

Surgery to remove your child's tonsils

Ear, Nose & Throat

Information for Patients, Parents & Carers

Last reviewed: January 2025

Next review: January 2028

Leaflet number: 1020 Version: 3

What is a tonsillectomy?

Tonsils are small glands on each side of the throat. The tonsils help fight germs when you are a young child. After the age of about 3 years, the tonsils usually shrink. They become less important in fighting germs. Your body can still fight germs without them.

Surgery to remove the tonsils is called a tonsillectomy. We only recommend removal of the tonsils if they are doing more harm than good.

Why does my child need this surgery?

The main reasons for removing your child's tonsils are to stop them getting severe sore throat (tonsillitis), or improve problems they have with their breathing while they are asleep (sleep apnoea).

Sometimes your doctor will recommend removal of your child's tonsils for other reasons, which they will explain to you in the clinic.

Removing the tonsils will stop your child from getting tonsillitis, but it will not stop them from getting a sore throat again for other reasons.

What to do before the operation

Arrange for your child to have 2 weeks off nursery or school (if appropriate).

Buy a bottle of Calpol and ibuprofen to have at home. Your child will need regular painkillers for a week after the operation.

Please call the waiting list office on 0116 258 6058 if your child has a cold or sore throat in the 2 weeks before surgery. It will be safer to delay surgery for a few weeks.

**Health information and support is available at www.nhs.uk
or call 111 for non-emergency medical advice**

Visit www.leicestershospitals.nhs.uk for maps and information about visiting Leicester's Hospitals
To give feedback about this information sheet, contact InformationForPatients@uhl-tr.nhs.uk

We will send you an admission letter. It will explain what you need to do with your child for the operation. Your child should not have anything to eat or drink from the time discussed at the pre-assessment. It is important to follow these instructions. If not, your child's operation may have to be delayed or cancelled.

The doctor will explain the operation in more detail. They will talk to you about any worries you may have.

They will ask you to sign a consent form.

You will also see an anaesthetist. They will talk to you about the anaesthetic. Please tell the doctor if your child has any medical conditions such as allergies.

Please also tell the surgeon if your child has a history of neck problems, or if they have any loose teeth.

What happens during the operation?

Your child will be asleep under a general anaesthetic.

We will take the tonsils out through the mouth. We will then stop the bleeding. There are different ways your surgeon may choose to do this. It will depend on your child's needs. Your surgeon will discuss with you about which way will be best for your child.

Tonsils have a layer of tissue around them. It is called the capsule. The traditional way of taking out tonsils removes both the tonsil and the capsule. There is a newer way. It uses a heat device. It removes the tonsil but leaves the capsule in place. This is called an intracapsular tonsillectomy. Your doctor will advise you if this is a suitable method for your child.

The advantages:

- a lower risk of bleeding after the surgery
- it is thought to be less painful

But, a small amount of tonsil tissue may be left behind. This means there is a chance this could grow back. Around 2 children in 100 may need further surgery to remove tonsil tissue that has grown back. There is also a risk of tonsillitis in any tonsil tissue that grows back.

The surgery usually takes about 1 hour. Your child will wake up in the recovery room.

What happens after the operation?

Your child will feel sore in the throat after the operation. The doctor will prescribe some simple painkillers.

The nursing team will tell you when it is safe to let your child start eating and drinking after the operation.

The anaesthetic may make your child feel tired and a little clumsy for around 24 hours after the operation. Do not let them do anything that may lead to a fall.

Your child will normally be able to go home on the same day.

Your child may need to stay overnight if they are having other operations at the same time, or has other medical conditions. You will be able to sleep on the ward with your child. Your child can go home once they are eating and drinking and feel well enough.

Your child may have sore ears. This is normal. Your throat and ears have the same nerves. It does not usually mean that your child has an ear infection.

Your child's throat will look white. This is normal while their throat heals.

If they have not been eating properly, some children get a throat infection after surgery. If this happens you may notice a fever and a bad smell from your child's throat. Call your GP or the hospital for advice if this happens.

If your child needs to be seen in the ENT clinic we will tell you this before you leave the ward. We will post the appointment details to your home address. If you are planning to move or will be on holiday, please tell the nurse looking after you.

