

# Tonsillectomy, adenotonsillectomy and adenoidectomy (child)

affix patient label

## What are tonsillectomy, adenotonsillectomy and adenoidectomy?

Your tonsils and adenoids are glandular tissue that forms part of the immune system, your body's defence against infections. As a result they can swell with inflammation or infection. Tonsillectomy is an operation to remove tonsils. Adenotonsillectomy is an operation to remove adenoids and tonsils. Adenoidectomy is an operation to remove adenoids only.

## Why does my child need it?

Tonsillectomies and adenoidectomies are performed for a variety of reasons:

- recurrent infections – removal of tonsils reduces recurrent tonsillitis
- breathing difficulty – can be caused by enlarged tonsils and/or adenoids
- diagnosis – if we are concerned that the tonsils look irregular, or if one tonsil is much larger than the other, we may send the tonsils to be looked at under a microscope to confirm a diagnosis
- recurrent glue ear – adenoidectomy may reduce the likelihood of glue ear recurring for patients who are having a repeat insertion of grommets.

## Are there any alternatives?

The alternative is to do nothing. We can adopt a watch and wait approach to see if infections settle without intervention. Obstructive nasal symptoms may improve with nasal sprays. Obstructive sleep apnoea which is untreated can cause other medical problems and can affect quality of life.

## How do I prepare my child for it?

- Depending on your child's age and past history of medical problems, they may be invited to have a preoperative assessment, either in clinic or over the phone, to make sure that any other medical issues are addressed to prepare them for surgery.
- Following preoperative assessment, you will receive a date for surgery. Please confirm this appointment – if you no longer want your child to have the operation please let us know in good time so that we can offer that slot in theatre to someone else.
- Children having surgery for obstructive sleep apnoea may have an overnight sleep study – the preoperative assessment team will provide equipment to measure your child's oxygen levels overnight at home, which is then returned to the hospital. This information will help us to decide whether your child needs to stay in hospital overnight after surgery.
- Do not let your child eat anything for at least **6 hours** before the operation. This is to make sure their stomach is empty when they have the anaesthetic. Drinks containing fats (eg. milk) and sweets all count as food. They can drink water or a drink without fats in it until **2 hours** before the operation. They may also have small sips of water to take tablets. There is a hospital leaflet about having an anaesthetic. Ask the staff for a copy if you would like one.
- They will be given a general anaesthetic for the operation which will keep them asleep. The anaesthetist will come and see you before the operation to discuss this with you and your child. You will be able to ask them any questions you may have about the anaesthetic.
- Make sure you have a good supply of pain relief at home (paracetamol and ibuprofen for example).

Despite our best efforts to perform the operation on the day as planned, we have no control over bed availability in the hospital. Occasionally, we may not be able to perform the operation on the date and time planned, and this may not be apparent until a patient has already arrived at the hospital – please be prepared for all eventualities.

### What does it involve?

The procedure is performed under general anaesthesia – the anaesthetist will see you and your child on the ward. The operation is usually carried out as a day case, unless there are anaesthetic concerns, or significant sleep apnoea is detected on sleep study, or if your child is very small. In these cases an overnight stay may be necessary.

A member of the surgical team will see you and your child on the ward. This is usually the surgeon that will perform the operation. Feel free to ask any questions you have about the operation or what will happen afterwards. The surgeon may examine your child again. They will also check that the consent form has been completed and signed.

There are a variety of techniques as to how the operation is performed, but they usually follow a similar process:

1. Your child's mouth will be held open with a metal device to allow access to the tonsils. This does put some pressure on the teeth so please inform both the anaesthetist and the surgeon if your child has any loose teeth.
2. The tonsils and/or adenoids are removed.
3. The operation is completed once we have ensured the operative site is dry with no active bleeding.

### What happens afterwards?

Your child will:

- have bad breath for a few days afterwards
- need someone with them for the first night
- need 10-14 days away from groups of other children (ie. nursery/school etc) to minimise the risk of getting an infection and to allow adequate recovery.

