

Tonsillectomy (adult)

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This fact sheet is for general information about this procedure only. It is not intended to be used as medical advice or to replace advice that your relevant healthcare professional would give you. If you have a particular medical problem, please consult a healthcare professional.

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What is a tonsillectomy?

A tonsillectomy is a procedure to remove your tonsils. The tonsils are part of a group of tissues (like the glands in your neck) that help to fight off infection.

What are the benefits?

A tonsillectomy may help if you have sleep apnoea (your breathing stops for 10 seconds or longer during sleep) and other treatment has not worked.

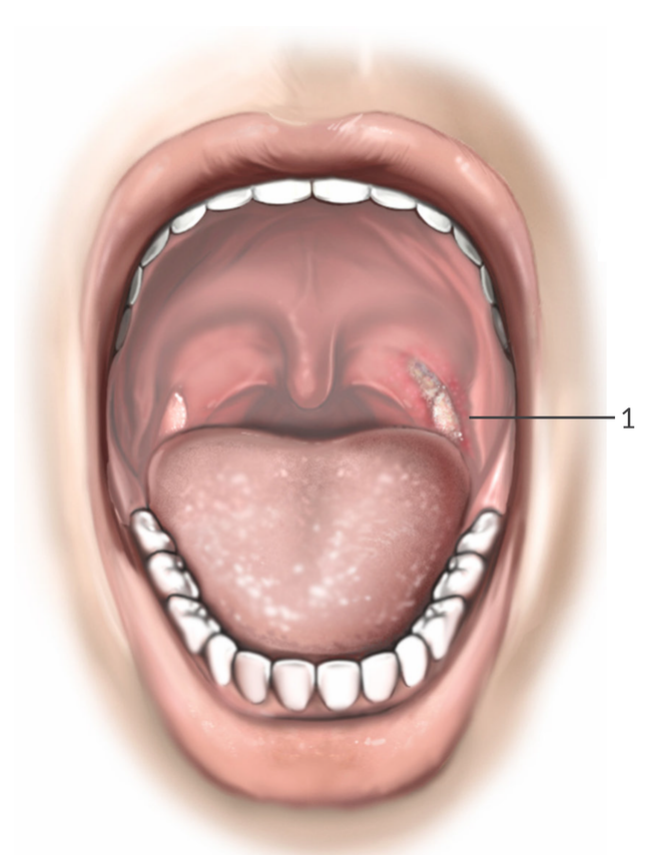
Your doctor may be concerned that there is an underlying cancer, especially if one of your tonsils is larger than the other, has an ulcer on it or you have confirmed cancer in the glands of your neck.

Are there any alternatives?

Surgery is recommended as it is the only dependable way to stop tonsillitis that keeps coming back.

In children, a long course of antibiotics may break a cycle of frequent infections or the tonsillitis may simply stop after a few years. For adults, antibiotics may help if the tonsillitis is caused by a bacterial infection but tonsillitis is often caused by a virus and antibiotics do not help.

Tonsillitis



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1. Infection

What will happen if I decide not to have the procedure or the procedure is delayed?

You will probably keep on getting tonsillitis.

Untreated tonsillitis can sometimes form an abscess behind the tonsil. This is known as a 'quinsy'. The pus will need to be removed from the abscess through a needle, and you will need antibiotics.

Rarely, the infection may spread further into the tissues of your neck, causing a 'parapharyngeal' or 'retropharyngeal' abscess. This is a serious complication and needs a procedure to drain away the pus.

If your tonsillitis does not get better with your usual treatment, contact your healthcare team. This may be a sign that the infection has spread further into the tissues of your neck, causing a 'parapharyngeal' or 'retropharyngeal' abscess.

What does the procedure involve?

The procedure is performed under a general anaesthetic and usually takes about 30 minutes.

Your surgeon will perform the tonsillectomy through your mouth using one of the following techniques:

- Cold dissection technique – Your surgeon will use a steel instrument to peel or cut the tonsil away from the layer of muscle underneath it
- Diathermy technique – Your surgeon will use a special instrument that uses heat to stop the bleeding

How can I prepare myself for the procedure?

If you smoke, stopping smoking now may reduce your risk of developing complications and will improve your long-term health.

Try to maintain a healthy weight. You have a higher risk of developing complications if you are overweight.

Regular exercise should help you prepare for the procedure, help you recover and improve your long-term health. Before you start exercising, ask the healthcare team or your GP for advice.

Speak to the healthcare team about any vaccinations you may need to reduce your risk of serious illness while you recover. When you come into hospital, practise hand washing and wear a face covering when asked.

What complications can happen?

The healthcare team are trained to reduce the risk of complications.

Any risk rates given are taken from studies of people who have had this procedure. Your doctor may be able to tell you if the risk of a complication is higher or lower for you. Some risks are higher if you are older, obese, have other health problems or you smoke. Health problems include diabetes, heart disease or lung disease.

Possible complications of this procedure are shown below. Some can be serious and may even cause death.

General complications of any procedure

- Bleeding on the day of surgery or in the next 2 weeks. You may need another procedure to stop the bleeding. If the bleeding is heavy, you may need a blood transfusion.
- Infection of the surgical site (wound).
- Allergic reaction to the equipment, materials or medication.
- Venous thromboembolism (VTE). This is a blood clot in your leg (deep-vein thrombosis – DVT) or one that has moved to your lung (pulmonary embolus).
- Chest infection. Your risk will be lower if you have stopped smoking and you are free of Covid-19 (coronavirus) symptoms for at least 7 weeks before the procedure.

Specific complications of this procedure

- Small pieces of the tonsil may be left behind. These remnants can continue to become infected and cause tonsillitis.
- Lingual tonsillitis. There is some tonsil tissue in the back of the tongue. Sometimes this tissue will develop tonsillitis after the real tonsils have been removed.
- Change of taste.
- Feeling you have something in your throat.
- Change in your voice.

Late complications

- Problems clearing your throat or more mucus in your throat than normal.
- Difficulty swallowing solid foods.
- Problems with your voice or speech.

Consequences of this procedure

- Pain or discomfort in your mouth or throat.

What happens after the procedure?

You should be able to go home the next day.

The pain can last for up to 2 weeks. It usually gets gradually worse over the first 4 to 5 days before beginning to improve, and tends to be worse first thing in the morning.

You will need to stay off work or school and away from groups of people for 2 weeks. This is to help prevent throat infections while your throat is still healing.

Regular exercise should help you to return to normal activities as soon as possible. Before you start exercising, ask the healthcare team or your GP for advice.

Most people make a full recovery and return to normal activities.

Summary

Surgery is the only dependable way to stop tonsillitis that keeps on coming back and the resulting pain, fever and difficulty swallowing.

Keep this information document. Use it to help you if you need to talk to the healthcare team.

Some information, such as risk and complication statistics, is taken from global studies and/or databases. Please ask your surgeon or doctor for more information about the risks that are specific to you, and they may be able to tell you about any other suitable treatments options.

This document is intended for information purposes only and should not replace advice that your relevant healthcare team would give you.

Reviewer

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Illustrator

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