

Information for patients and carers

Tonsillectomy and Adenoidectomy

A decorative graphic at the bottom of the page consisting of three overlapping, wavy horizontal bands in shades of blue, ranging from a light sky blue to a dark navy blue.

Welcome to ENT (Ear, Nose and Throat)

This leaflet has been produced to answer questions you may have about having your tonsils or adenoids removed and what to expect during your visit. If you have any other questions, please ask your surgeon or a member of the nursing team.

What are the tonsils?

Tonsils are lumps of lymphoid tissue at the back of the throat. They appear at each side of the back of the tongue. When they are infected, you have "Tonsillitis." Tonsillitis is much worse than an ordinary sore throat. The throat will be very painful, swallowing will be difficult, and the tonsils may have yellow blotches on a red, swollen background. Most tonsillitis infections are viral and do not need antibiotics however, there may be times when they may need to be prescribed to clear the infection.



Why am I having a tonsillectomy?

There are many reasons why you may need a tonsillectomy. It may be because you have had recurrent tonsillitis. It could be because you have had more than one quinsy (an abscess around the tonsil) or repeated glandular fever infections. A tonsillectomy may be needed if one tonsil is much larger than the other side or if the tonsils are so big that they are blocking the airway or causing lots of loud snoring. If there is any suspicion of a cancer involving the tonsil you will need a tonsillectomy so the tonsil can be looked at under a microscope in the laboratory.

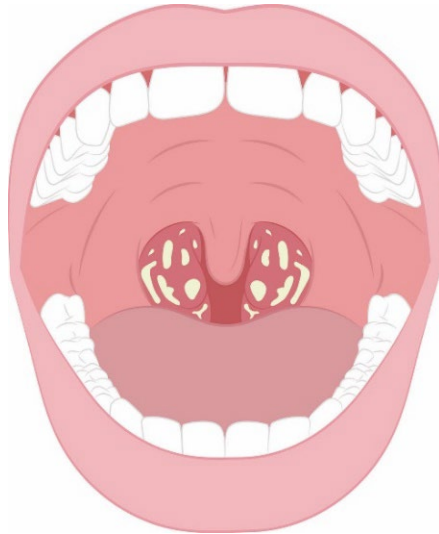


Image of infected tonsils

What will happen if I do not have the operation?

It depends on why you have been advised to have the operation. If the reason for removal is because of frequent infections, you may find the problem will improve in time. If you have difficulties sleeping or because of glue ear, you may find that these problems get worse.

How is the surgery performed?

Tonsils may be removed in a variety of ways, including cutting with instruments and bipolar diathermy and coblation tonsillectomy. Most people can return home on the same day, but some may have to stay in hospital. This will usually be discussed with you before the procedure.

What about pain?

A tonsillectomy is a very painful operation whatever technique is used and you will probably feel that your pain is unusually severe. Eating and drinking will be painful as the raw areas move when you swallow. It may be 2-3 days before the pain peaks and pain usually continues for 10-14 days until the throat heals. Earache is normal after surgery because the nerves that supply the tonsil area also have branches to the ear, so the brain cannot tell whether the pain is coming from the throat or the ear.

What about painkillers?

Before you go home you will be given painkillers which you may need for 14 days. Chewing can help in reducing the painful muscle spasm. You will be told to eat normal foods and not soft foods as this helps keep the tonsil bed clean and reduce the risk of infection. You must drink lots of fluids as this reduces the risk of dehydration and constipation (particularly when codeine is used).

You may find fruit juices uncomfortable for the first week. Adults should avoid drinking alcohol for the first week or so.

What does the throat look like after the operation?

Following the operation there is always a white patch in the area where the tonsil was removed. This remains until the area "heals over". This does not mean that you have an infection.

If you are not drinking and chewing enough you are more likely to develop smelly breath and run the risk of an infection and later, a bleed from the tonsil area (a secondary haemorrhage).

What is a secondary haemorrhage?

This is bleeding, and usually occurs in the 5-14 days period after the operation. If this happens, patients are encouraged to stay in hospital for antibiotics. Although haemorrhages are very distressing, most do not need further surgery.

Go straight to an A&E Department if you have any of the following:

Spitting out bright red blood or blood clots

Difficulty breathing

Bright red, black or brown vomit

What about afterwards?

Following your operation, you will need 2 weeks off work or school. You should not drive or operate machinery for 48 hours after a general anaesthetic. Children tolerate the effects of the surgery better than adults. Some children's voices will have a higher pitch for some time. It is normal for the area in the back of the throat to feel strange for some months. In the longer-term children usually have a growth spurt after a tonsillectomy.

What are the adenoids?

Adenoids are lymphoid tissue, like the tonsils, behind the nose. Between the ages of 3 and 7, they may be large (compared to the space behind the child's nose) and cause nasal blockage. Large adenoids are associated with glue ear in children. As the child's head grows, the effect of the adenoids reduces. It is uncommon to need an adenoidectomy after the age of 8.

