

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.

Pain

Discomfort is common and is usually worst between day 3 and 7 following surgery. It is important to use regular pain killers for 7-10 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.

Tonsillar and Adenoidal regrowth

This is rare and more likely to occur in very young children. Tonsil regrowth is possible after intracapsular techniques.

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



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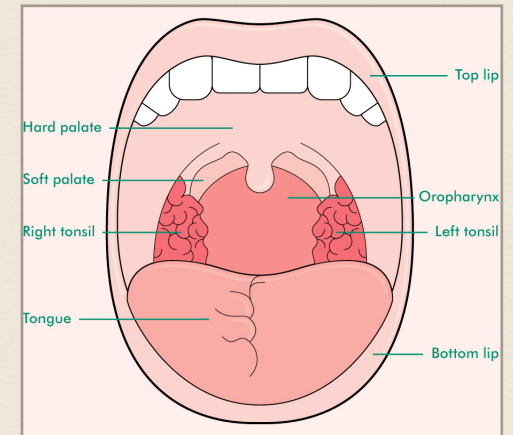
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ENT Surrey provides the very best care to patients with a wide variety of problems of the Ear, Nose and Throat. We provide services to areas in Surrey and West Sussex.

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TONSILLECTOMY & ADENOIDECTOMY IN CHILDREN



This leaflet is designed to provide parents with background information about tonsil and adenoid surgery in children. It contains information on the different types of procedures performed including Coblation® Adeno-Tonsillectomy and Coblation® Intracapsular Tonsillectomy (Tonsillotomy) 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 glands at the sides of the throat. There is a similar gland 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. After the age of 2 or 3 they are no longer needed and can often cause problems with 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.

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 as long as the child is over 15kgs 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 15kgs need to have surgery at a centre with a Paediatric High Dependency Unit.

What are the methods used by ENT Surrey for adenoidectomy and tonsillectomy?

Our preferred method of surgery is to use Coblation ®. 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 400C, 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 4-6 hours after surgery.

There are two main types of procedure:

Coblation Tonsillectomy / Adenotonsillectomy:

In this more traditional technique, the tonsils are removed entirely along with their tough fibrous capsule. This is sometimes referred to as an extracapsular tonsillectomy. In this method there is no chance of any tonsillar tissue being left behind to cause problems again in the future. The underlying muscle is exposed which increases the chance of bleeding and discomfort. The adenoids are dissolved away using the coblation technique.



Intaracapsular Coblation ® Tonsillectomy (Tonsillotomy) and Coblation ® Adenoidectomy:

In this technique, the tonsil contents are dissolved away up-to but not through its capsule. As the large blood vessels in the muscle beyond are not exposed, this procedure has less risk of bleeding and discomfort. The recovery period is much quicker than for a traditional extracapsular 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.

What are the complications of Tonsillectomy & Adenoidectomy?

Bleeding

Bleeding is the most serious consequence of this type of surgery. The likelihood of bleeding depends on the technique used:

Coblation adenoidectomy - extremely unlikely

Extracapsular tonsillectomy - 2%

Intracapsular tonsillotomy - <0.5%

Bleeding can occur on the day of surgery in the first 4-6 hours or after a delay (secondary haemorrhage) of between 5 and 10 days. It is important to be vigilant for signs of bleeding. If bleeding is encountered, take your child straight to the Emergency Department at your local NHS Hospital (with an ENT department) immediately. Very few children require further surgery to correct bleeding, but it is essential that they are assessed fully.

