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Information Regarding Tonsillectomy

Reasons for having the operation

Recurrent throat infections
Snoring / sleep apnoea
Suspicious lump in the tonsil

Results

Excellent for recurrent bacterial throat infections
Excellent in children for snoring and sleep apnoea, more variable in adults depending on other factors such as weight.

Nature of the operation

You will be admitted to hospital on the day of the surgery
The operation is done under general anaesthetic
The operation normally takes about 1/2 an hour, and is done through the mouth.
You may eat and drink as you wish once you are awake. Drinking is particularly important in the post-operative period.
Usually you will be able to go home 6 hours after surgery. If the operation is done in the afternoon, this usually means staying overnight, however if your surgery is done in the morning most patients are able to go home that afternoon. If there are any concerns regarding pain control, nausea or drowsiness, then you may need to stay overnight.

Side-effects and Risks

Pain. This usually increases over the first 7-10 days and then gets suddenly better. There will be some discomfort when yawning etc. for about 4 weeks.

Bleeding. There is some risk of bleeding as the throat heals for 2 weeks after the surgery. Approximately 1 in 10 people have bleeding which is minor and settles, about 1 in 100 require a blood transfusion or another operation to stop the bleeding.

Anti-inflammatory medications such as Nurofen, Brufen, Voltaren and aspirin increase the risk of bleeding and should be stopped 1 week prior to surgery and started again 2 weeks after the operation. Please notify me if you have a known bleeding disorder or a family history of this.

Other. There is a small (<1%) risk of other complications. These include jaw joint pain and or clicking, which usually settles with time, altered taste sensation which may be long standing and risks related to the general anaesthetic.

Adenoids

If discussed prior to the operation, the adenoids may be removed as well as the tonsils to unblock the nose in children, or to reduce the likelihood of further ear infections. This is also done through the mouth. There is a <1% risk of persistent bleeding at surgery, which requires a pack to be inserted into the back of the nose. This then requires a second anaesthetic to remove it the next day or so. There is also a small risk in some children of hypernasal speech once the adenoids are removed, which usually resolves spontaneously. Rarely it may require speech therapy or further surgery.

Post- operative Information

Pain

It is expected that regular pain-killers will be required for 7-10 days. Sometimes the pain presents as ear ache.

My recommended schedule of pain relief for adults is:

- Paracetamol, 2 tablets, 4 times a day (1/2 an hour before meals and at bed time).
- Targin 10/5 1-2 tablets, 2 times a day (first thing in the morning and ½ hr before dinner)
- Endone, 5 – 10mg may be taken 4-6 hourly for breakthrough pain during the day or overnight. Nausea is an uncommon side effect of endone, but if it occurs the dose should be reduced. Constipation is another possible side effect. Your pharmacist can recommend a laxative if required.
- Celebrex, 100-200mg twice daily. This can be used in addition to the paracetamol, Targin and Endone or instead of endone as a third line pain killer.
- Prednisolone 25mg daily. If the throat discomfort becomes suddenly worse despite the above medication, adding prednisolone can help to reduce any swelling and pain. This should be stopped once the pain comes back under control

-For children, regular Paracetamol is usually adequate and the preferred analgaesic. If pain persists, Nurofen can be added, but may slightly increase the risk of bleeding problems. Codeine should be avoided as rare cases of excessive sedation have been reported.

Bleeding

It is recommended that strenuous activity be avoided for the first 2 weeks following surgery. Showers should be warm, not hot. It is very important to be within an hour of a major hospital during this period.

If some bleeding does occur, sit up and suck on some ice.

If bleeding is persistent (longer than 5-10 minutes) or severe you should contact me on my pager and go straight to hospital.

For children, the best place to go is one of the two major paediatric emergency centres in Melbourne – **Monash Medical Centre**, 246 Clayton Road, Clayton, or the **Royal Children's Hospital**, Flemington Road, Parkville. I will contact the doctors there to let them know you are coming.

For adults the best place to go will usually be the **Alfred Hospital**, Commercial Road, Prahran, where I have a consultant appointment. You will need a large bowl, a cold damp towel for the neck and some-one else to drive. Do not speed. Other appropriate hospitals include the Monash medical centre, Casey, Dandenong, The Eye and Ear, The Austin and Box Hill hospitals if they are closer to you. I do not recommend going to a private emergency department in this situation.

Infection

It is normal for the tonsil area to appear white in the first 2 week as the area heals. Uncommonly, antibiotics may be required if fever is present.

Check-up

An appointment should be made to see me 2-3 weeks following surgery. Any ongoing concerns can be discussed then.

Time off Work / School

1-2 weeks is usually required. A work certificate will be provided at your post operative visit as required.