave body piercing at home. False nails and nail varnish will also need to be removed if worn.
- If you are on regular medication, you will be told to take this if necessary.
- You will be asked to put on a gown and disposable underwear. You may bring in with you a dressing gown and slippers.
- A bracelet with your personal details will be attached to your wrist.
- A porter will take you to the operating theatre.
- If you have dentures, glasses or hearing aid they can stay with you on your journey to the operating theatre. They will be removed whilst you are in the anaesthetic room and kept with you until you arrive in the recovery area. Once you are awake they can then be put back in place.
- When you arrive in the theatre waiting area, a nurse will check your details with you. You will then be asked to put on a disposable hat.
- You will then be taken to the anaesthetic room.

### **What should I expect after my operation?**

After your operation you will be kept in the theatre recovery room before being transferred to the ward.

A nurse will check your pulse, blood pressure, breathing and throat regularly. Your throat will be sore, and you may experience earache. This is normal, as your throat and ears have the same nerve supply. It is important that if you feel any pain you must tell the nursing staff, who can give you painkillers to help.

The nursing staff will also advise you when you can start taking sips of water.

Anaesthetics can make some people sick. If you feel sick we advise you not to drink until this feeling has passed. The nursing staff may offer an injection to help this sick feeling go away.

Please tell the nursing staff if you are swallowing a lot of blood or spitting blood out.

The first time you get out of bed, please make sure you ask a nurse to be with you. This is in case you feel dizzy.

## **Going Home**

Your doctor will normally discharge you on the day of your operation.

You have had a general anaesthetic, for the next 24 hours **you must not**

- Travel alone.
- Drive any vehicle e.g. car or ride a bicycle.
- Operate machinery (including domestic appliances such as a kettle).
- Climb ladders.
- Make important decisions; sign any business or legal documents.
- Drink alcohol.
- Do not smoke for at least two weeks after your operation.
- You must avoid smoky and crowded areas for at least two weeks after your operation.
- We advise you to chew gum if appropriate for one week after your operation. This is to help moisten your mouth and increase swallowing.

You **should**

- Take it easy for the rest of the day, avoid strenuous activity.
- Take your medications as usual.
- Let someone else care for anyone you usually look after, such as children or elderly or sick relatives.

## **Discharge Information**

### **Pain relief and medication**

The nursing staff will advise you about painkillers before you leave the hospital. We advise you to take these at least half an hour before eating, for a minimum of seven to ten days. Two weeks supply of dissolvable/liquid pain relief will be provided.

### **Your wound**

The back of your throat will look white, but this is normal.

### **Getting back to normal**

Remember that you have just had an operation, and you will take some days to recover. It is normal to feel more tired than usual for a few days after having this operation. If you are a parent or a carer you will need some support during this time.

You should eat and drink normally to make sure that the raw area at the back of your throat is kept clean.

You may 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. (\*)

## **Returning to work**

Due to infection risks, you will require two weeks off work. You can self-certify for the first seven days of sickness. Before you are discharged, a medical certificate (fit note) can be issued at your request by the ward staff to cover the expected time off you will need. For further fit notes you will have to see your GP.

## **Further Appointments**

No further appointment is necessary after your discharge.

## **Feedback**

Your feedback is important to us and helps us influence care in the future.

Following your discharge from hospital or attendance at your Outpatient appointment you will receive a text asking if you would recommend our service to others. Please take the time to text back, you will not be charged for the text and can opt out at any point. Your co-operation is greatly appreciated.

## **Patient Notes:**

## Further information

If you have any queries or concerns, please contact the Nurse Practitioners during office hours or the ward where you had your surgery.

### ENT Nurse Practitioners

Helene Bryant / Sue Bragan / Christine Burton

Tel: 0151 706 2290

Textphone Number: 18001 0151 706 2290

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[www.entuk.org](http://www.entuk.org)

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All Trust approved information is available on request in alternative formats, including other languages, easy read, large print, audio, Braille, moon and electronically.

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