

# Tonsils

## Information for Parents

### What are the tonsils ?

At the side of the throat are swellings called tonsils.

### What do they tonsils do?

Tonsils are made of lymphoid tissue, just like the adenoids and appendix. There is lymphoid tissue in many parts of the body. Lymphoid tissue contains cells from the immune system. Removing a small amount of lymphoid tissue however does not prevent your body from fighting germs.

### Doesn't my child need his tonsils?

Although tonsils are part of the immune system sometimes they can cause more harm than good. Children generally have fewer infections following tonsillectomy not more as the tonsils have become a site of recurrent infection.

### Why do we remove tonsils?

Tonsils can cause a number of different problems. In the past tonsils have been commonly removed. Nowadays we only recommend removal if the tonsils are causing a lot of trouble.

#### 1. Recurrent infections

Some people are prone to recurrent infections in their tonsils ('tonsillitis' ). If this is impacting significantly on their lives then it may be better to have the tonsils removed ('tonsillectomy'). In children, this may be recommended if they are missing a lot of school.

#### 2. Breathing difficulties

Large tonsils can cause obstruction to the breathing, especially at night. Children may have pauses in their breathing. Recurrent pauses are known as obstructive sleep apnoea. If a child has sleep apnoea they may have secondary effects during the day. It may cause them to fall asleep during the day and impair their concentration and school performance. These problems have been shown to be much improved by removal of the tonsils and adenoids. In very severe cases obstructive sleep apnoea causes heart problems.

#### 3. Other problems

Rarely tonsils can get diseased. Abscesses and occasionally tumours can form in the tonsils. Sometimes abnormal looking tonsils need to be removed to exclude these problems.

## **What happens on the day of the Operation ?**

### **Eating and drinking**

Your child will have to have nothing to eat and drink for a few hours before the operation. You will be given instructions with regard to this.

### **Before the Operation**

You and your child will see the anaesthetist and the surgeon. The surgeon will explain the procedure once again and ask you to sign a consent form.

## **What happens during the Operation?**

The operation involves a general anaesthetic. While your child is asleep the tonsils are removed through the mouth. There is usually only a little bleeding and this is controlled before the child is allowed to wake up.

## **What happens after the operation?**

### **Recovery**

Immediately after the operation your child is taken to the recovery room while still asleep and observed carefully as they start to wake up. When they are sufficiently awake the nurses will call you.

### **Going Home**

Children having their tonsils removed will generally stay overnight. They will be seen by the doctor the following morning and if they are eating and drinking sufficiently well and do not have a high temperature then they will go home that morning.

### **Looking in the throat**

After having your tonsils removed the throat appears white. The new lining of the throat is forming under the white coating. As the throat heals the white coating gradually disappears. This takes about two weeks.

### **Sore Ears**

The pain following tonsillectomy is commonly referred to the ears. It is usual for children to complain of earache. Parents often worry there may be an ear infection however the ears are quite healthy.

### **Pain Medication**

Having your tonsils removed is painful. This can be controlled by pain medication, which is given regularly while in hospital. Often the child seems quite well in the early stages due to

the medication. It is important to continue with regular pain medication while your child is at home.

It is not uncommon for the pain to get worse during the first week after the operation and then gradually improve during the second week. Eating and drinking will help and should be encouraged.

The main painkillers used are paracetamol (calpol) and diclofenac (voltarol). Codeine phosphate is available for additional pain relief if required. These three types of medication work independently hence they can be given together (as directed by your doctor). Antibiotics are often given to prevent infection.

### **When can my child go back to school or nursery ?**

After removal of the tonsils children should keep away from school for two weeks. This is simply to try and reduce the chance of them picking up an infection from another child which will make them feel more uncomfortable. They can mix with family and close friends.

### **Follow up appointments**

Your child will be seen about two weeks after the operation.

### **What are the risks of tonsillectomy?**

Tonsillectomy is one of the commonest operations performed in the United Kingdom and problems are uncommon. No operation is however without any risk.

A general anaesthetic is required. Your child will be fully assessed by a paediatric anaesthetist before the operation who will answer your questions with regard to this. Parents often worry about anaesthesia but the risks in a healthy child are extremely small indeed.

Occasionally children experience some bleeding at home after tonsillectomy. This is usually minor, however in the event of bleeding your child should see a doctor.

Much less commonly a child has serious bleeding after tonsillectomy. If your child has persistent bleeding you should take them directly to the nearest accident and emergency department by ambulance if necessary. If you are unsure what to do the nurses on the ward where your child was admitted for surgery can give you advice by telephone.