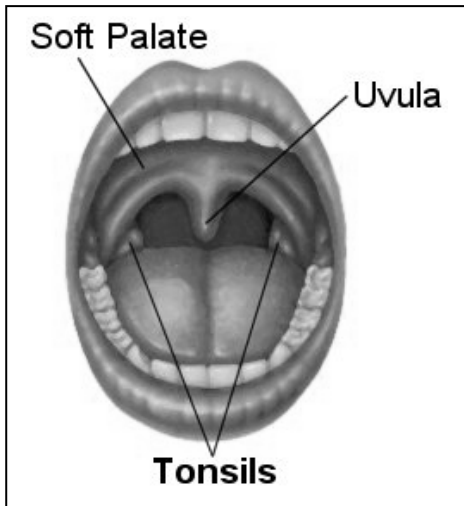


# Tonsillectomy- Adult



## WHAT ARE THE TONSILS?

They are oval shaped pads on either side of the back of your throat that are part of the body's immune system. Removing them seems to have no significant impact on the body's ability to fight infection.

## WHY IS TONSILLECTOMY PERFORMED?

Most commonly, they are removed in children for frequent bacterial infections. Infections are

slightly less common in adults but still occur. Removing the tonsils will not prevent viral infections that cause many sore throats but will prevent bacterial (severe) infections. Very large tonsils may interfere with breathing at night and cause snoring or more serious problems with inadequate oxygen getting to the brain at night (sleep apnea). Rarely, tonsils are removed to rule out cancer.

## WHAT ARE THE RISKS OF SURGERY?

Potentially serious events:

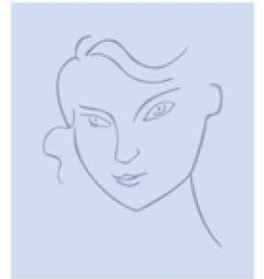
- Reaction to anesthesia: serious events occur rarely (1:60,000 approx.). Patients with sleep apnea have a slightly higher risk.
- Bleeding: about 1 in 10 adults (slightly less children) have some bleeding after tonsillectomy, usually about 1 week after surgery. Most require a trip to the emergency room for observation. About 1/100 cases will require a second anesthetic to stop the bleeding. Rarely (0.1%) a blood transfusion is required.

Less serious events:

- Pain: normally lasts 10-14 days and is similar to a bacterial infection. Most people cannot work for 7-10 days.
- Nerve changes: numbness on the tongue or change in taste is usually temporary.
- Loss of teeth or crowns (rare) especially if they are loose or unstable.
- Cautery burns to the lips (rare) usually heal well.

## PREPARING FOR TONSILLECTOMY.

- Stop smoking (ideally 2 weeks before) will help your recovery
- Don't eat or drink anything after midnight before the surgery (you may have a light breakfast before 6am if your surgery is in the afternoon)
- Arrange someone to drive you home
- Plan to take 10 days off work
- Avoid aspirin, ibuprofen for 2 weeks before surgery (they may increase bleeding risk)



North Melbourne ENT  
ABN 28 582 450 307

100/30 Wreckyn Street  
North Melbourne VIC 3051  
T 03 9078 8074  
F 03 9078 8105  
northmelbourne@nment.com.au  
www.nment.com.au

Also located at:  
Williamstown ENT

54 Electra Street  
Williamstown VIC 3016  
T 03 9397 5507  
F 03 9397 6914  
williamstown@nment.com.au

A/Prof Tim Iseli  
MBBS (hons.), FRACS  
ENT Surgeon  
Provider No. 231248MT (N)  
Provider No. 231248NB (W)

Dr Claire Iseli  
MBBS (hons.), FRACS, MS  
ENT Surgeon  
Provider No. 246559JX (N)  
Provider No. 246559PB (W)

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## AFTER TONSILLECTOMY.

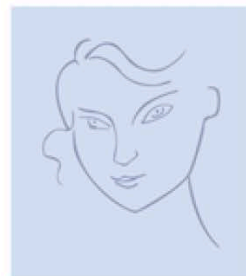
You have had your tonsils removed. If you look in your mouth over the next ten to fourteen days you will notice in the back of the throat where the tonsils were, that the area looks very whitish or grey in color, and looks quite ragged and rough. This is the normal appearance following a tonsillectomy and you do not have to be worried.

## PAIN KILLERS

- You should take paracetamol (Panadol®, panadeine), regularly for pain and *inflammation* (soreness) for 10 days. If you require stronger pain relief take the prescription medications your doctor has given you. If the pain killers contain paracetamol (eg panadeine forte) take them in place of paracetamol. Your pain will normally get worse up to the 5<sup>th</sup> day and then get better after the 7-10<sup>th</sup> days- this is normal. Do NOT take aspirin or other over the counter anti-inflammatory agents (eg ibuprofen, naproxen) because they increase the chances for bleeding by making your blood “thinner”. This means it doesn't clot as easily.
- Oxycontin is a long acting morphine style pain killer that is taken twice/ day (adult dose usually 10mg 2x/day). Usually its best to take regularly unless causing side effects. These cannot but cut up or divided since the coating provides the long acting effect. Side effects include drowsiness, constipation and nausea (rarely vomiting). You should not drive or make important eg financial decisions whilst on these. If you get very nauseated, you might stop these. If the nausea is mild, it tends to improve with repeated doses. Drink plenty of water and eat plenty of fiber for constipation. If you have not opened your bowels for more than 2 days, take a laxative eg Metamucil.
- Oxycodone is a short acting morphine style pain killer. Typical dosing is 5mg-10mg every 4 hours. Its best to wait 10 minutes after 5mg tablet then take the second if you still have strong pain. You can cut these tablets and take 2.5mg. Side effects again include drowsiness, constipation and nausea (rarely vomiting). If you are quite nauseated, try taking a lower dose and build up if required (nausea tends to be less each dose).

## HOME CARE INSTRUCTIONS

- You may feel worn out and tired for a while. Get the proper amount of rest.
- Earache is expected. It is usually not an ear infection, it is referred from the throat.
- Frequent coughing and clearing the throat should be avoided
- Foul mouth odor is common and is relieved by abundant fluid intake.
- **Don't smoke!**
- Avoid vigorous exercise immediately after the operation.
- If you are taking painkillers, do not operate machinery, drive or make important decisions until your caregiver says it is OK.
- Take all antibiotics as directed for the length of time directed.
- Because of the sore throat and swelling you may not feel very hungry. Soft and cold foods such as ice cream, popsicles, and cold drinks are usually the easiest to eat. You may start to eat solid foods when your throat feels more comfortable and you are able to eat them.
- Avoid mouth washes and gargles.
- Avoid people with upper respiratory infections such as colds and sore throats.
- An ice pack applied to your neck may help with discomfort and keep swelling down. After two to three days, a heating pad may be applied for fifteen minutes



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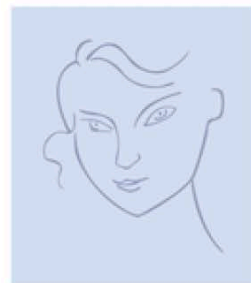
four times per day or as needed for comfort. Use this only if it seems to be helpful. **Do not sleep with a heating pad.**

**SEEK MEDICAL ATTENTION IF:**

- You notice fresh bleeding or if you vomit, cough or spit up bright red blood.
- Increasing pain that is not controlled with medications.
- An unexplained oral temperature above 38.5 degrees develops.
- You feel lightheaded or have a fainting spell.

**SEEK IMMEDIATE MEDICAL ATTENTION IF:**

**You develop a rash, have difficulty breathing, or have other allergic problems or side effects you think may be coming from medications.**



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