



# Tonsillectomy & Adenoidectomy in children

## Pain

Discomfort is common and is usually worst around day 3 following surgery. It is important to use regular painkillers for up to 7 days (paracetamol and ibuprofen at maximum doses) even if your child is not experiencing too much pain to reduce the chances of more severe pain or complications.

## Dental Trauma, or damage to the lips and gums.

This can occur very rarely from tonsil or adenoid surgery. Please inform your surgeon /anaesthetist if your child has any loose teeth, before surgery. The risk of dental trauma is about 1 in 1000.

## Taste disturbance

As pressure is placed on the tongue during surgery, some children can report a change in their sensation of taste. It normally improves very rapidly.

## Tonsil and Adenoid regrowth

After intracapsular surgery the rate of regrowth is thought to be around 2% and more likely to occur in very young children. In older children it is reasonably rare. Revision surgery can be carried out if there are ongoing symptoms but in practice this is uncommon.

## What should my child eat during the recovery period?

A normal diet is suggested after surgery. No special precautions are required.

## How soon after surgery can we fly?

It is safe to fly 3-4 weeks after surgery but it is always worth checking with you travel insurance provider.

This leaflet was produced by Mr Sameer Khemani, a private Consultant Surgeon specialising in Ear, Nose & Throat Surgery and Director of ENT Surrey. Mr Khemani has a research interest in coblation intracapsular tonsil surgery in children and adults and teaches surgeons this technique all over the world.

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This leaflet is designed to provide parents with background information about tonsil and adenoid surgery in children. It contains information on Coblation® Intracapsular Tonsillectomy as well as useful information for the post-operative recovery from surgery. It is not intended as a replacement for the detailed discussion between you and your surgeon.



## What are the Tonsils and Adenoids and why do we have them?

The tonsils are small pads of lymphoid tissue at the sides of the throat. There is a similar pad of lymphoid tissue at the back of the nose called the adenoids. In very early childhood they form part of the immune recognition system and are important in teaching the immune system and protecting the body against infections by recognising harmful germs. In some children they can cause problems through infection or obstruction.

## What are the main reasons for surgery?

Enlargement of the adenoids and tonsils can cause snoring and mouth breathing. In more severe cases it can cause periods where a child stops breathing - known as obstructive sleep apnoea. Tonsil and adenoid surgery can cure this.

Tonsillectomy is also performed for frequent sore throats and Adenoidectomy can sometimes be performed at the same time as insertion of grommets to reduce the chances of glue ear recurring or to reduce ear infections.

## Are there alternatives to surgery?

The adenoids tend to shrink with age and are usually absent in teenagers and adults. There is also evidence that nasal steroids can reduce the size of the adenoids over time. Unfortunately steroids have little impact on the size of the tonsils. Long-term antibiotics at a low dose can help tonsillitis for a while but are not as effective as surgery. Waiting for symptoms to improve over time is sometimes a reasonable option if symptoms are mild.

## What age should surgery be performed?

Surgery is normally performed after the age of 3 at Spire Gatwick Park Hospital in children over 12kgs in weight. If a child is less than 3, then the surgery can be performed as a private patient in one of the local NHS Hospitals. Children less than 12kgs need to have surgery at a centre with a Paediatric High Dependency Unit.

## How are adenoidectomy and tonsillectomy carried out?

Our preferred method of surgery is to perform a Coblation® Intracapsular Tonsillectomy and Adenoidectomy. Coblation® uses a special plasma derived from saline (salt water) to break down tissue in a very precise manner. The changes to tissue take place at around 40°C, resulting in very little heat transfer to the surrounding tissue, thereby reducing complications and pain. Almost all patients are discharged on the same day just 4 hours after surgery.

## Coblation® Intacapsular Tonsillectomy and Coblation® Adenoidectomy

In this technique, the tonsil contents are dissolved away up-to but not through a fibrous capsule that separates the tonsil from the muscle of the throat underneath. Unlike with traditional techniques (extracapsular surgery), the large blood vessels in the muscle beyond the tonsil capsule are not exposed, resulting in less risk of bleeding and discomfort. The recovery period is much quicker than for a traditional tonsillectomy. The aim of this surgery is to remove virtually all of the tonsillar tissue and the technique can be used for both obstructive symptoms and recurrent infection.

Large scale studies in the UK, Europe and USA support the use of this technique particularly in children due to the reduced risk and enhanced recovery. The benefits of intracapsular tonsillectomy are so significant that the NHS recommends this approach for tonsil removal in all children needing surgery as part of its "Getting It Right First Time" (GIRFT) programme, which focuses on improving the treatment and care of patients through an in-depth review of services.

## What are the complications of Tonsillectomy & Adenoidectomy?

### Bleeding

Bleeding is the most serious consequence of this type of surgery but occurs in less than 0.4% of cases. Bleeding can occur at any point in the recovery period and so it is important to be vigilant for signs of this. If bleeding is encountered, take your child straight to the Emergency Department at your local NHS Hospital immediately. It is highly unlikely that a child who has had an intracapsular tonsillectomy will require further surgery to correct bleeding, but it is essential that they are assessed fully.

### Infection

Infection is the commonest cause for increased discomfort and bleeding after surgery. The routine use of antibiotics following surgery does not reduce infection but can sometimes reduce discomfort and the unpleasant oral smell that is sometimes encountered. The tonsillar areas will normally appear white after surgery - this is normal and not a sign of infection.

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