

Your child's tonsil surgery

This leaflet is about your child's procedure to remove their tonsils (areas of tissue at the back of the throat). It explains what you should do before your child's procedure, on the day of the procedure and when you return home.

Your child's condition and procedure

Why does my child need to have their tonsils removed (a tonsillectomy)?

Your child is likely to be having this procedure because:

- their tonsils are large and cause breathing problems at night (snoring and sleep apnoea, where their breathing stops and starts)
- they keep getting throat infections and tonsillitis (inflammation of the tonsils)

The aim of the procedure is to remove your child's tonsils and treat their symptoms. Your child may need to have their adenoids (small lumps of tissue at the back of the nose) removed at the same time. If so, we can give you more information about this.

Before your child's procedure

What needs to happen before my child's procedure?

We need to see your child at a pre-admission clinic. This clinic may take place face to face or online. We make sure that your child is ready for an anaesthetic, which is a medicine to make them sleep during the procedure, and surgery.

After the pre-admission clinic, our admissions team contacts you by letter, text message or phone. We offer you a date for your child's procedure. We also explain when your child should stop eating and drinking (fast) before their procedure.

Do I need to get pain medicine ready for my child?

Please make sure that you have a week's supply of paracetamol (a painkiller) and ibuprofen (an anti-inflammatory medicine) at home before the procedure. We do not routinely give these medicines to take home for your child after day surgery.

You can buy paracetamol and ibuprofen from a pharmacy, supermarket or shop. Paracetamol for children may also be called Calpol[®]. Ibuprofen for children may also be called Calprofen[®] or Nurofen[®]. You need the type of medicine that you would give your child if they were unwell with a cold or ear ache. If your child cannot take paracetamol or ibuprofen for any reason, please speak to their healthcare team about other options.

On the day of the procedure

When you arrive at the children's day surgery unit

We give you a time to arrive at the Evelina London children's day surgery unit. It is important that you arrive at the correct time and have followed the fasting instructions for your child. If you arrive late or have not followed the fasting instructions, we may not be able to do the procedure.

You and your child meet the surgical and anaesthetic teams on the admissions ward before the procedure. We confirm that you have given your permission (consent) for the procedure. You can ask us any questions that you may have.

During the procedure

We give your child a general anaesthetic. This is a medicine that makes your child sleep and stops them feeling any pain during the procedure. You can stay with your child until they are asleep. Please see our separate leaflet called "Your child's general anaesthetic" for details.

When your child is asleep, we remove the tonsils through their mouth. There are different types of tonsil surgery. We talk to you in advance about the treatment options and recommend which is most suitable for your child.

In traditional tonsil surgery, we completely remove the tonsils with metal instruments by separating them from the throat muscles underneath. We apply pressure to stop the bleeding and use dissolvable stitches or heat to seal the wound.

Often, we recommend a procedure called a coblation intracapsular tonsillectomy (the coblation procedure) instead. We would then remove most of the tonsil tissue with a special hand-held device that uses radio waves (radiofrequency energy). However, we leave a thin layer of tonsil tissue to protect the throat muscles underneath.

The coblation procedure has much lower risks of pain and bleeding after surgery. There is also a faster recovery time with this procedure. Your child is likely to need 1 week off nursery or school, compared with 2 weeks for traditional tonsil surgery.

Are there any risks to my child's procedure?

Every procedure has some risks of complications. To reduce these risks, we make sure that your child is well at the time of the procedure. We talk to you about the risks in the clinic and before the procedure when we confirm that we have your consent.

The specific risks of surgery to remove the tonsils are as follows:

- **Pain and bleeding after the surgery**

The area of the throat around the tonsils has a rich blood supply and nerve supply. This means that your child is likely to have a sore throat after the procedure.

There is also a small chance of bleeding for up to 2 weeks. If this happens, you need to take your child to your nearest emergency department (A&E). Your child may need another procedure under an anaesthetic to stop the bleeding.

About 1 in 40 children have some bleeding after traditional tonsil surgery. Sometimes, the level of pain means that they need to return to hospital. The risks of bleeding and pain are lower with the coblation procedure.

In our children's day surgery unit, only about 1 in 200 to 1 in 300 children return to hospital with pain or bleeding.

- **Injury to the lips and teeth**

We do the surgery in your child's mouth. There is a small risk of injury to the lips and teeth because of the instruments that we use.

- **Voice changes**

Some children's voices can sound a bit different after the procedure. Your child's voice may sound slightly rough or harsh (hoarse) for a couple of days. If your child has large tonsils, their voice may sound clearer and sometimes have a higher pitch after we have removed the tonsils.

- **Tonsil regrowth and more symptoms**

There is a low risk that your child's tonsils may grow back because of the small amounts of tonsil tissue left behind. This is more common with the coblation procedure. Your child may then have more problems with snoring or throat infections in the future.

In a small number of cases, your child may need another tonsil procedure in the future. About 1 in 40 children having the coblation procedure need more tonsil surgery.

After your child's procedure

How will my child look and feel after their procedure?

Your child may feel drowsy after their surgery and sleep for a while. They may be restless (agitated) and upset for up to an hour after waking up from the procedure. Some children may have pain and feel or be sick (vomit), but this is not common.

During the procedure, we give your child painkillers, fluids, anti-sickness medicines and a local anaesthetic medicine that makes their throat numb.

Will my child be in pain after their procedure?

There can be quite a lot of pain after traditional tonsil surgery, where we remove the tonsils completely. If your child has the coblation procedure, there is usually less pain.

When your child is awake, we may give them paracetamol, ibuprofen or both medicines. You can continue to give your child these medicines as needed when they are at home. The nurses can guide you when the next amount (dose) of pain medicine is due.

