

## Daycase Tonsil Surgery (Intracapsular Tonsillectomy)

Information for parents or carers of children who may undergo tonsil surgery (Intracapsular Tonsillectomy)

### What is an Intracapsular Tonsillectomy?

It is planned for your child to have an intracapsular tonsillectomy. This involves removing the tonsil while leaving the tonsil capsule intact. This method protects the muscle underneath the tonsil meaning that fewer blood vessels and nerves are exposed. This means an intracapsular tonsillectomy is less painful than a traditional tonsillectomy and the risk of bleeding after the operation is also reduced.

### What are tonsils?

The tonsils are small glands of lymphoid tissue at the back of the throat that may provide some protection from infection in very young children.

The body however has many more sophisticated ways of fighting infection so young children having their tonsils removed are still able to fight infections appropriately.

From the age of three tonsils tend to shrink in size and are less important in fighting germs.

### What are the benefits of the operation?

#### Removing the tonsils will help to solve the following problems:

- Repeated or frequent tonsillitis. Your child may still develop a sore throat, but this will not be tonsillitis.
- Obstructive sleep apnoea (OSA), a potentially serious sleep disorder causing breathing to stop and start during sleep.

Tonsils are only removed if they are doing more harm than good and this will be discussed with your child's Ear Nose and Throat (ENT) doctor before an operation.

### What are the risks?

**This is a simple and safe operation, however, all operations carry some risks.**

The advantages of intracapsular tonsillectomy are reduced pain, shorter recovery and reduced risk of bleeding.

- Less than 1 in every 100 children having intracapsular tonsillectomy will need to return to hospital because of bleeding, with a small proportion of these children needing a second operation to stop the bleeding.
- There is a small risk of about 5 in 100 that your child may develop an infection after the operation. If an infection occurs, they will need antibiotics to treat it.

- There is a small chance that the tonsils may regrow (2 in 100 children undergoing intracapsular tonsillectomy) therefore another procedure or operation may be necessary. This is more common if your child is under the age of 3.

## **Are there any alternative to tonsillectomy?**

Before we consider carrying out a tonsillectomy operation on your child, we may see whether they can be treated using frequent low dose antibiotics to help treat the infections or a low dose preventative antibiotic for a number of months to help keep infections away.

Children may also grow out of the problem of recurrent infections, so we always wait at least a year before considering surgery.

## **Consent**

We will ask for your written consent (agreement) for the operation to go ahead on the day of surgery. If you have any questions, please ask the doctor before signing the form

## **Fasting instruction**

Please follow the fasting (starving) instruction given to you with your appointment letter very carefully.

Fasting is very important before an operation. If your child has any food in their stomach whilst they are under anaesthetic, it might come back up when they are asleep and cause your child to choke.

## **What happens during the operation?**

The operation is carried out under a general anaesthetic. Your child will be asleep throughout the operation.

The tonsils are then removed through the mouth. Any bleeding is stopped using cautery (an instrument used to seal a wound)

Your child will have the operation as a day case which means they will go home the same day. Very rarely however they may need to stay overnight. The reasons may this include:

- If your child is in a lot of pain after surgery
- If there are any problems with bleeding after surgery
- If there are any concerns with your child's breathing due to sleep apnoea.

In order for your child to be able to go home on the same day as the operation you must also have:

- Access to transport e.g. a car or taxi and a telephone in case of an emergency
- One adult carer per child who can stay with them at home for the first 24 hours

## **Pregnancy statement**

All girls over the age of 12 will need to have a pregnancy test before their operation or procedure. This is in line with our hospital policy.

We need to make sure it is safe to proceed with the operation or procedure because many treatments including anaesthetic, x-rays or surgery carry a risk to any unborn child. The pregnancy test is a simple urine test with the results available immediately.

## **Anaesthetic risks**

In modern anaesthesia serious risks are uncommon but risks cannot be removed completely. Modern equipment, training and medicines have made it a much safer procedure. Throughout the whole of life, an individual is at least 100 times more likely to suffer serious injury or death in a road traffic accident than as a result of anaesthesia <sup>1</sup>

Most children recover quickly and are soon back to normal after their surgery and anaesthetic. The exact nature of the risks and potential complications depend on your child, their medical conditions and the surgery. This will be discussed in detail with you at your pre-operative visit and again on the day of surgery.

## **What happens at the hospital?**

You will be asked to arrive on the Children's Day Care Ward on the morning of surgery and your child's nurse will show you to your child's bed or waiting area. The nurse will check the paperwork, put a name band on your child's wrist, check their temperature, heart rate and breathing rate.

The nurse will look after you and your child for the day and together and prepare your child for the operation. They will make sure you understand the routine of the day and your child's care before and after the operation. They will be able to answer many of the questions you or your child may have.

The anaesthetist and the surgeon will come to see you and your child on the ward. They will ask you to sign a consent form, discuss the procedure and answer any further questions you may have.

Very occasionally we may have to cancel the surgery on the day. This may be if your child is unwell or has active tonsillitis on the day of the operation. Whilst we understand this may be

disappointing this is done as the operation is more difficult and less safe when the tonsils are actively infected. We would wait for at least two weeks after the infection has cleared up before going ahead with the surgery.

