

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 14 days (paracetamol and ibuprofen at maximum doses even if you are 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 surgery. Please inform your surgeon /anaesthetist if you have any loose teeth, caps or crowns before surgery. The risk of dental trauma is about 1 in 1000.

Taste disturbance

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

Ongoing problems with tonsillitis

This is rare and more likely to occur after intracapsular techniques. Further surgery could be warranted in these cases

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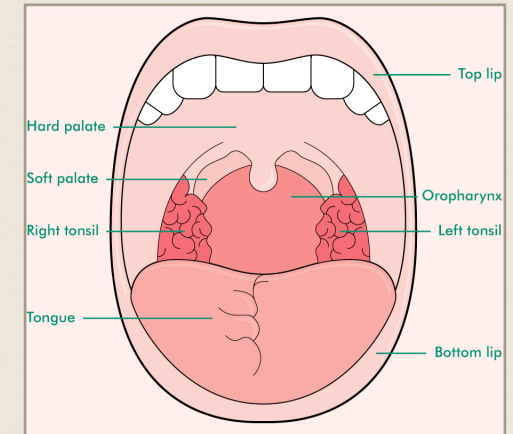
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ENT Surrey provides the very best care to patients with a wide variety of problems of the Ear, Nose and Throat. We provide services to areas in Surrey and West Sussex.

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TONSILLECTOMY IN ADULTS



This leaflet is designed to provide patients with background information about tonsil surgery. It contains information on the different types of procedures performed including Coblation® 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 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 and similar tissue in the base of the tongue called the lingual tonsil. 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?

Tonsillectomy in adults is mainly performed for frequent sore throats or if an individual has had a peri-tonsillar abscess (quinsy) in the past.

Tonsil surgery is also performed to exclude or confirm cancer and sometimes forms part of surgery for snoring or obstructive sleep apnoea. Very occasionally, surgery can be performed for tonsillar stones.

Are there alternatives to surgery for recurrent tonsillitis?

For someone with recurrent bouts of tonsillitis, treating each episode either with simple measures or antibiotics may be a viable alternative to surgery, especially if episodes of tonsillitis are not too frequent. 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 methods of surgery are commonly available:

Cold steel dissection
Bipolar diathermy
Laser surgery
Coblation

What are the methods used by ENT Surrey for 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 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 4-6 hours after surgery.

There are two main types of procedure:

Coblation Tonsillectomy:

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. By definition after this form of surgery, tonsillitis should not be possible again in the future. Sore throats are still possible as there are other areas in the throat that can become infected or inflamed.



Total Intracapsular Coblation ® Tonsillectomy (Tonsillotomy) :

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. As the entire tonsil is not removed, there is a small chance that the individual could still have problems with recurrent sore throats. In practice, however, the majority of individuals who have this type of surgery have substantial improvement in their symptoms.

What are the complications of Tonsillectomy?

Bleeding

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

Extracapsular tonsillectomy - 4-5%

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, it is essential to attend the Emergency Department at your local NHS Hospital (with an ENT department) immediately. Most individuals do not require further surgery to correct bleeding, but it is essential that they are assessed fully.