Your child will not usually need to be seen by the surgeon after the operation.

### Will my child have any pain or discomfort?

Yes, tonsillectomies are known for being painful. Some people describe it like having a very bad episode of tonsillitis. The best thing you can do is to ensure your child is eating a normal diet regularly, and that they keep taking pain relief regularly. It is normal for the pain to get worse between days 3-5 after surgery. Adenoidectomies are usually less painful.

### What should I look out for?

The main risk of tonsillectomies and adenoidectomies is bleeding. **If there is any bleeding after your child returns home they should attend the Emergency department for review.** Often no further treatment is required, but we often observe patients overnight for safety reasons. Very rarely patients may be required to have a second general anaesthetic to stop the bleeding.

In the days following surgery, the area that has been operated on may appear to have a covering which looks white, yellow or grey in colour. This is normal and not due to infection. It will fall away to reveal a normal pink colour, like the rest of the throat, over the course of the next two weeks.

### When will we get any results?

If we have sent your child's tonsils or adenoids for analysis in the lab, the results can take up to 4 weeks to come back. We will inform you of the results thereafter.

### Will my child need any follow up?

In most cases no follow up is required. If your child does need follow up we will let you know.

### Are there any risks or complications?

As with all procedures, there are risks from having this operation:

#### General Risks

The general risk to a healthy patient of problems arising from an anaesthetic is very small, but serious general medical conditions can occur. We will always take every possible step to keep your child safe during their operation.

#### Specific Risks

- **Pain** – your child will be discharged with pain relief but it is a good idea to have some simple pain relief ready for when you get home after the operation.
- **Infection** – there is a very low risk of infection following tonsillectomy or adenoidectomy. If this occurs, it will be several days after the operation and your child may begin to feel unwell with a high temperature.
- **Damage to teeth / lips / gums** – to access the tonsils and adenoids the mouth will be held open with surgical instruments. While every care is taken to look after your child's teeth / lips / gums they may get bruised or damaged – this is rare.
- **Change in taste** – transient (temporary) change in taste can occur from pressure on the nerve that supplies the tongue, this can last for several months.
- **Bleeding** – if there is any bleeding we would like to review your child in the Emergency department. It is likely we will observe them overnight; in rare cases we may need to return to the operating theatre to control bleeding.

#### Contact us

If you have any queries prior to surgery please contact your consultant's secretary via the switchboard (01872 250000).

Following your child's operation, if you have any issues please contact Harlyn ward on 01872 253909.

If you would like this leaflet in large print, Braille, audio version or in another language,  
please contact the General Office on 01872 252690



# CONSENT FORM 2

PROCEDURE SPECIFIC PARENT / PERSON WITH PARENTAL RESPONSIBILITY AGREEMENT

NHS number: .....

Name of patient: .....

Address: .....

Date of birth: .....

CR number: .....

AFFIX PATIENT LABEL

## Tonsillectomy Adenotonsillectomy Adenoidectomy (child)

(delete as appropriate)

**STATEMENT OF HEALTH PROFESSIONAL** (to be filled in by health professional with appropriate knowledge of proposed procedure, as specified in consent policy)

**I have explained the procedure to the patient.** In particular, I have explained the intended benefits:

- *To remove the tonsils and/or adenoids to treat recurrent tonsillitis / treat obstructed breathing / make a diagnosis.*

**Significant, unavoidable or frequently occurring risks:**

- *Pain*
- *Infection*
- *Damage to teeth / lips / gums*
- *Change in taste*
- *Bleeding & possible need to return to theatre.*

**Any extra procedures which may become necessary during the procedure:**

- *Blood transfusion (required very infrequently)*
- *Other procedure (please specify):*

**I have also discussed what the procedure is likely to involve,** the benefits and risks of any available alternative treatments (including no treatment) and any particular concerns of this patient.

