

## Useful Telephone Numbers

### ENT Partnership

Surrey Clinic – 01252 852552

Hampshire Clinic – 01256 377733

### Frimley Park Hospital

Switchboard – 01276 604604

Parkside – 01276 604703

FI (Children's Ward) – 01276 604226

ENT Ward – 01276 604130

### North Hampshire Hospital

Switchboard – 01256 473202

DTC – 01256 313332

### The Hampshire Clinic

Switchboard – 01256 357111

Lyde Ward – 01256 377773

Enbourne Ward – 01256 377772

### Clare Park Hospital

Switchboard – 01252 850216

### The ENT Partnership – Surrey Clinic

Spire Clare Park Hospital Crondall Lane Crondall Farnham GU10 5XX

**T** 01252 852552 **F** 01252 851331

**E** [infosurrey@entpartnership.co.uk](mailto:infosurrey@entpartnership.co.uk) [www.entpartnership.co.uk](http://www.entpartnership.co.uk)

### Also at The ENT Partnership – Hampshire Clinic

Basing Road Old Basing Basingstoke Hampshire RG24 7AL

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Information for Patients on

# Tonsillectomy

(with or without Adenoidectomy)

## The ENT Consultants are

### **Jonathan Blanshard FRCS (ORL).**

Appointed to North Hampshire Hospital in 1996. Special interest in ear surgery including middle ear reconstruction and also voice problems.

### **Jonathan Hern FRCS (ORL).**

Appointed to Frimley Park Hospital in 2003. Special interest in rhinology including rhinoplasty surgery and also voice problems.

### **David Jonathan FRCS.**

Appointed to Frimley Park Hospital in 1991. Special interest in ear surgery, including implantable hearing aids. Involved in the regional training of ENT surgeons.

### **Andrew McCombe MD FRCS (ORL).**

Appointed to Frimley Park Hospital in 1995. Special interest in head and neck surgery. Involved in the management of NHS services. Special interest in medicolegal work.

### **Paul Spraggs FRCS (ORL).**

Appointed to North Hampshire Hospital in 1998. Special interest in head and neck surgery and facial plastic surgery.

## Sources of additional information

The Surrey & Hampshire ENT Partnership

[www.entpartnership.co.uk](http://www.entpartnership.co.uk)

British Association of Otorhinolaryngologists

[www.entuk.org](http://www.entuk.org)

## Introduction

Tonsillectomy is a commonly performed operation to remove the tonsils.

Adenoidectomy is an operation to remove the adenoids.

## What are the tonsils/adenoids?

The tonsils and adenoids are small areas of tissue, the purpose of which is to fight infection as part of the immune system. The tonsils are in the back of the throat; the adenoids are higher up in the back of the nose.

Infections of the tonsils (tonsillitis) occur frequently and it may be advised that you have them removed.

Removal of the tonsils does not cause any reduction in the body's ability to fight infections.

Tonsillectomy may also be required if tonsils are enlarged and cause problems with breathing at night. Occasionally it is necessary to remove the tonsils for a biopsy.

The tonsils may be removed on their own or with the adenoids.

## About the operation

You will attend the hospital about 1 – 2 weeks before the operation for a pre-operative assessment. You should not have suffered from tonsillitis or a common cold for at least two weeks before the operation. If you have had an infection please ring the Consultant's secretary.

Please tell the surgeon about all medication you are taking especially warfarin, aspirin and/or the oral contraceptive pill.

You will be admitted to hospital on the morning of the surgery. The operation requires a general anaesthetic (fast asleep) and takes about 30 minutes. Afterwards you will return to the ward and you will usually need to stay one night. You will be given some medicines including painkillers to take home with you when you are discharged

## After the Operation – what to expect

Your throat will be very sore after the operation. This lasts for 10-14 days and often gets worse before it gets better.

Earache can be a particular problem.

Where the tonsils have been removed you will see white or yellow patches at the back of the throat which is a normal part of the healing process.

It usually takes about 2 weeks to heal. We would advise you to take these 2 weeks as leave from work or school.

To try and help with these problems, you will be encouraged to eat and drink regularly and take regular painkillers.

## Risks

### Bleeding

After the operation, you are observed in case bleeding occurs from the area where the tonsils and adenoids were removed. If bleeding occurs and is not stopping, it may be necessary to have a second operation to stop the bleeding.

After you are discharged home, a small amount of bleeding (spotting) is not uncommon. If the bleeding continues or is copious (more than a tablespoon), please contact the ward immediately. Sometimes this problem may be serious enough to require readmission to hospital and very occasionally a return to the operating theatre to stop the bleeding. This may be several days after the original surgery.

### Taste

Some people may notice a change to their sense of taste after this operation. Usually this recovers but very rarely it may persist.

### Voice

If the tonsils or adenoids were very large, there may be a small change in the quality of the voice afterwards.

### Pain

Post-operative pain is to be expected. Occasionally this is severe and requires readmission to hospital to control it effectively.