

Tonsillectomy

WHAT ARE TONSILS?

These are paired glandular structures at the back of the throat (visible on each side of the tongue at the back) made out of lymphoid tissue. They are supposed to protect the throat from infection by capturing and processing germs, but unfortunately, in many cases, they themselves become chronically infected. When this happens the structure of the tonsils may be damaged, leading to further infections, or the development of deep crevices which contain bacteria and often produce foul-smelling whitish/yellow solid material. For many, tonsillitis is the consequence. This produces a very sore throat in the majority.

WHAT SYMPTOMS DO TONSILS PRODUCE & WHY REMOVE THEM?

- Tonsillitis: Sore throat, painful swallow, fever, headache, lethargy, painful, enlarged neck glands
Tonsillitis is a common throat infection that affects children and young adults. It can be recurrent and very debilitating and result in a lot of absenteeism from school, college job etc. Poor appetite, growth impediment and ear infections may occur.
- Enlarged tonsils: Difficult swallowing / eating, snoring, sleep apnoea, (stopping breathing, snoring heavily or choking when sleeping)

WHAT IS TONSILLECTOMY?

This is the removal of the tonsils. Often, especially in young children, adenoids are removed at the same time. Adenoids are made of the same tissue type as tonsils and are frequently involved in the same infective process. Adenoids can also cause nasal blockage, snotty noses and ear problems in children. Adenoids usually (although not always) shrivel up and disappear in adolescents. Adenoids are usually removed at the same time as tonsils, if present.

Tonsillectomy is done under general anaesthetic and takes about 30min. Patients may be able to go home later in the day – if the surgery is done in the morning – otherwise an overnight stay is recommended. It is carried out through the open mouth and once removed the area where the tonsil was resident is checked for bleeding sites and cauterised if needed.

Tonsillectomy is carried out with routine surgical instruments and it is one of the commonest operations performed. Laser tonsillectomy is not recommended, as this leaves behind the tonsil capsule, and further tonsillitis and quinsy (an abscess) may still occur.

WHAT ARE THE RISKS OF TONSILLECTOMY?

- Bleeding. This may occur anytime up to two weeks after the operation. It is often the result of an infection. Treatment in early stages (spitting up small amounts of blood), may resolve the problem. These antibiotics must be obtained promptly – from A&E if necessary. Major bleeding is very rare, (<1%) but if it occurs, the patient must be taken to Northwick Park (or closest hospital, with an ENT Emergency On-call team). Rarely, a return to theatre and/or blood transfusion may be needed.
- Pain. This is universal after tonsillectomy. It reaches a peak at about day 6-7 postop. This is normal. Swallowing is painful, but intake of any liquid that can be tolerated is essential. Similarly for food. There are no restrictions on dietary intake: encourage the patient to eat and drink as normally as possible. Painkillers must be taken regularly, as prescribed. Failure to do this results in dehydration and the possible onset of infection. Pain usually subsides at about day 9-10. It can be sore to yawn or sneeze for several weeks.
- Earache. Due to the nature of the tonsil's nerve supply, some patients experience earache after tonsillectomy. This is normal. It is not an ear infection, and resolves when the sore throat resolves.
- Halitosis. This is also normal. The whitish membrane which develops over the tonsil bed may smell a little – but this disappears after 10 days.
- Constipation. This may occur as a combination of reduced bulk food intake and the effects of painkillers, (which can slow down the bowel). It is best to ensure adequate intake of fibre in the diet to avoid this, but a laxative can also help.
- Drug side-effects. Drugs can affect people in many different ways, the list of which is too long to detail here. Antibiotics, if given can cause stomach cramps/diarrhoea. Painkillers can also cause stomach cramp. In these cases, it is best to stop the offending drug. Painkillers can also cause some dizziness, but the effect is only temporary.
- Dehydration. See above. If no oral intake, the patient will have to be readmitted to an emergency ENT unit (e.g. Northwick Park) for intravenous drip rehydration.
- The *risk of not having a tonsillectomy* is that recurrent infections or upper airway obstruction may continue. Furthermore, a quinsy (abscess behind the tonsil) may occur. Invariably, this requires hospitalization and drainage.

WHAT TO DO IF PROBLEMS OCCUR?

If advice is required, please contact the admission ward at Clementine Churchill Hospital, and the nurses can help. If an infection or any blood is seen in the saliva, please obtain antibiotics *urgently* from A&E, your GP or from Mr. Marais, if there is a private clinic available (0208-872-3838). If there is significant bleeding, emergency admission will be required at Northwick Park Hospital, A&E Department.