**I have given and discussed the Trust's approved patient information leaflet for this procedure: Tonsillectomy, adenotonsillectomy & adenoidectomy (child) (CHA4326) which forms part of this document.**

**I am satisfied that this patient has the capacity to consent to the procedure.**

This procedure will involve:  General and/or regional anaesthesia  Local anaesthesia  Sedation

Health Professional signature: ..... Date: .....

Name (PRINT): ..... Job title: .....

**STATEMENT OF INTERPRETER** (where appropriate)

I have interpreted the information above to the child and their parent(s) / person with parental responsibility to the best of my ability and in a way in which I believe they can understand.

Interpreter signature: ..... Name (PRINT): ..... Date: .....

affix patient label

**STATEMENT OF PARENT / PERSON WITH PARENTAL RESPONSIBILITY**

Please read this form carefully. If your treatment has been planned in advance, you should already have a copy of the patient information leaflet which describes the benefits and risks of the proposed treatment. If not, you will be given a copy now. If you have any further questions, do ask - we are here to help you and your child. You have the right to change your mind at any time, including after you have signed this form.

**I agree** to the procedure or course of treatment described on this form and **I confirm** that I have 'parental responsibility' for this child.

**I understand** that you cannot give me a guarantee that a particular person will perform the procedure. The person will, however, have appropriate experience.

**I understand** that my child and I will have the opportunity to discuss the details of anaesthesia with an anaesthetist before the procedure, unless the urgency of the situation prevents this. (This only applies to children having general or regional anaesthesia).

**I understand** that any procedure in addition to those described on this form will only be carried out if it is necessary to save the life of my child or to prevent serious harm to his or her health.

**I understand** that tissue samples will only be taken in relation to the procedure explained to me. No samples will be taken for quality control, clinical education or research purposes.

**I have been told** about additional procedures which may become necessary during my child's treatment. I have listed below any procedures **which I do not wish to be carried out** without further discussion.

**I have received a copy of the Consent Form and Patient Information leaflet: Tonsillectomy, adenotonsillectomy and adenoidectomy (child) (CHA4326) which forms part of this document.**

Signature: \_\_\_\_\_ Name (PRINT): \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

A **witness** should sign below if this patient is unable to sign but has indicated his or her consent.

Witness signature: \_\_\_\_\_ Name (PRINT): \_\_\_\_\_ Date: \_\_\_\_\_

**Child's Agreement to Treatment (if child wishes to sign)**

I agree to have the treatment I have been told about.

Child's signature: \_\_\_\_\_ Name (PRINT): \_\_\_\_\_ Date: \_\_\_\_\_

**CONFIRMATION OF CONSENT** (to be completed by health professional when the child is admitted for the procedure, if the parent / person with parental responsibility / child has signed the form in advance).

On behalf of the team treating the child, I have confirmed with the child and their parent(s) / person with parental responsibility, that they have no further questions and wish the procedure to go ahead.

Health Professional signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name (PRINT): \_\_\_\_\_ Job title: \_\_\_\_\_

**Important notes** (tick if applicable):

See advance decision to refuse treatment  Parent(s) / person with parental responsibility has withdrawn consent (ask patient to sign/date here)

Signature: \_\_\_\_\_ Name (PRINT): \_\_\_\_\_ Date: \_\_\_\_\_

**CONSENT FORM 2**
**PROCEDURE SPECIFIC PARENT / PERSON WITH  
 PARENTAL RESPONSIBILITY AGREEMENT**
**Tonsillectomy  
 Adenotonsillectomy  
 Adenoidectomy (child)**
*(delete as appropriate)*

NHS number: .....

Name of patient: .....

Address: .....

Date of birth: .....

CR number: .....

