

Adenotonsillectomy

Your specialist has recommended that your child has his/her tonsils, adenoids, or all of these removed. This leaflet provides some standard information and advice about the procedure. However, you should always follow the instructions of your own specialist.

If you have any unanswered questions or concerns, please do not hesitate to ask your specialist or nurse for more information. It is natural to feel anxious, but often knowing what to expect can help.

What is an adenotonsillectomy?

The tonsils and adenoids are made of tissue that fights infection, but they are not essential for good health.

Removal of the tonsils alone is called a tonsillectomy. Removal of the adenoids is called an adenoidectomy. Removing them all is called an adenotonsillectomy.

The procedure is usually carried out as a day case with no overnight stay. It will be performed under a general anaesthetic. This means your child will be asleep throughout the procedure. If you would like more information about general anaesthesia, please see a separate leaflet.

Preparing for the operation

Your specialist or hospital will give you some information about when and how to check into hospital.

If your child has a cold or tonsillitis in the week before the operation, please phone to your specialist to let them know. The operation may have to be postponed to give him time to get better.

Before he comes into hospital, your child should:

- have a bath or shower on the day of his admission
- follow the fasting instructions given by your doctor. Typically, he must not eat or drink for about six hours before a general anaesthetic. Children's operations are usually scheduled for the morning so he will probably only need to skip breakfast

When you arrive at the hospital, a nurse will explain how your child will be cared for during his treatment and will perform some simple tests such as checking his pulse, blood pressure and temperature. The nurse will also ask you to hand in any tablets, inhalers or other medicines that your child may be using. The nursing staff will then give these at the correct times during his stay in hospital.

Your child's surgeon and anaesthetist will also visit. This is a good time to ask any outstanding questions about his treatment.

If your child has any loose teeth, you should tell the surgeon, as he will be working inside the mouth.

Consent

As the parent or guardian, you will be given a consent form to sign. By doing this, you confirm that you understand what the procedure involves, including the benefits and risks, and give your permission for it to go ahead.

Please see the back of this leaflet for further information about the possible side-effects and complications of this procedure. You need to know about these in order to give your informed consent.

About the operation

You will be encouraged to stay with your son as far as the anaesthetic room, which is where he will be put off to sleep.

Adenotonsillectomy is a straightforward procedure, using specially adapted instruments. Once the procedure has been completed, the surgeon will take care to stop any bleeding while your child is still under the anaesthetic.

The operation usually lasts about 30 minutes.

After the operation

Your child will be taken from the operating theatre to a recovery room on a trolley or bed, where he will come round from the anaesthetic under close supervision. If you wish, you can usually be present when he wakes up. After this, the nurse will take your child back to his room and make him comfortable. He will feel groggy, and may feel or be sick. A nurse will monitor his blood pressure and pulse at regular intervals.

Back on the ward

Your child will need to rest on his side in bed until the effects of the anaesthetic have passed. To start with, his throat or ears will be sore and his jaw may feel stiff. He may require painkillers, which can usually be taken every four to six hours. Please discuss this with your nurse, surgeon or anaesthetist.

When he feels ready, he can begin to drink and eat, starting with clear fluids such as water or apple juice. Swallowing will be sore for a few days.

Going home

If your child is eating well, he should be able to go home on the same day as, or the day after, the operation.

A nurse will advise you about caring for him at home and give you a contact telephone number for the hospital, in case you need

to ask for any further advice.

You may be given an appointment for him to come back to the outpatient clinic for a check-up.

After your child returns home

If your child has a sore throat or earache, you can give him paracetamol syrup (Calpol) or ibuprofen syrup (Nurofen syrup). Make sure you follow the instructions on the bottle. You can usually give up to four doses per day. Giving him a dose half an hour before mealtimes may help make eating less uncomfortable.

He will probably need a diet of soft food for up to a week. But it is important for him to eat and chew solid food as soon as possible after the operation. This will be difficult start with, but actually may make the sore throat go away more quickly. Solid food will help keep throat clean and prevent infection.

Your child should stay at home for 7-14 days from the day of the operation. Where possible, he should avoid contact with other children and people with colds, coughs or other infections. He should avoid strenuous activities during this time.

Encourage him to breathe through his nose, and to brush his teeth as normal.

Contact the hospital if he has any of the following symptoms:

- persistent or increasing bleeding
- inability to drink normally, which can lead to dehydration
- fever

Complete recovery can take two weeks.

What are the risks?

Adenotonsillectomy is a routine and generally safe procedure. For most children, the benefits in terms of improved symptoms are greater than the disadvantages. However, all surgery does carry some element of risk. This can be divided into the risk of side effects and the risk of complications.

Side-effects

These are the unwanted but mostly temporary effects of a successful treatment. One example is feeling or being sick as a result of the anaesthetic. After an adenotonsillectomy, your son will probably have a sore throat, earache, or both of these, which may last for up to two weeks. This can make swallowing uncomfortable to begin with.

Complications

This is when problems occur during or after the operation. Most children are not affected. The main possible complications of any surgery are excessive bleeding during or very soon after the operation, infection and an unexpected reaction to the anaesthetic. Specific complications of adenotonsillectomy are uncommon but can include bleeding in the first 24 hours after the operation. The nursing staff will observe your child closely for at least the first few hours after the operation. He should lie on his side to allow any bleeding to be detected.

If bleeding occurs, your child may be taken back to the operating theatre and given another general anaesthetic so that the surgeon can stop the bleeding.

More rarely, bleeding four to ten days after the operation can occur, possibly as a result of infection. If this happens, you should contact us immediately as your child may need readmission to hospital.

Most children having this type of operation are in good general health. This makes the chance of complications very low. However, you should ask your surgeon to explain how the risks apply to your child.

Further information

American College of Surgeons

http://www.facs.org/public_info/operation/tonsiladen.pdf

American Academy of Otolaryngology-Head and Neck Surgery

<http://www.entnet.org/healthinfo/throat/tonsils.cfm>

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