



Children's Health Ireland  
at Temple Street

# Information for Parents and Carers About Their Child's Tonsillectomy

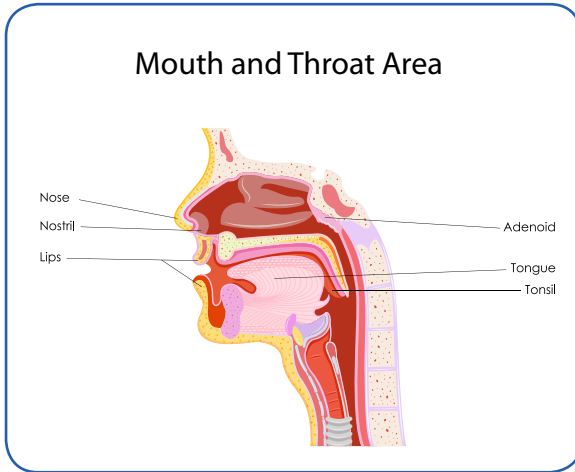


## What are tonsils?

Tonsils are glands (lymphatic tissue) in the throat.

## What do the tonsils do?

They help to fight infection.



## Why take them out?

We only remove your child's tonsils if they have recurrent tonsillitis or if the tonsils are too large and block their breathing at night causing snoring or sleep apnoea (long pauses between breaths).

## Does my child have to have their tonsils removed?

It may not be necessary to remove your child's tonsils immediately as the problem may sort itself out. Some children grow out of the problem over a year or so.

## **Before your child's tonsillectomy**

Inform the ENT department if your child develops a cold sore, sore throat or high temperature in the week before surgery. If your child has been in contact with a person with measles, mumps or chickenpox, it will be safer to cancel the tonsillectomy for three weeks.

Do not give your child any vaccinations within 48 hours of their operation.

Your child will receive a general anaesthetic and so must fast. Fasting means your child cannot eat or drink (including chewing gum and milky drinks) before their operation. You will be told what time to start fasting your child.

## **How is a tonsillectomy performed?**

A tonsillectomy is the surgical removal of the tonsils through the mouth. Your child will be put to sleep using a general anaesthetic. Sometimes, we will only remove some of the tonsils; this is called a tonsillotomy.

The surgery / operation takes about 20 minutes, but your child will be in the operating theatre for about one hour in total.

## **How long does my child stay in hospital?**

Tonsillectomy may be performed as a day case procedure depending on certain specific criteria which will be discussed at your appointment. It is, however, also possible your child may need to stay overnight in the hospital.

Your child will only be discharged home when they are eating, drinking and feeling well enough.

## What should I bring to hospital?

Some children find it is reassuring if they can bring a familiar toy from home. A hospital gown will be provided to wear to theatre. However, children may want to bring their nightwear, slippers and dressing gown to change into afterwards. Please bring in the pain relief you use at home. We can advise you on the correct dose for your child.

## What happens on admission to hospital?

A parent or legal guardian must accompany the child to the hospital.

You will meet a member of the Ear Nose and Throat (ENT) team who will again explain the procedure to you and can answer any questions you may have.



An anaesthetist will also meet with you to explain the anaesthetic. You must tell the anaesthetist and ENT team about any medical problems or allergies your child may have.

Your child may also have 'magic cream' (local anaesthetic) applied to the back of their hands to reduce the pain of anaesthetic injection. One parent/carer may be allowed to accompany your child to the theatre and stay with them until they are asleep.

## What happens after the operation?

After your child has had their operation, they will be taken into the recovery room to wake up. Once they are sufficiently recovered and awake, the nurse will collect them and bring them back to the ward.

Pain medication is given during the operation, and further pain medication may be given on the ward.

Your child may vomit following the general anaesthetic. An anti-sickness medication may be given to relieve this. Two visitors are allowed by your child's bedside on the ward.

Children booked for day-case tonsillectomy must stay in the hospital for 6 hours following their operation. If your child is considered not well enough to go home the same day, they may need to stay overnight.

A parent/carer must accompany the child going home.

## **Risks of a tonsillectomy**

Bleeding may occur either at the time of surgery or in the first two weeks after their operation. If your child bleeds at home they will need re-admission to the hospital and may need another operation to stop the bleeding.

A blood transfusion may rarely be necessary depending on the amount of blood lost. Bleeding is more common if your child has not been eating, drinking and taking regular pain relief.

Please inform the ENT team if anyone in your family has a bleeding problem or if your child bleeds or bruises abnormally.

Infection may occur, and antibiotics may be necessary.