**STATEMENT OF HEALTH PROFESSIONAL** (to be filled in by health professional with appropriate knowledge of proposed procedure, as specified in consent policy)

**I have explained the procedure to the patient.** In particular, I have explained the intended benefits:

- *To remove the tonsils and/or adenoids to treat recurrent tonsillitis / treat obstructed breathing / make a diagnosis.*

**Significant, unavoidable or frequently occurring risks:**

- *Pain*
- *Infection*
- *Damage to teeth / lips / gums*
- *Change in taste*
- *Bleeding & possible need to return to theatre.*

**Any extra procedures which may become necessary during the procedure:**

- *Blood transfusion (required very infrequently)*
- *Other procedure (please specify):*

**I have also discussed what the procedure is likely to involve,** the benefits and risks of any available alternative treatments (including no treatment) and any particular concerns of this patient.

**I have given and discussed the Trust's approved patient information leaflet for this procedure:**  
**Tonsillectomy, adenotonsillectomy & adenoidectomy (child) (CHA4326) which forms part of this document.**

**I am satisfied that this patient has the capacity to consent to the procedure.**

This procedure will involve:  General and/or regional anaesthesia  Local anaesthesia  Sedation

Health Professional signature: ..... Date: .....

Name (PRINT): ..... Job title: .....

**STATEMENT OF INTERPRETER** (where appropriate)

I have interpreted the information above to the child and their parent(s) / person with parental responsibility to the best of my ability and in a way in which I believe they can understand.

Interpreter signature: ..... Name (PRINT): ..... Date: .....

affix patient label

**STATEMENT OF PARENT / PERSON WITH PARENTAL RESPONSIBILITY**

Please read this form carefully. If your treatment has been planned in advance, you should already have a copy of the patient information leaflet which describes the benefits and risks of the proposed treatment. If not, you will be given a copy now. If you have any further questions, do ask - we are here to help you and your child. You have the right to change your mind at any time, including after you have signed this form.

**I agree** to the procedure or course of treatment described on this form and **I confirm** that I have 'parental responsibility' for this child.

**I understand** that you cannot give me a guarantee that a particular person will perform the procedure. The person will, however, have appropriate experience.

**I understand** that my child and I will have the opportunity to discuss the details of anaesthesia with an anaesthetist before the procedure, unless the urgency of the situation prevents this. (This only applies to children having general or regional anaesthesia).

**I understand** that any procedure in addition to those described on this form will only be carried out if it is necessary to save the life of my child or to prevent serious harm to his or her health.

**I understand** that tissue samples will only be taken in relation to the procedure explained to me. No samples will be taken for quality control, clinical education or research purposes.

**I have been told** about additional procedures which may become necessary during my child's treatment. I have listed below any procedures **which I do not wish to be carried out** without further discussion.

**I have received a copy of the Consent Form and Patient Information leaflet: Tonsillectomy, adenotonsillectomy and adenoidectomy (child) (CHA4326) which forms part of this document.**

Signature: \_\_\_\_\_ Name (PRINT): \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

A **witness** should sign below if this patient is unable to sign but has indicated his or her consent.

Witness signature: \_\_\_\_\_ Name (PRINT): \_\_\_\_\_ Date: \_\_\_\_\_

**Child's Agreement to Treatment (if child wishes to sign)**

I agree to have the treatment I have been told about.

Child's signature: \_\_\_\_\_ Name (PRINT): \_\_\_\_\_ Date: \_\_\_\_\_

**CONFIRMATION OF CONSENT** (to be completed by health professional when the child is admitted for the procedure, if the parent / person with parental responsibility / child has signed the form in advance).

On behalf of the team treating the child, I have confirmed with the child and their parent(s) / person with parental responsibility, that they have no further questions and wish the procedure to go ahead.

Health Professional signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name (PRINT): \_\_\_\_\_ Job title: \_\_\_\_\_

**Important notes** (tick if applicable):

See advance decision to refuse treatment  Parent(s) / person with parental responsibility has withdrawn consent (ask patient to sign/date here)

Signature: \_\_\_\_\_ Name (PRINT): \_\_\_\_\_ Date: \_\_\_\_\_