Tonsillectomy in Adults

What are tonsils?

Tonsils are small glands in the throat, one on each side. They are part of a ring of tissue at the back of the throat (including the adenoids and back of the tongue) involved in filtering and fighting infection, especially when you are a young child. The size of the tonsils varies and after the age of about 3 they become less important in fighting infection and shrink down in size. Tonsillitis occurs when the tonsils themselves become infected.

Do you need them?

The body can still fight infections without the tonsils, and we would only be taking them out if they are doing more harm than good. Removal of the tonsils does not seem to affect the body’s ability to combat infection.

Why take them out?

The usual reason is repeated attacks of tonsillitis. Infection in the space next to the tonsil can lead to an abscess (a quinsy) and in some cases removal of the tonsils at a later date is recommended. Some people have skin or kidney conditions which are worsened by tonsil infections and benefit from having them removed.

Do they have to be taken out?

We would not be recommending a tonsillectomy unless you have had a problem with attacks of tonsillitis for at least a year (we would usually need evidence of 7 attacks in a year, 5 attacks a year for 2 years, or 3 attacks a year for 3 years).

You may want to just wait and see if the tonsil problem gets better by itself over time.

Antibiotics may help for a while, but frequent doses of antibiotic can cause other problems. A low dose of 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 like homeopathy and cranial osteopathy are helpful for tonsil problems.

You may change your mind about the operation at any time, and signing the consent form does not mean that you have to have the operation. If you would like a second opinion about the treatment please ask your G.P. to arrange this for you.
Before the operation

Arrange for a couple of weeks off work.

Make sure that you have plenty of simple painkillers like paracetomol at home for after the operation. Do not take aspirin.

Let us know if you have a sore throat or infection in the week before surgery because we would cancel the operation and put it off for a few weeks.

It is very important to let us know if you have any bruising or bleeding problems, or if this type of problem runs in the family.

Admission to hospital is on the day of the operation. A lot of the operations are done as day cases, but this depends on a number of factors like the time of day the operation is done and how far away you live.

On admission you will be seen and assessed by nursing staff, the anaesthetist and by the surgeon performing the operation. If you have a raised temperature or are unwell on admission we will cancel and arrange another admission date in a few weeks.

How is the operation done?

Under a full general anaesthetic in the operating theatre. The operation takes about 30 minutes or so. You then go through to the recovery area and stay there until you are wide enough awake from the anaesthetic. You will then return to the ward area for further observations which will continue regularly for the next few hours.

What are the possible complications from the surgery?

The operation is performed under a general anaesthetic, and this carries a small risk of complications common to all general anaesthesia.

The most serious problem is bleeding. About 1 in every 200 patients having a tonsillectomy will have some bleeding in the first few hours after the surgery and will need to go back to the operating theatre for this to be dealt with. About 5 in every 100 patients will have some bleeding after going home (most towards the end of the first week and always by 2 weeks) and 1 in 100 will have to go back to theatre for the bleeding spot to be cauterized.

Nausea and vomiting is quite common in the first few hours but usually settles quite quickly.

After the operation

Your throat will be sore after the operation, but painkillers will have been given during the operation and will continue on return to the ward. Some patients feel sick and vomit soon after coming back to the ward. The nursing staff will continue with the usual observations of pulse and temperature. After a couple of hours they will encourage you to start drinking, and then to eat.
You need to remain on the ward for a minimum of 6 hours after the operation. If you are well after this time, eating and drinking and your pulse and temperature are normal you may be able to go home. This will depend on the reason for the operation, how far away you live from the hospital, your transport situation, and the time of day. The nursing staff would discuss this with you on the day.

When you go home it is very important to take regular painkillers to keep on top of the pain. Regular eating and drinking is also important. Chewing gum may be helpful. Try to avoid dry or smoky atmospheres and other children or adults who may have coughs or colds.

The pain may peak towards the end of the first week after the operation, and then starts to improve in the second week. The throat would normally be fully healed by about 2 weeks. The nerves to the throat also go to the middle ear so you may have earache after the operation. It does not usually mean that you have an ear infection.

If you look into your throat it will look yellow / white on either side where the tonsils were taken out, with some reddening of the tissues around this area. You may see little threads which are the ties we use to stop the bleeding. These threads will fall off by themselves.

Some patients get a throat infection after the surgery, usually if they have not been eating properly. If this happens you will be feverish and have bad breath with pain which is difficult to control with the simple painkillers you have been taking. If this happens you should call your G.P. or the hospital for advice.

If you have any bleeding at all from the throat after you leave hospital you should contact the ward for advice or go to the Emergency Department at the hospital without delay.

**Where else can I find information about tonsillectomy?**

The ENT UK website also has a short information leaflet on tonsillectomy: [https://entuk.org/docs/patient_info_leaflets/09001_adult_tonsil_surgery](https://entuk.org/docs/patient_info_leaflets/09001_adult_tonsil_surgery)

The Royal College of Anaesthetists also has a leaflet on tonsillectomy as a day case: [http://www.rcoa.ac.uk/system/files/PI-YTDS-2008.pdf](http://www.rcoa.ac.uk/system/files/PI-YTDS-2008.pdf)

**Useful contact numbers**

Dorset County Hospital Switchboard 01305 251150

ENT secretaries (Dorchester)

<table>
<thead>
<tr>
<th>Name</th>
<th>Direct dial</th>
<th>e-mail</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mr Ford</td>
<td>01305 255138</td>
<td><a href="mailto:andrea.churchill@dchft.nhs.uk">andrea.churchill@dchft.nhs.uk</a></td>
</tr>
<tr>
<td>Mr Lale</td>
<td>01305 255510</td>
<td><a href="mailto:dianne.gardner@dchft.nhs.uk">dianne.gardner@dchft.nhs.uk</a></td>
</tr>
<tr>
<td>Mr Sim</td>
<td>01305 254205</td>
<td><a href="mailto:lisa.moore@dchft.nhs.uk">lisa.moore@dchft.nhs.uk</a></td>
</tr>
<tr>
<td>Mr Price</td>
<td>01305 253167</td>
<td><a href="mailto:kim.stockdale@dchft.nhs.uk">kim.stockdale@dchft.nhs.uk</a></td>
</tr>
</tbody>
</table>

ENT secretaries (Yeovil)

<table>
<thead>
<tr>
<th>Name</th>
<th>Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mr Ford / Mr Lale</td>
<td>01935 384210</td>
</tr>
<tr>
<td>Mr Price / Mr Sim</td>
<td></td>
</tr>
</tbody>
</table>
Further Information

If you need this information in large print, easy read, on audiotape or in another language please call 0800 7838058 or e-mail pals@dchft.nhs.uk

If you wish to obtain a list of the sources used to develop this information leaflet please call 0800 7838058 or e-mail patient.info@dchft.nhs.uk