



Great Ormond Street Hospital for Children NHS Foundation Trust: Information for Families

Your child is having his or her tonsils and/or adenoids removed

This information sheet explains the operation to remove the tonsils and adenoids, and what to expect when your child comes into Great Ormond Street Children's Hospital.

What are tonsils and adenoids?

The tonsils and adenoids are areas of tissue at the back of the throat.

The tonsils are on both sides of the throat, at the back of the mouth, and are clearly visible. Adenoids are not visible, as they are high in the throat behind the nose.

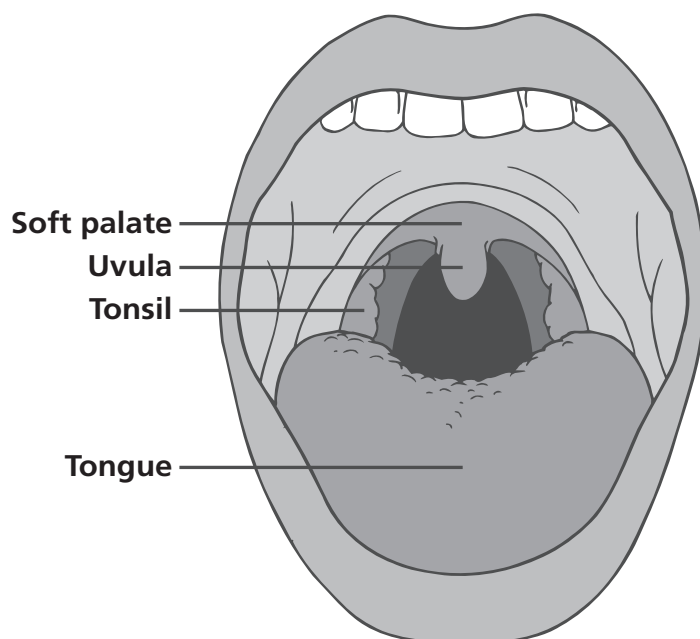
Your child's tonsils and adenoids help him or her to build up immunity and fight infection. Adenoids and tonsils seem to grow during childhood and then shrink around the age of four. By the time your child reaches adulthood, his or her adenoids and tonsils will have disappeared almost completely. This is because they are no longer needed, as your child's body will have other defence mechanisms to fight against infection.

Why do tonsils have to be removed?

In many children, the tonsils become repeatedly infected with bacteria and viruses, which make them swell and become painful. Removing your child's tonsils and adenoids will solve these problems.

Your child may have larger than average tonsils and adenoids, which partially block his or her airway. This can make it difficult for them to breathe through their nose. As a result, your child may breathe through their mouth and snore loudly when asleep. This can lead to a condition called sleep apnoea, where your child stops breathing for a couple of seconds while asleep and then starts again. This can severely disturb their sleep.

There is also a link between large tonsils and adenoids and a condition called glue ear. This happens when the middle ear becomes blocked by a sticky substance which affects your child's hearing.



What are the risks of this operation?

Every operation carries some risk of infection but we will often give your child antibiotics as a precaution. The risk of bleeding from this operation is usually greatest in the first few days afterwards. It is rarely serious enough to cause your child to need another operation.

There is also a very small risk with any anaesthetic. Modern anaesthetics are very safe and your child's anaesthetist is an experienced doctor who is trained to deal with any complications.

Are there any alternatives to this operation?

If your child is having difficulties in breathing or has developed glue ear, it is probably better to have his or her tonsils and adenoids removed. However, if your child's problems are due to his or her tonsils and adenoids becoming infected, they often don't need to have them removed. The problem will probably improve with time, as your child's tonsils and adenoids shrink.

What happens before the operation?

You will receive information on how to prepare your child for the operation in his or her admission letter. Your child will be admitted to Dinosaur Ward where doctors will see you to explain the operation in more detail, discuss any worries you may have and ask you to sign a consent form. If your child has any medical problems, such as allergies, please tell the doctors. An anaesthetist will also visit you to explain your child's anaesthetic in more detail.

How long will the operation take?

Your child will be away from the ward for about an hour. The operation will be carried out under a general anaesthetic, which means your child will be deeply asleep and will not feel any pain during the operation.

The tonsils and adenoids are removed through the mouth. The operation itself takes about half an hour, after which your child will be looked after in the recovery room until he or she is fully awake.

What happens after the operation?

After the operation, your child will be transferred to Peter Pan Ward. Your child may be sleepy after the operation, due to the anaesthetic. They will probably have to stay in hospital for the night after the operation, but will be able to go home once they feel better.

When your child gets home

Your child will probably feel uncomfortable for a week or two after the operation and may find swallowing difficult. They may also be reluctant to eat certain foods or brush their teeth.

- **Pain relief:** Your child will probably have a sore throat for about a week and may also complain of earache. The earache is actually caused by the sore throat, but it may not seem like that to your child. To ease the pain and make eating easier, give paracetamol or ibuprofen half an hour before meals, according to the instructions on the bottle. For the first 24 hours you should give your child pain relief every four to six hours even if he or she does not seem to be in pain. This will make sure he or she is able to eat and drink comfortably. After the first 24 hours, give pain relief as often as he or she seems to need it, but no more than stated on the instructions on the bottle. We will give you some paracetamol or ibuprofen to take home, but it is worth having a spare bottle at home just in case.
- **Eating and drinking:** It will be tempting to give your child soft foods, but they should start eating normally as soon as they can after the operation. Eating foods like toast and cereals help the area where the tonsils and/or adenoids were removed heal more quickly. Even if your child is not eating a great deal, it is very important for them to drink lots of fluids. They may find it easiest to drink chilled liquid, but avoid acidic drinks, like orange juice, which will sting.
- **Brushing teeth:** It may be a bit of a battle to get your child to brush his or her teeth after the operation but this will help keep the mouth free of infection and so the sore areas will heal more quickly. It will also freshen your child's mouth, especially if he or she is not eating a great deal.
- **School and activities:** Your child should not go to school or nursery for ten days after they leave hospital. For the first few days, he or she should rest as much as possible. Once they are feeling better, there is no restriction on what they can do.
- **Coughs and colds:** Your child should try to avoid crowded places, where they might pick up infections, and people with coughs and colds, for two weeks after the operation. You should also keep your child away from cigarette smoke, as this can make their throat feel worse.
- **Outpatient appointment:** If the doctor wants to see your child, a few weeks after the operation, we will send you details of your child's appointment in the Outpatient Department. Not every child will need to come back to the hospital for an outpatient appointment.

When should I contact my GP or local hospital?

You should call your GP if:

- Your child is in a lot of pain and pain relief does not seem to help
- Your child has a temperature of 38°C and paracetamol or ibuprofen does not bring it down
- Your child is not drinking any fluids
- The sore area starts to bleed again
- Your child brings up red, black or brown vomit (this may be blood) more than once. Many children vomit non-bloody sick a few times after surgery, which won't do them any harm.

If you are worried about your child, you can always take them directly to your local Accident and Emergency Department.

If you have any other worries or questions, please call Peter Pan Ward on 020 7829 8825.

Compiled by Peter Pan ward in collaboration with the Child and Family Information Group in collaboration with the Child and Family Information Group.

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