

What are tonsils?

Tonsils are small glands in the throat, one on each side. They are there to fight germs when you are a young child. After the age of about three years, the tonsils become less important in fighting germs and usually shrink.

Does my child need them?

Your body can still fight germs without them. We only take them out if they are doing more harm than good.

Why take them out?

We will only take your child's tonsils out if he or she is getting lots of sore throats, which are making him or her lose time from school. Sometimes small children have tonsils so big that they block their breathing at night.

Are there alternatives to having the tonsils removed?

Your child may not need to have his or her tonsils out. You may want to just wait and see if the tonsil problem gets better by itself. Children often grow out of the problem over a year or so. The doctor should explain to you why he or she feels that surgery is the best treatment.



The removal of enlarged tonsils like this can relieve airway obstruction.

Antibiotics may help for a while, but frequent doses of antibiotics can cause other problems. A low-dose antibiotic for a number of months may help to keep the infections away during an important period such as during examinations. There is no evidence that alternative treatments such as homeopathy or cranial osteopathy are helpful for tonsil problems.

You may change your mind about the operation at any time, and signing a consent form does not mean that your child has to have the operation. If you would like to have a second opinion about the treatment, you can ask your specialist. He or she will not mind arranging this for you. You may wish to ask your own GP to arrange a second opinion with another specialist.

Before your child's operation

Arrange for a couple of weeks off school. Let us know if your child has a sore throat or cold in the week before the operation - it will then be safer to put it off for a few weeks. It is very important to tell us if your child has any unusual bleeding or bruising problems, or if this type of problem might run in your family.

How is the operation done?

Your child will be asleep. We will take his or her tonsils out through the mouth, and then stop the bleeding. This takes about 20 minutes. Your child will then go to a recovery area to be watched carefully as he or she wakes up from the anaesthetic. He or she will be away from the ward for about an hour in total.

How long will my child be in hospital?

In some hospitals, tonsil surgery is done as a day case, so that he or she can go home on the same day as the operation. Other hospitals may keep children in hospital for one night. It may depend on whether your child has their operation in the morning or the afternoon. Either way, we will only let him or her go home when he or she is eating and drinking and feels well enough.

Can there be problems?

Tonsil surgery is very safe, but every operation has a small risk. The most serious problem is bleeding. This may need a second operation to stop it. About two children out of every 100 who have their tonsils out will need to be taken back into hospital because of bleeding, but only one child out of every 100 will need a second operation.

Please let us know before surgery if anyone in the family has a bleeding problem. During the operation, there is a very small chance that we may chip or knock out a tooth, especially if it is loose, capped or crowned. Please let us know if your child has any teeth like this. Some children feel sick after the operation. We may need to give your child some medicine for this, but it usually settles quickly.

Your child's throat will be sore

Your child's throat will get better day-by-day. Give him or her painkillers regularly, half an hour before meals for the first few days. Do not give more than it says on the label. Do not give your child aspirin - it could make your child bleed. (Aspirin is not safe to give to children under the age of 16 years at any time, unless prescribed by a doctor).

Eat normal food

Eating food will help your child's throat to heal. It will help the pain too. Always give him or her a drink with every meal. Chewing gum may also help the pain.

Your child may have sore ears

This is normal. It happens because your throat and ears have the same nerves. It does not usually mean that your child has an ear infection.

Your child's throat will look white

This is normal while your throat heals. You may also see small threads in your child's throat – sometimes these are used to help stop the bleeding during the operation, and they will fall out by themselves.

Some children get a throat infection after surgery, usually if they have not been eating properly. If this happens you may notice a fever and a bad smell from your child's throat. Call your GP or the hospital for advice if this happens.

Keep your child off school for 10 to 14 days

Make sure he or she rests at home away from crowds and smoky places. Keep him or her away from people with coughs and colds. Your child may also feel tired for the first few days.

Bleeding can be serious

If you notice any bleeding from your child's throat, you must see a doctor. Either call your GP, call the ward, or go to your nearest hospital casualty department.

If you have any problems or questions, please contact:

Please insert local department routine and emergency contact details here

Disclaimer: This publication is designed for the information of patients. Whilst every effort has been made to ensure accuracy, the information contained may not be comprehensive and patients should not act upon it without seeking professional advice.

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ABOUT CHILDREN'S TONSIL SURGERY

By Haytham Kubba and Peter Robb

ENT-UK is the professional Association for British Ear, Nose and Throat Surgeons and related professionals. This leaflet provides some background information about tonsil surgery in children. It may be helpful in the discussions you have with your GP or specialist when deciding on possible treatment. This information leaflet is to support and not to substitute the discussion between you and your doctor. Before you give your consent to the treatment, you should raise any concerns with your GP or specialist.



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