When can my child eat and drink or feed after their procedure?

Your child should be able to eat and drink or feed as usual within 1 to 2 hours of the procedure.

Do we see the surgeon after my child's procedure?

Yes, the surgeon comes to check your child after their procedure. They update you about the surgery and answer any questions that you may have.

When can my child go home?

Your child can go home on the same day as their procedure when at least 3 to 4 hours have passed and they:

- feel comfortable
- can manage (tolerate) their usual food and drink
- are not feeling sick (nausea) or being sick (vomiting)
- are behaving as they usually do

Please supervise your child carefully on the journey home. According to the sudden infant death syndrome (SIDS) guidelines, it is best to avoid long car journeys for babies under 1 year of age. If you travel home by car, it is important that:

- you stop for frequent breaks to feed your baby and change their position
- an adult sits with the baby in the back of the car

After you go home

How should I look after my child at home after their procedure?

After tonsil surgery, we recommend giving your child paracetamol and ibuprofen regularly for up to 1 week and then as needed. Please remember to buy these medicines before the day of your child's procedure. It is also important to make sure that your child drinks plenty of fluids.

It is safe to give the 2 medicines at the same time, ideally with food. This is easier to plan and the medicines work in different ways. You can give your child:

- 1 recommended amount (dose) of paracetamol every 4 to 6 hours and no more than 4 doses in 24 hours
- 1 dose of ibuprofen every 6 to 8 hours and no more than 3 doses in 24 hours

We may prescribe:

- antibiotics for 1 week
- decongestant nose drops for a few days (to help ease a blocked or stuffy nose)

You may find the following chart helpful to keep track of your child's medicines.

Home medicine chart for parents

Medicine	Time to give	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Paracetamol								
Ibuprofen								
Antibiotics								
Decongestant nose drops								

If your child has the coblation procedure, they are likely to need 1 week off nursery or school. This period is usually 2 weeks for traditional tonsil surgery.

What can I expect after my child's procedure?

For the first few days after tonsil surgery, you may notice that:

- your child has a lot of mucus (a thick, slippery liquid) in their nose and throat
- your child drools saliva more often than usual (when spit flows out of their mouth unintentionally)
- your child snores loudly because of leaking fluids (secretions), saliva and some soft tissue swelling
- wet white or grey patches called scabs appear at the back of your child's throat where we have removed the tonsils. These scabs fall off naturally in small pieces. The throat returns to a normal pink colour within 1 to 2 weeks of the surgery
- there is an unpleasant smell because of bacteria in your child's mouth
- your child has a slight temperature up to about 38C (in the first 3 to 4 days after their procedure)

These symptoms are common in the first week after tonsil surgery and are not signs of infection.

Go to your nearest emergency department (A&E) immediately if your child:

- has any bleeding from the mouth or nose. Bleeding can happen at any time up to 2 weeks after tonsil surgery. We recommend that children do not travel away from their local area for 2 weeks after having their tonsils removed. They should not fly for at least 3 weeks
- has difficulty breathing, breathlessness or very fast breathing
- has blue, pale or blotchy skin, lips or tongue (on brown or black skin, blueness may be easier to see on the lips, tongue or gums, under the nails or around the eyes)
- has a rash that does not fade when you roll a glass over it
- is not responding like they normally do

Do you see my child again after their procedure?

If the surgeon thinks that your child needs a follow-up appointment, we will arrange this for 2 to 4 months after the procedure. The appointment takes place face to face or by phone. Please talk to the ear, nose and throat (ENT) team about organising a follow-up appointment, if needed.

Contact us

If you **cannot keep your appointment**, contact our admissions team, **phone** 020 7188 9098, **email** gst-tr.paediatricadmissions@nhs.net

If your child has a **cough, cold or high temperature** in the 2 weeks before the procedure, contact our pre-assessment team, **phone** 020 7188 7188 extension 58209

If you have any **concerns between 7am and 9pm** about your child's surgery, call the children's day surgery unit, **phone** 020 7188 5300

If you have any **concerns between 9pm and 7am** about your child's surgery, call the Savannah ward through the main switchboard, **phone** 020 7188 7188

If you have any **concerns from 24 hours after surgery** about your child's health, contact your child's specialist surgical team or GP surgery, or **phone** NHS 111

If you are concerned that your child is **seriously unwell** at any time (for example, they are bleeding from the mouth or nose), go to your nearest A&E or **phone** 999

For more information on conditions, procedures, treatments and services offered at our hospitals, please visit **web** www.evelinalondon.nhs.uk/leaflets

Evelina London Medicines Helpline

If you have any questions or concerns about your child's medicines, please speak to the staff caring for them or contact our helpline, **phone** 020 7188 3003, Monday to Friday, 10am to 5pm **email** letstalkmedicines@gstt.nhs.uk

Your comments and concerns

For advice, support or to raise a concern, contact our Patient Advice and Liaison Service (PALS), **phone** 020 7188 8801 **email** pals@gstt.nhs.uk. To make a complaint, contact the patient resolution team **phone** 020 7188 3514 **email** complaints2@gstt.nhs.uk

Language and accessible support services

If you need an interpreter or information about your child's care in a different language or format, please get in touch, **phone** 020 7188 8815 **email** languagesupport@gstt.nhs.uk

NHS 111

This service offers medical help and advice from fully trained advisers. They are supported by experienced nurses and paramedics, **phone** 111 (24 hours a day) **web** www.111.nhs.uk

NHS website

This website gives information and guidance on all aspects of health and healthcare. It can help you to take care of your child's health and wellbeing, **web** www.nhs.uk



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