If your child needs any medication to go home, we will give you this as soon as possible. Your nurse will tell you about the correct way to give and store medication.

Make sure you have Calpol and ibuprofen at home. This will speed up your discharge process.
Do not exceed the amount on the bottle for your child's age.

We will send a letter to your GP.

What do I need to do at home?

It is best to take your child straight home after you leave hospital. Your child may need to rest and sleep. A few days rest at home after leaving hospital is recommended.

Offer your child frequent drinks.

It is best to give light foods to start with such as toast, sandwiches, biscuits. Then slowly return them to their normal diet.

Avoid rich foods, such as chocolate, ice-cream and fried foods. They may make your child feel sick.

If your child is sick (vomits), give clear fluids (juice or water) until it settles. Then introduce small amounts of food. If your child continues to be sick or develops a fever, and you are worried, please phone the ward from which your child was discharged.

If you notice any bleeding from your child's throat, you must see a doctor. This can be serious. Either call the ward, your GP, or go to your nearest hospital Emergency Department to have it checked.

Your child should be able to return to school or nursery after 2 weeks.

We advise to avoid travelling abroad for 3 weeks after surgery.

Can there be problems?

Tonsillectomy is a safe procedure, but every operation has a small risk.

Your child's anaesthetist is an experienced doctor. They are trained to deal with any problems that happen during surgery. After an anaesthetic some children feel sick and vomit. They may also have a headache, sore throat or feel dizzy. These side effects are usually short-lived and not severe.

The most serious problem that can occur is bleeding. This may need a second operation to stop it. About 2 children out of every 100 who have their tonsils removed will need to go back into hospital because of bleeding. But only 1 child out of every 100 will need a second operation. Please let us know before surgery if anyone in the family has a bleeding problem.

There is a small chance that we may chip or knock out a tooth, mainly if it is loose, capped or crowned. Your child's lip, tongue or gums may be injured.

If your child has sleep apnoea, their breathing this may get worse for a short while. If your child has this we will check them closely after surgery to find and manage this.

Rarely, painful or restricted neck movements can occur after surgery. If you are worried this has happened, please call the ward.

Are there any other options to having a tonsillectomy?

Your child may not need to have their tonsils out. You may want to just wait and see if problems with the tonsils get better by itself. Children often grow out of problems with their tonsils, over a year or so.

You can have antibiotics if you keep getting tonsillitis.

The doctor will tell you if they feel that surgery is the best treatment.

Contact details

If you have any questions, you can ask us at the pre-assessment appointment or on the day of surgery itself. Or you can contact Ward 19, Leicester Royal Infirmary, on 0116 258 5244 or 0116 258 5534.

اگر آپ کو یہ معلومات کسی اور زبان میں درکار ہیں، تو براہ کرم مندرجہ ذیل نمبر پر ٹیلی فون کریں۔
على هذه المعلومات بلغة أخرى، الرجاء الاتصال على رقم الهاتف الذي يظهر في الأسفل

જો તમને અન્ય ભાષામાં આ માહિતી જોઈતી હોય, તો નીચે આપેલ નંબર પર કૃપા કરી ટેલિફોન કરો

ਜੇ ਤੁਸੀਂ ਇਹ ਜਾਣਕਾਰੀ ਕਿਸੇ ਹੋਰ ਭਾਸ਼ਾ ਵਿਚ ਚਾਹੁੰਦੇ ਹੋ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਹੇਠਾਂ ਦਿੱਤੇ ਗਏ ਨੰਬਰ 'ਤੇ ਟੈਲੀਫੋਨ ਕਰੋ।

Aby uzyskać informacje w innym języku, proszę zadzwonić pod podany niżej numer telefonu

If you would like this information in another language or format such as EasyRead or Braille, please telephone 0116 250 2959 or email equality@uhl-tr.nhs.uk



LEICESTER'S
RESEARCH

Leicester's Hospitals is a research active trust so you may find research happening on your ward or in your clinic. To find out about the benefits of research and become involved yourself, speak to your clinician or nurse, call 0116 258 8351 or visit www.leicestersresearch.nhs.uk/patient-and-public-involvement