

Tonsillectomy and adenoidectomy (day case)

A general anaesthetic requires your child to be starved beforehand. On the day of the operation (date) your child should not have anything to eat (including chewing gum), or milk to drink from (time). They may have only water or weak squash up to (time).

If you do not follow these instructions your child's procedure may be delayed or even cancelled.

Introduction

The aim of this leaflet is to answer some of the questions that you or your child may have about their operation. You will also have an opportunity to discuss any further concerns with us, on admission.

What is a tonsillectomy?

A tonsillectomy is the surgical procedure to remove the tonsils. The tonsils are situated at the back of the throat. The normal reason for a tonsillectomy is recurrent infections or enlarged tonsils causing disturbed sleep.

What is an adenoidectomy?

An adenoidectomy is a surgical procedure to remove the adenoids. The adenoids are similar to tonsils but situated behind the nasal passages, high in the back of the throat. Enlarged adenoids can cause problems such as noisy breathing, snoring and disturbed sleep.

Are there alternative treatments?

Surgery has been recommended because your child has experienced recurring problems with his/her tonsils and/or adenoids. Earlier bacterial infections may have been treated with antibiotics.

How is the procedure done?

The tonsils and adenoids are removed under a general anaesthetic, so your child will be asleep throughout the procedure. The tonsils and adenoids are both removed through the mouth. The adenoids are usually removed using an electrical device to evaporate the tissue and seal the blood vessels. Your child will be away from the ward for approximately 1-2 hours.

What are the risks of the procedure?

The main surgical risk is bleeding. A small percentage of children may have bleeding after the operation and some will need to return to theatre to have this stopped. There is also a risk of bleeding for up to one week post-operatively. The throat is sore after the operation and regular pain relief is required.

Every anaesthetic carries a risk, but this is small. The anaesthetic will be given by an anaesthetist (a specially trained doctor). After having an anaesthetic some children may feel sick or vomit. They may have a headache, sore throat, feel dizzy or be upset. These side effects are usually not severe and are short-lived.

What shall I bring to hospital?

For some children it is reassuring if they can bring a familiar toy from home. A play specialist may be involved in your child's care, and they will be able to provide a range of suitable toys and activities. A hospital gown will be provided to wear to theatre. However, children may want to bring their own nightwear, slippers and dressing gown to change into afterwards.

What happens on admission?

Two adults must accompany the child at the hospital admission. The surgeon will explain the procedure to you on the ward, and can discuss any worries that you may have. An anaesthetist will also visit you to explain the anaesthetic. If your child has any medical problems, for instance, allergies, please tell the surgeon and anaesthetist about these. Your child may also have 'magic cream' (LMX4 local anaesthetic) applied to the back of their hands so that the anaesthetic injection will be less painful. One parent/carer will be able to accompany your child to the anaesthetic room and stay with them until they are asleep.

What happens after the operation?

After your child has had their operation, they will be taken into the recovery room to wake up. Once they are sufficiently recovered, you may be able to accompany the nurse to collect them and bring them back to the ward. Children are given pain relief during their operation. If necessary, further pain relief will be given on the ward. It is possible that your child may vomit following surgery - medicine can be given to relieve this if the vomiting persists.

Please note: only two visitors per bedside are allowed on the ward at any one time. Your child must be accompanied by two adults during their stay.

When can we go home?

Your child's procedure is being undertaken as a day case. This means that they will need to stay at least six hours after the operation but can go home the same day if everything has gone according to plan. When your child is fully recovered a nurse or doctor will discharge them and you can leave. However, if, for any reason, your child does not meet the discharge criteria, they may need to stay overnight. Two adults must accompany the child home.

Advice following tonsillectomy and adenoidectomy

- When your child returns home after the operation, they must rest for a few days. Please keep out of contact with non-family members, avoid crowded areas and stay in a smoke-free zone for two weeks following surgery. This is to prevent infection. Your child will need to have 2 weeks off school.
- When your child goes home, make sure that they eat and drink normally as this helps the throat to heal.
- Earache and bad breath are common for a few days after the operation. It is normal for the throat to have yellow scabs where the tonsils were. These will be present for about 10 days.
- You may notice snoring for several weeks until the swelling settles. It is also common to experience nasal stuffiness.
- Do not allow your child to blow their nose for the first few days (and only gentle blowing for 10 days after this).
- Please stay in the Reading area for 2 weeks, in case your child develops any of the complications outlined below.
- Please avoid flying and foreign travel for three weeks after the operation.

Pain relief

- You will need to ensure that you have enough pain relief at home for seven days.
- Pain relief should be given regularly, by the clock, for seven days to ensure that your child is comfortable.
- Your child can next have paracetamol at _____ (time). Please give according to instructions on the bottle.
- Your child can next have ibuprofen at _____ (time). Please give according to instructions on the bottle.
- It is best to give pain relief half an hour before meals to ensure that eating and drinking is comfortable. Pain improves over the first 48 hours and then may get worse again at 5-7 days post surgery.

