A guide to...

Removal of tonsils and/or adenoids

Patient information

How to contact us
Ear, Nose and Throat (E.N.T.)
Watford General Hospital
West Hertfordshire Hospitals NHS Trust
Watford
Hertfordshire
WD18 0HB

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What are tonsils and adenoids?
The tonsils and adenoids are areas of tissue at the back of the throat. The tonsils are on both sides of the throat, at the back of the mouth and are clearly visible. Adenoids are not visible, as they are high in the throat behind the nose.

Your child’s tonsils and adenoids help him/her to build up immunity and fight infection. Adenoids and tonsils seem to grow during childhood and then shrink around the age of four years old. By the time your child reaches adulthood, his/her adenoids will have disappeared almost completely. This is because they are no longer needed, as your child’s body will have other defence mechanisms to fight against infection.

Why do tonsils have to be removed; what are the benefits?
In many children, the tonsils become repeatedly infected with bacteria and viruses, which can make them, swell and become painful. Removing your child’s tonsils and adenoids will solve these problems.

Your child may have larger than average tonsils and adenoids, which partially block his/her airway. This can make it difficult for them to breathe through their nose. As a result, children may breathe through their mouth and snore loudly when asleep. This can lead to a condition called sleep apnoea, where your child stops breathing for a couple of seconds while asleep and then starts again. This can severely disturb their sleep.

There is a link between large adenoids and a condition called glue ear. Glue ear happens when a sticky substance, which can affect your child’s hearing, blocks the middle ear.

What are the risks of this operation?
Every operation carries some risk of infection, which can be treated with antibiotics. Some surgeons will give antibiotics as a precaution others will only do so if your child develops and infection. The risk of bleeding is greatest within the first six to eight hours after surgery and occurs in only 1-2% of patients undergoing this surgery. Your child may need to be taken back to the operating theatre to stop the bleeding. Minor bleeding can occur within the first two weeks, if so your child may need hospital admission for observation, but will usually not require a second operation.

There is also a very small risk with any anaesthetic. Modern anaesthetics are very safe and your child’s anaesthetist is an experienced doctor who is trained to deal with any complications.

What are the alternatives?
Your child may have had treatment with antibiotic medicine, the operation to remove the adenoids or tonsils is offered as choice of treatment when these medicines only work for a short period and the problems occur again. Swollen adenoids and tonsils become less of a problem when children grow.

What happens before the operation?
You will receive information on how to prepare your child for the operation in his/her admission letter.
You will need to come to the pre-assessment clinic where you will meet some of the team who will be looking after your child. The doctors will also see you to explain the operation in more detail, discuss any worries you may ask you to sign a consent form. During this visit you will also be given the opportunity to visit the ward where your child will be staying if you wish to do so. If your child has any medical problems, such as allergies, please tell the doctors. An anaesthetist will also visit you to explain your child’s anaesthetic in more detail.

On the day of the operation you will need to arrive at the ward at the time stated on your appointment letter or given by the nurse this is not necessarily the time of your child’s operation. Your child will need to be admitted, seen by the doctors and have some local anaesthetic cream applied to the backs of his/her hand, all before the operation.

**How long will the operation take?**
Your child will be away from the ward for about one and a half to two hours. The operation will be carried out under a general anaesthetic, which means your child will be deeply asleep and will not feel any pain during the operation. Your child can have one parent with them while they go to sleep and parents will be allowed to go and meet their child in the recovery room following the operation.

As the tonsils and adenoids are removed through the mouth there is no external scar. The operation itself takes about half an hour, after which your child will be looked after in the recovery room until s/he is fully awake.

**What happens after the operation?**
Your child may be sleepy after the operation, due to the anaesthetic. S/he may have to stay in hospital for the night after the operation, but will be able to go home once they feel better the following day. If your child only has their adenoids removed then they will be able to go home after six hours providing they are feeling well.

Children having tonsils and adenoids removed will stay up to six hours unless the surgery is in the afternoon or they are under five years of age, in which case they will stay in overnight.

**When your child gets home**
On discharge you will be given a discharge letter giving all information on your child’s operation and a copy will be sent to GP.

Please arrange to be picked up – do not go home on public transport.

**Pain relief**
Your child will probably have a sore throat for about a week and may also complain of earache. The earache is actually caused by the sore throat, but it may not seem like that to your child. To ease the pain and make eating easier, give paracetamol or ibuprofen half an hour before meals, according to the instructions on the bottle. For a few days following your child’s operation you should give your child pain relief every four to six hours even if s/he does not seem to be in pain. This will make sure s/he is able to eat and drink comfortably. After that, give pain relief as often as s/he seems to need it, but no more than stated on the instructions on the bottle.
**Eating and drinking**

It will be tempting to give your child soft foods, which are less painful to swallow, but they should start eating normally as soon as they can after the operation. Eating foods like toast and cereals help the area where the tonsils and/or adenoids were removed heal more quickly. Even if your child is not eating a great deal, it is very important for them to drink lots of fluids. She/he may find it easiest to drink chilled liquid, but avoid acidic drinks like orange juice, which will sting.

**Brushing teeth**

It may be a bit of a battle to get your child to brush his/her teeth after the operation but this will help keep the mouth free of infection and so the sore areas will heal more quickly. It will also refresh your child’s mouth, especially if s/he is not eating a great deal.

**School and activities**

Your child should not go to school or nursery for seven days if they have had an adenoidectomy and 14 days if they have had a tonsillectomy after s/he leaves hospital. For the first few days, s/he should rest as much as possible. Once s/he is feeling better, there is no restriction on what s/he can do.

**Coughs and colds**

Your child should try to keep visitors at home to a minimum and try to avoid crowded places where s/he might pick up infections for two weeks after their operation. You should also keep your child away from cigarette smoke, as this can make his/her throat feel worse.

**When should I get further medical advice?**

You should seek medical advice if:

- there is any bleeding in the throat or nose
- your child is in a lot of pain and pain relief does not seem to help
- your child is not drinking any fluids
- your child has a stiff neck
- your child brings up bloody vomit more than once. Many children vomit non-bloody sick a few times after surgery, which won’t do them any harm
- your child has a temperature of 38 degrees and above that does not respond to paracetamol

**NB:** In an emergency, go to your nearest accident and emergency department.

**Acknowledgment**

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