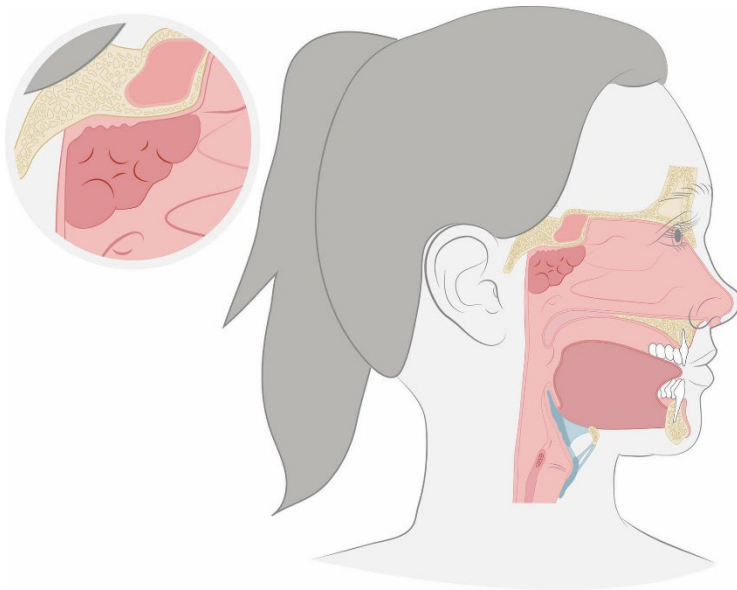


Image of enlarged adenoids

What is an adenoidectomy?

An adenoidectomy is a procedure when an instrument is used to scrape (or curette) the adenoids from behind the nose. This operation is not as painful as a tonsillectomy and very rarely there will be a bleed from the adenoid "bed" which will not stop. If bleeding occurs, the doctors will insert a "post-nasal pack".

This is a pack tied into the area behind the nose to make sure that the bleeding stops. Although this is distressing, it is almost always taken out the next day.

How is the procedure performed?

The operation is carried out under a general anaesthetic which means you will be asleep during your operation. The adenoids can be taken out through the mouth or nose with no cuts or stitches on the outside and will be scraped away using a curette or coblation. This usually takes about 10-15 minutes to complete.

Should I be worried about losing the tonsils and adenoids?

No. Although the tonsils and adenoids play a role in the immune response, there is evidence to suggest that after this surgery, your immune system works better than before. There is plenty of lymphoid tissue in the tongue and sidewalls of the throat.

Can my tonsils grow back?

Under normal circumstances, tonsils and adenoids tend to grow at a steady rate until you are about 8 years old. At this point they will start to shrink. Your adenoids will have disappeared by the time you reach adulthood. If you have your tonsils removed before the age of 8, there is a small chance (less than 5%) that they will grow back.

Given the time it takes for tissue to grow, it is very unlikely that they will grow back to their original size.

Pre-operative and post-operative advice

Pre-operative advice

Please stop eating 6 hours before your operation. Stop drinking 2 hours before your operation and only drink water up to this time. No milk products are to be drunk. Please bring an up-to-date list of medications. If you have been given the consent form, please bring this with you but do not sign it. Write down any questions/concerns you have. If going home on the same day, make sure there is an adult staying with you for 24 hours after your operation.

Post-operative advice

After your operation you will be transferred to the day case ward where you will rest until the anaesthetic has worn off. If you are informed that you will need an overnight stay you will be transferred to an inpatient ward. You will normally be discharged 4 hours after your operation however, you must achieve some set goals before you can leave such as being able to eat and drink and getting out of bed.

Following your operation, you will need to take 2 weeks off school or work to allow time for healing. You are more likely to pick up infections whilst your throat is healing so avoid contact with people who have coughs, colds, or any source of infection. You should also keep out of smoky or dusty atmospheres as this can irritate your throat whilst it is healing.

You are advised not to fly for 14 days following your procedure and you should not do any strenuous exercise for 14 days following your

procedure. Please speak to the nursing staff who will be able to give you a 'Fit Note' to cover this period.

It is advisable to take your painkillers 20 minutes before each meal. You should eat normal food but do not eat sloppy or sharp foods, for example, do not eat apples or chips. You must drink plenty and remain hydrated. It is advisable to use sugar free chewing gum between meals to help keep your mouth clean. You can also keep your mouth clean by gargling after each meal with salt water and regular brushing of your teeth. You should not use mouthwash with alcohol as this will sting the back of your throat.

You will see a greyish/white layer at the back of the throat where the tonsils used to be, this is quite normal and will disappear as the area heals. The pain in the throat may become a little worse during the first week at home and earache is common. Keep taking the painkillers and eat and drink normally. If the pain becomes severe, please contact the ward, and ask to speak to a doctor.

If you have been prescribed antibiotics, keep taking them. If you take contraceptive pills, use additional contraception for 2 weeks following the operation. At the first sign of any fresh blood from the throat, please contact the ward.

If you start bleeding excessively, please contact 999 for an ambulance as this is classed as a medical emergency.

Frequently asked questions

Can I change my mind if I have already agreed to surgery?

You may wish to change your mind about having an operation and you can do this at any time. Signing a consent form does not mean that you must go through with the operation.

What should I do if I am worried after the operation?

If you have any worries about your throat or the effects of the medication, please telephone the ward where you were a patient for advice from the Nursing staff.

Contact Details

For post operative concerns following your procedure please contact Ward 3 or Ward 8 via the switchboard on **01772 716565**.

Sources of further information

www.lancsteachinghospitals.nhs.uk

www.nhs.uk

www.accessable.co.uk

www.patient.co.uk

www.entuk.org

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www.lancsteachinghospitals.nhs.uk/patient-information-leaflets

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If you want to stop smoking, you can also contact Smokefree Lancashire on Freephone **08081962638**

Please ask a member of staff if you would like help in understanding this information.

This information can be made available in large print, audio, Braille and in other languages.

Department: ENT

Division: Surgery

Production date: August 2024

Review date: August 2027

JR 1179 v1