



**NHS**

NHS Foundation Trust

Patient information service  
**St Michaels Hospital**  
Ear, nose and throat department

# Adult tonsillectomy





## **What is involved in this operation?**

This is an operation to remove the tonsils. The tonsils are situated at the back of the throat on each side. They form part of the immune system in early life, which helps in protecting you from infection.

After the age of three, their function is unimportant and there is no problem in removing them. The operation is done under a general anaesthetic (while you are asleep).

The mouth is supported open and the teeth are protected while the tonsils are carefully removed through the mouth using surgical instruments. During the operation, the area from which the tonsils have been removed usually bleeds fairly briskly to start with. The bleeding is controlled by pressure with a swab and then stopped by using stitches or cautery. You are more likely to bleed if you have had a lot of infections or a quinsy (an abscess on the tonsil).

## **What are the benefits?**

Usually the operation is done because you suffer from repeated attacks of tonsillitis or quinsy. Removing the tonsils will stop you from getting these infections, although you may still get sore throats, for example when you have a cold.

The tonsils are occasionally removed because of a suspicion that they contain a growth or tumour. This is called a biopsy tonsillectomy and often only one tonsil is taken out. Sometimes in adults, the tonsils are removed as part of an operation aimed at reducing snoring. Very rarely, the tonsils may be removed because it helps improve some forms of psoriasis (a skin disease).

# **What are the risks?**

No operation is completely without risk.

As well as the complications that may result from having a general anaesthetic, there are some important risks associated with this procedure.

## **Bleeding**

Bleeding occurs in approximately five in 100 cases. Some patients have problems with bleeding immediately after the operation and may need to go back to the operating theatre to have the bleeding stopped. This requires another general anaesthetic. The need to go back to theatre to have the bleeding stopped occurs in about one in 100 cases.

There is also a small risk of patients getting an infection in the tonsil area and having a small bleed after a few days (secondary haemorrhage). A small number of these patients may also need to go back to theatre.

Occasionally, patients who have bleeding problems after a tonsillectomy require blood transfusion. If you are a Jehovah's Witness and cannot accept a blood transfusion, it is essential that you tell the doctor this in the clinic, as this could mean the operation is unsafe for you.

## **Infection**

If you look in your mouth after the operation, it will always look as if it is infected. This is because the mouth is full of bacteria, which are usually harmless.

However, if you do not eat or drink enough after the operation, the amount of bacteria builds up until it starts to cause a problem. Your pain and illness will get worse and this will make it even more difficult to eat and drink. This may require re-admission to hospital for treatment with intravenous fluids (fluid into a vein) and antibiotics.

## **Local injury to the mouth**

A special device or 'gag' is inserted into the mouth to open it enough for the surgeon to do the operation. Loose teeth may be dislodged and in fact may need to be removed by the surgeon during the procedure, as there is a risk that they may fall into the back of your throat while you are recovering from the anaesthetic.

There is also a small risk to any bridgework or crowns that you may have. Some cracking and drying at the corner of the mouth is not uncommon, as is some swelling of the tongue.

More serious bruising of the lips and tongue is rare, but does sometimes happen.

Occasionally when a cautery is used, a small burn on the inside of the cheek can occur. These usually heal up without problems but can be painful at first.

## **Tonsillar remnant/re-growth**

The lower end of the tonsil often spreads out into the base of the tongue at the back of the throat. Removing this entire 'lower pole' can be dangerous because of the increased risk of bleeding. Very rarely, this remaining part can re-grow upward and lead to further infection. If this is the case, it may need to be removed in a further operation.

This is not a complete list of complications, but outlines the more common problems. Please ask if you would like to know anything else.

## **What can you expect afterwards?**

A tonsillectomy can be a painful operation. Often the pain will get worse the day after surgery and it tends to be painful for several days.

Generally, we advise two weeks off work, education or training after the operation, although sometimes it may take up to three weeks to recover.

Because the nerve that supplies the sensation to the tonsil also supplies part of the ear, it is very common to get earache after a tonsillectomy. This is called 'referred pain'.

Swallowing is difficult because of the pain and muscle spasm in the throat. If you do not eat or drink at all, as well as the risk of dehydration, this increases the risk of an infection in the throat, also increasing the chance of bleeding (see risks section on pages 4 and 5).

We would advise you to try to eat as much as you would normally as soon as possible after the operation. We also advise taking regular painkillers to help make eating easier.

Chewing gum keeps the muscles of the throat moving and can be very useful. You will probably feel quite unwell for a few days as a result of the operation as well as feeling pain in the throat.

## Are there any alternatives?

People who have repeated attacks of tonsillitis often prefer to have their tonsils removed because the tonsillitis makes them feel unwell, requiring them to have a lot of time off work, education or training.

However, tonsillitis is not generally a life-threatening problem. It can be treated with antibiotics prescribed by your GP. If left alone, there is a chance that you will grow out of the tendency to get tonsillitis. This is more likely the younger you are, but the doctor will have taken this into account before deciding to offer you a tonsillectomy.

If you are suffering from snoring or problems with breathing during sleep (sleep apnoea), there are alternatives such as wearing a special pressure mask at night (called 'CPAP'), losing weight, or treating any nasal blockage that you may have.

## More information

Please feel free to ask any further questions when you come to pre-admission clinic.

You can also contact the ENT Advanced nurse practitioners through the hospital switchboard in office hours – [REDACTED]  
[REDACTED]

If at any time you do not want to go ahead with this operation, please phone the admissions officer on [REDACTED] or  
[REDACTED]

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While under our care, you may be invited to take part in research.  
To find out more please visit: [REDACTED]

Help us prevent the spread of infection in hospital. Please make sure your hands are clean. Wash and dry them thoroughly/use the gel provided. If you have been unwell in the last 48 hours please consider whether your visit is essential.

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**NHS Smokefree on 0300 123 1044.**

Drinkline is the national alcohol helpline. If you're worried about your own or someone else's drinking, you can call this free helpline in complete confidence.  
**Drinkline on 0300 123 1110.**

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For an interpreter or signer please contact the telephone number on your appointment letter.



For this leaflet in large print or PDF format, please email [REDACTED]

