

Your tonsillectomy as day surgery

This booklet is for adults who are having their tonsils removed and planning to go home on the same day.

This booklet explains what to expect when you come into hospital for the day for a tonsillectomy with a general anaesthetic.

It is part of a series about anaesthetics and related topics written by a partnership of patient representatives, patients and anaesthetists. You can find more information in other leaflets in the series.

You can get these leaflets, and large print copies, from www.youranaesthetic.info. They may also be available from the anaesthetic department in your hospital.

The series will include the following:

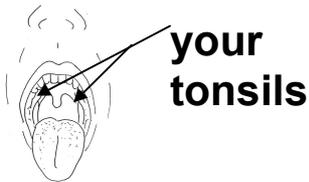
- **Anaesthesia explained**
- **You and your anaesthetic** (a summary of the above)
- **Your child's general anaesthetic**
- **Your spinal anaesthetic**
- **Epidurals for pain relief after surgery**
- **Headache after an epidural or spinal anaesthetic**
- **Your child's general anaesthetic for dental treatment**
- **Local anaesthesia for your eye operation**
- **Your anaesthetic for aortic surgery**
- **Anaesthetic choices for hip and knee replacement**

Throughout this booklet we use these symbols

-  To highlight your options or choices.
-  To highlight where you may want to take a particular action.
-  To point you to more information.

Introduction

What are tonsils and why do they need to come out?



Tonsils are lymph glands, which fight infection and often become infected themselves. They are at the back of the mouth on each side.

You may be better off without them:

- if they are repeatedly or always infected
- if they get so large that they cause difficulty with breathing when you are asleep (sleep apnoea)

The operation is usually successful in removing or reducing these problems. Your surgeon will be able to tell you more about this.

Assessment

Before your operation you will be asked some questions to check your health and to find out who can look after you at home.

- Before the day of your operation, you may be asked to come to a pre-assessment clinic. Nurses and/or doctors talk to you and examine you.
- You may be asked to fill in a questionnaire at home.
- You may be asked for this information on the day of your operation, when you arrive in the day surgery unit.

The doctors and nurses share the duty of making sure you have all the information you need. If you have questions before the day, please contact the day surgery unit.

Before your operation

 The hospital will send you advice about the arrangements for your operation.

- It is helpful if you bring a list of all the medicines, pills or herbal remedies that you are taking as these may affect the operation or the anaesthetic.
 - It is important that you provide information about any allergies that you may have.
 - It can be helpful to make a note of any questions that you want to ask including anything that worries you.
 - If you are unwell when you are due to come into hospital, please telephone the day surgery unit for advice.
-

On the day of your operation

 You will receive instructions about when to stop eating and drinking (fasting). It is important to follow these. If there is food or liquid in your stomach during your anaesthetic, it could come up into the back of your throat and damage your lungs.

When you arrive at the day unit, a nurse will welcome you and show you around. Your blood pressure, pulse and temperature will be measured. The surgeon and anaesthetist will come and talk to you before the operation. They will explain what is involved and answer your questions before asking you for your consent.

Nothing will happen to you until you understand and agree with what has been planned for you. You can still decide not to go ahead with the operation.

You will be asked to change into an operating gown and to wear an identity band.

The anaesthetic room

Most people go to the anaesthetic room on a trolley. Sticky pads are used to attach monitoring leads on your chest (they do not hurt). Monitoring equipment is used to measure your heart rate, blood pressure and oxygen levels in your blood.

Your anaesthetic

The operation normally takes place under a general anaesthetic, which means you will be unconscious.

The anaesthetist usually does this by:

- giving drugs through a cannula (a soft plastic tube inserted using a needle into a vein in the arm or hand). These take less than a minute to take effect.
- continuing the anaesthetic with gases and vapours, or by giving more drugs through your cannula.
- inserting a tube into your throat for you to breathe through while you are anaesthetised. The surgeon works around this tube and it keeps your airway open and clear during the operation. It is taken out before you wake up but often causes a sore throat.



You can find more information in the booklet 'Anaesthesia explained' (see inside the front cover of this leaflet).

It is possible to do this operation with a local anaesthetic but this is uncomfortable and rarely used.

The operation

The surgeon removes the tonsils through the mouth. Any bleeding areas are sealed with electrical forceps (diathermy) or with silk or linen ties. There will be no stitches that need removal later. The operation leaves raw areas where the tonsils were. These will heal over the next couple of weeks.

During and after the operation

The anaesthetist may give you:

- fluid through your cannula ('a drip'). This is sterile water with salt or sugar added and it helps prevent dehydration.
- drugs which reduce your pain and sickness later.

Pain relieving drugs may be given by:

- injection into your cannula
- injection into a muscle
- inserting a suppository into your back passage (rectum). Your anaesthetist will discuss this with you beforehand if you wish. It is inserted while you are anaesthetised.
- tablets or medicines, when you are ready to swallow.

The recovery room

You will regain consciousness in the recovery room. You will be breathing oxygen through a clear plastic mask. This is standard practice after surgery. Oxygen does not smell unpleasant. Recovery staff will be with you at all times and they will continue to monitor your blood pressure, oxygen levels and pulse rate.

You will be able to talk but there will be some pain, which will be similar to that of tonsillitis. You will be given more pain relieving drugs until you are comfortable.

The rest of the day in hospital

You will gradually be able to sit up and then get up. You can have a drink and - possibly - something light to eat. You may need further pain relief medicines before you go home.

You will receive further advice from the doctors and nurses about what to expect when you are at home. They will answer any questions that you may have. You can go home when you feel comfortable and when you and the hospital staff are satisfied with your recovery.