There is a possibility that a tooth may be damaged, especially if your child has a loose tooth.

There can be minor abrasions and bruising of the lips, gums or tongue.

There can also be a temporary change in sensation to the tongue.

The anaesthetic will be given by an anaesthetist (a specially trained doctor) in theatre. Every anaesthetic carries a slight risk. When your child returns to the ward, some children may feel sick or vomit. They may have a headache, sore throat, feel dizzy or be upset. These side effects are usually not severe and are short-lived.

## **Post-Operative Advice**

Parents must check for signs of bleeding (fresh blood in the mouth or on the pillowcase) throughout the first night.

When your child returns home after their operation, they must rest for a few days. Please avoid contact with non-family members.

Your child will need two weeks off school or crèche.

Please stay in the Dublin area for two weeks in case your child develops any of the complications outlined.

Please avoid flying and foreign travel with your child for 6 weeks after their operation.

Your child must avoid vigorous exercise for two weeks.

If antibiotics are prescribed, ensure you follow the instructions properly and finish the course. If your child develops a rash – do not give any further antibiotics and contact your GP.

Your child should avoid smoky, crowded environments.

Keep your child away from people with cold or flu-like symptoms.

Your child should not go swimming for three weeks.

Ensure an adult accompanies your child if they are outdoors.

Your child may have a bath or shower.

A slight temperature of 38 degrees Celsius for a few days is normal.

### **Eating and drinking**

Eating and drinking is essential for healing. It will reduce the risk of your child developing an infection or bleeding.



Although tempting to give your child soft foods, we recommend starting a normal diet as soon as they can after surgery. Rougher foods like cereal and toast help the area to heal.

Ice cream, ice pops can be soothing on their throat.

Even if your child is not eating a great deal, it is important for them to drink plenty of fluids.

Do not use drinking straws.

Your child may find it easier to drink chilled fluids.

We do not recommend drinks such as cola or Ribena in the first 24 hours after surgery as their dark appearance can be mistaken for blood.

Avoid citrus fruits or acidic drinks (such as orange juice) as they will irritate their throat while it is healing.

Until your child is eating normally, they will have less energy. Your child may lose weight after surgery. Most of this weight will be regained after 2- 3 weeks.

## Sore ears

The nerves that supply the tonsil beds also supply the ears. Referred ear pain is therefore normal. It does not mean your child has an ear infection.

## Condition of the throat post surgery

Your child's throat will look yellow/grey for approximately two weeks following surgery; this is normal and is not a sign of infection.

Bad breath is also common after tonsillectomy and is not a sign of infection.

Some children get a throat infection after surgery, usually when they have not been eating or drinking properly. Infection is generally associated with a fever. Contact your hospital or GP if you are concerned.

## When to contact your gp

**Dehydration**; if your child refuses to drink, contact your GP. Signs of dehydration include passing less urine, sunken eyes, dry skin and lack of energy.

**Persistent pain** which is not being relieved by regular doses of pain relief which is affecting oral intake for 6 hours or more.



## When to go to the Emergency Department

Bleeding can be serious. If you notice any bleeding from your child's nose or mouth, you must go to your nearest emergency department immediately. Bleeding can happen up to 14 days after their operation.



If your child has a temperature higher than 38.5 degrees Celsius.

If your child has difficulty breathing.

## Out-patient appointment

Most children do not need an appointment following their surgery.

## Pain

Your child's throat will be sore. Regular paracetamol and ibuprofen are required to relieve the pain.

Ensure you have enough pain medication at home for the first seven days.

For the first 24 hours, you should give pain relief every 6 hours even if your child does not appear to be in pain.

You must wake your child at night to provide them with regular pain medication for the first five nights.

The best time to give pain medication during the day is half an hour before mealtimes.

Occasionally a suppository can be helpful.

Do not give more pain medication than indicated on the bottle.

Do not give aspirin.

At approximately day five after the operation, your child's pain may be worse than it was in the preceding days. It is important to give regular pain medication and encourage eating and drinking.

Your child can next have paracetamol at \_\_\_\_\_

Your child can next have ibuprofen at \_\_\_\_\_

Name of Medication	Day1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Paraceta- mol							
Ibuprofen							

### Contact Details

Monday to Friday 8am - 4.pm 01 878 4318 or bleep 785  
outside these hours please contact the  
Emergency Department through the hospital switchboard  
01 878 4200

## **ENT Consultants**

Prof. Helena Rowley

Prof. Michael Colreavy

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## **ENT Clinical Nurse Specialists**

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The information contained in this leaflet is correct at time of print