

# Patient information from BMJ

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## Tonsillectomy (surgery to remove the tonsils)

This information tells you what to expect when your child has an operation to remove his or her tonsils. It explains how the operation is done, how it can help, what the risks are, and what to expect afterward.

You can use our information to discuss your child's operation with the doctors and nurses treating them.

### What is a tonsillectomy?

A tonsillectomy is an operation to remove the tonsils. Your tonsils are two small, almond-shaped mounds that sit on either side of the back of your throat. They are part of the body's system for fighting infections (the **immune system**).

The tonsils can be removed in several ways, including cutting them out with a scalpel, or removing them with a special surgical tool that uses heat. This method is called **diathermy**.

### Why might my child need to have a tonsillectomy?

Tonsillitis happens when bacteria or a virus infects the tonsils. It causes painful, swollen tonsils and a fever.

Repeated episodes of tonsillitis can be miserable for a child. It can cause:

- frequent illness and painful sore throats
- a lot of time off school, and
- trouble sleeping.

Having a tonsillectomy can't stop a child from getting tonsillitis. But it might reduce the number of episodes they get for about two years after the operation.

This might not sound like much of a benefit. But if your child gets repeated bouts of severe tonsillitis, you might consider it worthwhile.

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But the tonsils have an important job to do in children's immune systems: for example, they might play a role in fighting other types of infection.

So doctors are cautious about suggesting this operation. They will usually only recommend that a child has their tonsils removed if they have had:

- at least seven episodes of tonsillitis in the past year or
- at least five episodes of tonsillitis in the past two years or
- at least three episodes of tonsillitis in each of the past three years.

### What will happen?

The operation takes about 45 minutes. Your child will probably have to spend a night in the hospital. This is so that your doctor can keep an eye out for any problems that can happen immediately after the operation, such as bleeding.

Your child will probably have a **general anesthetic**, which means that they will be asleep during the operation.

During the operation:

- your child lies on their back with a support under the shoulders, so that their head is tipped back a little
- a breathing tube is placed into your child's mouth, along with an instrument to hold the mouth wide open
- the surgeon sits behind your child's head to do the operation, looking into the mouth upside-down.

### Cutting out the tonsils

There are several ways to remove the tonsils. In an operation where the tonsils are cut out:

- the surgeon gently cuts out the tonsils and uses a small scoop to lift them out
- the surgeon then stops the bleeding from the cuts, using either stitches or heat (diathermy)
- if your child has stitches, these will dissolve after the operation, so they won't need to be removed
- diathermy stops bleeding by heating the blood vessels to seal them closed.

### Removing the tonsils using heat (diathermy)

With this technique, the surgeon uses an electrical surgical tool that uses heat waves to remove the tonsils.

This instrument can then be used to seal up the wound afterwards.

### Other methods

Other ways of removing the tonsils are sometimes used, including:

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- **coblation.** This uses radio waves at a low temperature to destroy the tonsils, and
- **laser surgery.** As the name suggests, the surgeon uses a laser to destroy the tonsils.

The type of surgery you are offered might depend on what is available where you live, and whether there is a surgeon who specializes in a particular method.

### What are the risks?

All operations have risks, and your surgeon should talk to you about them before your child has surgery.

One common problem is side effects caused by **anesthetics**. The most common problem is children feeling nauseous (sick) for a while after they wake up.

Serious problems are rare, but doctors will keep a close eye on your child's breathing, heartbeat, temperature, and blood pressure.

Very rarely, children have an **allergic reaction** to one of the anesthetic drugs. You should tell the doctors before the operation if your child has any allergies.

You should also tell your doctor if your child has had a **cough or cold** in the week before the operation.

Some problems (doctors call them **complications**) can happen during or soon after the operation, while some can happen a while later.

The list of possible complications below might look long, but remember, these are things that might happen, not things that definitely will happen. Many children who have this operation have no problems at all.

### Problems that can happen during or soon after the operation

- **Bleeding** is a common complication with this surgery. The bleeding is usually stopped by putting a pad of gauze over the wound. If this doesn't work, your child might need to go back to the operating theatre to have the bleeding stopped. Rarely, some children need a blood transfusion.

Bleeding can sometimes happen a day or so after the operation. If this happens, your child might need more treatment to stop the bleeding.

- **Damaged teeth.** Sometimes, loose teeth can come out during a tonsillectomy, or a tooth can be chipped by the instrument that holds the mouth open.
- **Chest infection.** Small amounts of blood and tissue from the operation can sometimes get into the child's throat and lungs. This can cause a chest infection and breathing problems. If this happens your child will be treated with antibiotics and possibly oxygen.
- **Dying during the operation.** It's extremely rare for a child to die during this operation. It happens to about 1 in every 20,000 children who have a tonsillectomy.

### Possible longer-term problems

Long-term problems after this operation are rare, but they can happen. They include:

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- **Narrowing of the area at the back of the nose.** This can make breathing through the nose more difficult.
- Your child's voice might sound **nasal**. Speech therapy can help with this.
- **Difficulty swallowing and pain in parts of the face** can last for some months or even years. Some children need an operation to treat these problems.

### What to expect afterwards

Your child will probably need to stay in the hospital overnight.

They will be able to drink and will be encouraged to eat normally as soon as possible. This can help with the healing process.

After about 12 hours, a white or yellowish membrane (thin skin) appears where the tonsils were. It's nothing to worry about and isn't a sign of infection. It's just new skin growing over the wound.

### Will my child be in pain?

Your child won't feel any pain during the operation but they will have a very **sore throat** afterwards. They might find it hard to swallow.

Your child's jaw and mouth might also hurt because their mouth was held wide open during the operation.

The sore throat usually gets worse after the first day and can sometimes last for more than a week before it gets better.

Your child will be given regular doses of pain relievers while in the hospital. If these don't work well enough, it's important to tell the nurse. Being in pain can slow your child's recovery.

For example, some children might refuse to eat if their throat hurts. Or they might need to stay in the hospital longer.

### Going home

When you get home, your child will probably feel a little unwell and have bad breath for a few days. Your child might also have **earache** for a few days. If pain relievers don't work, you should see your doctor, as your child might have an **ear infection**.

If your child's throat **starts to bleed again**, they need to go to the hospital to make sure it's not serious.

Most children need a couple of weeks to get back to normal. It's best to keep your child off school for this time so they don't mix with other people who might have **coughs or colds**.

Encourage your child to **eat as normally as possible**. Although it might be painful, eating foods such as toast and cereal can help healing by scraping away dead tissue.

The thin white skin where the tonsils used to be will stay for about 10 days to 14 days.

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This new skin can sometimes become **infected**. This will be painful, and your child will have a fever and bad breath. If you think your child has an infection, call your doctor. Your child will need treatment with **antibiotics**.

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