The journey home and your first night

It is important that:

- you receive further advice from hospital staff about what to expect at home.
- you have someone to drive you home and a responsible adult in the house with you during the night. If this is not possible then we recommend that you stay overnight in hospital.
- you know whom to contact should there be problems.

Occasionally, it is necessary to stay overnight because of drowsiness, vomiting or bleeding. Some day surgery units do not have overnight beds and you may be taken to a different hospital to the one where the surgery took place.

Advice for when you get home

1. We suggest that you try to eat normal food as soon as possible. It is important that you have plenty to drink. For comfort, avoid alcohol and spicy or very hot foods.
2. You will have medicines or tablets to reduce pain. These are best taken regularly at first and where possible you should take them half an hour before meals, unless the instructions on the package say otherwise. Soluble medicines, dissolved in water, will be most comfortable for you.
3. Some pain relief medicines contain codeine, which may cause constipation. Extra drinks and fruit or fibre in your food will help, or a mild laxative may be necessary.
4. Any medicines or tablets that you normally take can be taken when you get home, unless you are advised otherwise.
5. You must not take medicines that contain aspirin, as this may cause bleeding.
6. If you are taking the oral contraceptive pill and you have been prescribed antibiotics, the effect of the pill may be reduced. You may need to use additional methods of contraception. Your GP can give you more information about this.
7. Salt-water gargles after meals can help to keep your mouth refreshed (one teaspoonful of salt to a tumbler of water).
8. Rest is important for two weeks after a tonsillectomy to help recovery and the healing process. Therefore returning to work or college and strenuous activities such as sports are best avoided. Sexual activity may be resumed when you feel able.
9. Earache is common after tonsillectomy. This will gradually get better. The pain relief medicines that you are taking will help.
10. Sneezing, blowing your nose or coughing should not cause problems. You can take a bath or shower and clean your teeth as normal.

What to watch out for

Infection

The white appearance where the tonsils used to be is normal and does not mean that you have an infection. However, if you feel very unwell, have a fever (high temperature) or your breath becomes smelly, you may have an infection.



If these develop you should contact your GP.

Bleeding

Bleeding from the throat after you have left the hospital is not normal.



If there is bleeding, and there is more than a teaspoonful of blood, you should go straight to your nearest hospital emergency department.

Risks and benefits

Tonsillectomy is usually successful in reducing infections or relieving breathing difficulties. Your surgeon will be able to tell you how successful he/she expects the operation to be for you.

Like all medical treatments there are some side effects (which do not usually last long) and some risks.

- Pain and sickness are very common after tonsillectomy.
- About 3 out of 100 people having their tonsils out have to return to hospital because of bleeding. A few of these people need another operation to stop the bleeding.
- Variant Creutzfeldt-Jacob disease (vCJD) is a very rare illness affecting the brain. There is a theoretical risk that instruments used in tonsillectomy could spread the disease. The best information we have is that this is very rare (about 1 in 100,000 operations).
- Serious problems due to an anaesthetic are uncommon. Risk cannot be removed completely, and anaesthesia has become much safer in recent years. More detailed information can be found in the booklet 'Anaesthesia explained' (see inside front cover of this leaflet).
- Any operation carries a small risk of death from the combined effects of surgery and the anaesthetic. Death from any cause after tonsillectomy is rare.



People vary in how they interpret words and numbers.

This scale is provided to help.





It is up to you to decide whether to have the operation. Everyone varies in the risks they are willing to take. Your surgeon and anaesthetist will be able to talk to you about your individual risks.

Useful organisations

Association of Anaesthetists of Great Britain and Ireland

21 Portland Place
London WC1B 1PY
Phone: +44 20 7631 1650
Fax: +44 20 7631 4352
E-mail: info@aagb.org
Website: www.aagbi.org

This organisation works to promote the development of anaesthesia and the welfare of anaesthetists and their patients in Great Britain and Ireland.

British Association of Otorhinolaryngologists - Head and Neck Surgeons

The Royal Colleges of Surgeons England
35-43 Lincoln's Inn Fields, London, WC2A 3PE
Tel: +44 20 7405 3474
Website: www.orl-baohns.org

The organisation of Ear Nose and Throat (ENT) surgeons in the UK.

Royal College of Anaesthetists

48-49 Russell Square
London WC1B 4JY.
Phone: + 44 20 7813 1900
Fax: + 44 20 7813 1876
E-mail: info@rcoa.ac.uk Website: www.rcoa.ac.uk

This organisation is responsible for standards in anaesthesia, critical care and pain management throughout the UK.

Questions you may like to ask your anaesthetist

Q *Who will give my anaesthetic?*

Q *What type of anaesthetic do you recommend?*

Q *Have you often used this type of anaesthetic?*

Q *What are the risks of this type of anaesthetic?*

Q *Do I have any special risks?*

Q *How will I feel afterwards?*

Q *Do I need to make any special arrangements at home?*

Tell us what you think

First edition February 2003

We welcome any suggestions to improve this booklet. You should send these to:

The Patient Information Unit,
48 Russell Square,
London WC1B 4JY

E-mail: admin@youranaesthetic.info



The Association of Anaesthetists
of Great Britain and Ireland (AAGBI)



The Royal College of Anaesthetists (RCA)

© The RCA and AAGBI agree to the copying of this document for the purpose of producing local leaflets in the United Kingdom and Ireland. Please quote where you have taken the information from. The Patient Information Unit must agree to any changes if the AAGBI and RCA crests are to be kept.