

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?

Your tonsillectomy as day surgery

Tell us what you think

We welcome suggestions to improve this booklet.

You should send these to:

The Patient Information Unit
Churchill House
35 Red Lion Square
London WC1R 4SG
email: admin@youranaesthetic.info

Edition date: May 2008

This leaflet will be reviewed within five years of the date of publication



The Royal College of Anaesthetists



The Association of Anaesthetists of Great Britain and Ireland

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 has been written by patients, patient representatives and anaesthetists, working in partnership.

You can find more information in other leaflets in the series on the website www.youranaesthetic.info. They may also be available from the anaesthetic department in your hospital.

The series includes the following:

- Anaesthesia explained (a more detailed booklet)
- You and your anaesthetic (a shorter summary)
- 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 or knee replacement

Risks associated with your anaesthetic

A collection of 14 articles about specific risks associated with having an anaesthetic has been developed to supplement the patient information leaflets. The risk articles are available on the website www.youranaesthetic.info.

Throughout this booklet we use these symbols:



To highlight your options or choices



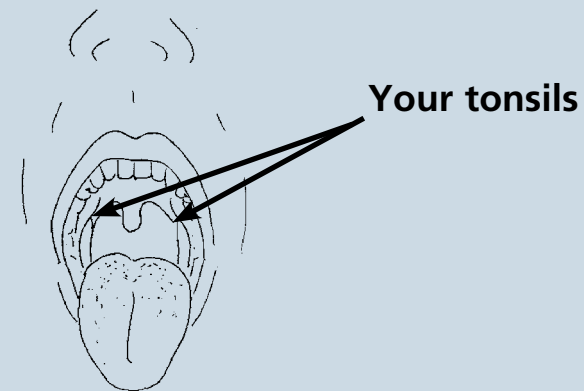
To highlight where you may want to take action



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. This is also called sleep apnoea or upper airway obstruction.

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 should make sure you have all the information you need before you have your surgery. 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.

You will be asked to sign a consent form for the operation. Even after you have signed it, you can still decide that you do not wish to go ahead. You can have more information and more time to decide if you want. Nothing will happen to you until you understand and agree with what has been planned for you.

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. The surgeon seals any bleeding areas that are left with localised high frequency electrical current or silk thread ties. If ties are used, these fall away after several days and do not need to be removed. 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 should discuss this with you beforehand. 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 you may be allowed something light to eat. If you are in pain you will be offered 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 who 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 stay overnight.

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. If you normally take aspirin to thin your blood, you should have already received advice from your hospital doctors about when it is safe to restart. If not, or if you are unsure, please ask the doctors on the ward before you leave.
- 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. Alternatives are to go to your hospital emergency department, use a walk-in centre for advice and treatment or, in some hospitals, you may be given an emergency number for the ENT department.

Bleeding

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



If there is bleeding, with more than very slight amounts of blood, you should go straight to your nearest hospital emergency department.

Side effects, 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.

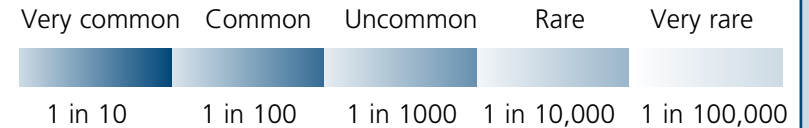
Like all medical treatments there are some side effects (which do not usually last long) and some risks.

- 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 but it has never been shown to have actually happened.
- Serious problems due to an anaesthetic are uncommon. All operations carry a small risk of death from the combined effects of surgery and the anaesthetic. More detailed information can be found in the booklet '*Anaesthesia explained*' and in the series of articles on Risk (see inside front cover of this leaflet).



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

The Royal College of Anaesthetists

Churchill House
 35 Red Lion Square website: www.rcoa.ac.uk
 London WC1R 4SG E-mail: info@rcoa.ac.uk
 Tel: 020 7092 1500 Fax: 020 7092 1730

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

The Association of Anaesthetists of Great Britain and Ireland

21 Portland Place website: www.aagbi.org
 London WC1B 1PY E-mail: info@aagbi.org
 Tel: 020 7631 1650 Fax: 020 7631 4352

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

The British Association of Otorhinolaryngologists – Head and Neck Surgeons

c/o The Royal Colleges of Surgeons England
 35–43 Lincoln's Inn Fields
 London WC2A 3PE website: www.entuk.org
 Tel: 020 7404 8373 Fax: 020 7404 4200

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

© The Royal College of Anaesthetists (RCoA) and The Association of Anaesthetists of Great Britain and Ireland (AAGBI)

The RCoA 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 RCoA crests are to be kept.