## **In the anaesthetic room**

A nurse and one parent or carer can accompany your child to the anaesthetic room. Your child may take a toy or comforter.

It may be possible to give the anaesthetic with your child on your lap. They may have gas to breathe or an injection through a cannula (a thin plastic tube that is placed under the skin usually on the back of the hand). Local anaesthetic cream (EMLA or Ametop sometimes known as 'magic cream') can be placed on the back of the hand before injections so they don't hurt as much. It works well in 9 out of 10 children.

If the anaesthetic is given by gas it may take a little while for your child to become anaesthetised. They may become a little restless as the gases take effect. If an injection is used your child will normally fall asleep very quickly. Some parents find this upsetting.

Once your child is asleep you will be asked to leave quickly so that the medical staff can concentrate on looking after your child. The nurse will take you back to the ward to wait for your child.

Your child will then be taken into the operating room to have the operation. The anaesthetist will be with your child at all times.

## **After the operation**

Your nurse will take regular checks of your child's temperature, heart rate and breathing rate. They will also assess your child's pain and make sure they have enough pain relief to keep them comfortable.

Once your child is awake enough after their anaesthetic they can start to drink, if they are not feeling sick, they can then have something to eat.

Your child will need to be monitored in the day-care ward for at least 4 hours before they will be allowed to go home. This is usually enough time to allow the nursing team to check your child is recovering well. It also gives us enough time to check your child can eat and drink normal food and pass urine (have a wee).

Your child cannot go home on public transport after a general anaesthetic. You will need to take them home by car or taxi. This will be more comfortable for your child but will also make it quicker for you to return to hospital if there are any complications on the journey home.

Occasionally the anaesthetic may leave your child feeling sick for the first 24 hours. The best treatment for this is small, frequent amounts of fluid and food such as toast or biscuits. If vomiting occurs for longer please contact your GP.

The hospital experience can be strange and unsettling for some children so do not be concerned if your child is more clingy, easily upset or has disturbed sleep in the first few days after the operation.

## **Advice after Intracapsular tonsillectomy**

It is normal for your child's throat to be sore after surgery. This can be worst from days 3 to 5 after surgery but should then start to get better day by day after that.

We will prescribe painkillers (paracetamol and ibuprofen) for your child to take regularly at home and they should take these regularly for the first 5 days after the operation. Painkillers can be given as needed after that. It is best to give the medicines half an hour before mealtimes to make eating and drinking more comfortable. We do not normally give your child antibiotics to take home after surgery.

It is essential your child eats and drinks normally as this helps the area at the back of the throat to heal. Foods such as toast, biscuits and crisps help the area at the back of the throat stay as clean as possible.

It is normal for their throat to have yellowish scabs at the back of the throat where the tonsils were removed.

Earache and bad breath are common for a few days after the operation and you may notice your child snores for a few weeks until the area is healed and any swelling after surgery settles down. It is also normal for their nose to feel stuffy or 'bunged up'.

Your child should rest as much as possible for the first few days and stay away from people with coughs and colds. This is to prevent infection. They will need to have one week off school. Please stay within your local area for 1 week in case your child develops any complications (outlined in this leaflet) and should avoid foreign travel or flying for 3 weeks.

## **Complications**

**If your child has any serious bleeding after the operation through their mouth or nose when you get home, please telephone 999 and ask for an ambulance**

If your child has any of the following, please attend your nearest A&E department where the A&E doctors will be able to assess your child and call the ENT doctors if necessary:

- A small or minor bleed through the mouth or nose
- A high temperature of 38.5°C or higher

- Persistent pain which is not being relieved by taking the regular prescribed doses of paracetamol and ibuprofen

## Follow-up care

It is very unlikely your child will need a follow up appointment with the doctor, but you will be told by the surgeon or nurse on the day of surgery if an appointment is being made for your child.

## How to contact us if you have concerns

If you have any concerns about your child when you get home after surgery, please telephone the children's day care ward on 01494 4225506.

You may also contact your GP.

**If you have any concerns that your child may be bleeding or has an infection, please go to your nearest A&E department or call 999.**

## Further information

You may find further useful information on the following websites:

### ENT UK

[Tonsillectomy for recurrent infections - NEW | ENT UK](#)

### NHS Choices

[Tonsillitis - NHS \(www.nhs.uk\)](#)

## References

1. [07-ChildsAnaesthetic2020web.pdf \(rcoa.ac.uk\)](#)

Please remember that this leaflet is intended as general information only. We aim to make the information as up to date and accurate as possible, but please note that it is subject to change. Please therefore always check specific advice on any concerns you may have with your doctor.

## How can I help reduce healthcare associated infections?

Infection prevention & control is important to the well-being of our patients and for that reason we have infection prevention & control procedures in place. Keeping your hands clean is an

effective way of preventing the spread of infections. Please follow our infection prevention and control guidelines when visiting our healthcare sites. Further information is available on our website.

### **Patient Advice Sheet**

If you would like a copy of this information on audiotape, in large print or translated, please call the Patient Advice Liaison Service on 01296 831120 or email [bht.pals@nhs.net](mailto:bht.pals@nhs.net)