

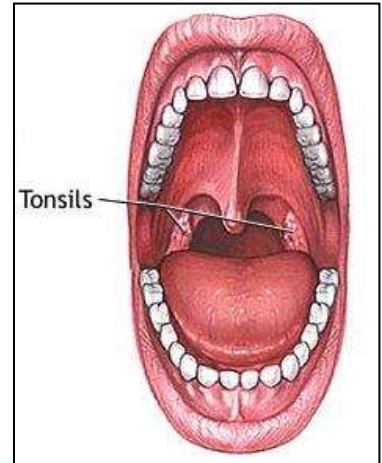


## Operation Information

### Tonsillectomy

#### Introduction

Tonsils are masses of immune cells commonly found in lymph glands (lymphoid tissue) which are located in the mouth. Infected or enlarged tonsils may cause chronic or recurrent sore throat, abscess and upper airway obstruction causing difficulty in swallowing, snoring or sleep apnoea. Tonsillectomy is a surgical procedure performed to remove the tonsils.



Source:  
<http://healthguide.howstuffworks.com/tonsillectomy-picture-a.htm>

#### Indications

1. Recurrent / Chronic tonsillitis
2. Peritonsillar abscess
3. Obstructive sleep apnea syndrome (OSAS) or snoring
4. Biopsy for histological diagnosis
5. Tonsillar malignancy

#### Outcomes

The aim of this operation is to remove the tonsils. It helps to prevent further episodes of tonsillitis, relieve sleep apnea and reduce snoring. There are chances of incomplete removal of disease and recurrence after initial.

#### Procedures

1. The operation is performed under general anaesthesia.
2. Tonsils are removed through the mouth.

#### Possible Risks and Complications

1. Common risks and complications ( $\geq 1\%$ )
  - i) Bleeding
  - ii) Pain
  - iii) Infection
  - iv) Local trauma to oral tissues
2. Uncommon risks and complications ( $< 1\%$ )
  - i) Teeth injury
  - ii) Jaw injury
  - iii) Voice change
  - iv) Upper airway obstruction
  - v) Postoperative pulmonary oedema
  - vi) Cervical spine injury
  - vii) Death due to serious surgical complications

\*\* The risks listed above are in general terms and the possibility of complications is not exhaustive. Please understand that even though all operations are carried out with utmost professionalism and

care this does not rule out the possibility of complications arising. In the event of peripheral organ damage or post-operative haemorrhage or leakage, further operations may be required.

## **Pre-operative Preparations**

1. The procedure and possible complications will be explained by the doctor and a consent form must be signed prior to the operation.
2. Please inform the doctor and nurse all your past medical history, previous surgical operations, current medication and any complication with drug or anaesthesia.
3. Please inform the doctor if you have a recent upper respiratory tract infection. The operation date may need to be changed.
4. No food or drink six hours before operation.
5. Please change into a surgical gown after removing all clothing including undergarments, dentures, jewellery and contact lenses.
6. Please empty your bladder before the operation.

## **Post-operative Instructions**

### **General**

1. After general anaesthesia, you may:
  - experience discomfort in the throat after tracheal intubation.
  - experience side effects of anaesthesia includes feeling tired, drowsy, nausea or vomiting. Inform the nurse if symptoms persist or worsen.
2. Please inform the nurse of wound pain. Proper pain relief treatment by injection or oral medication may be prescribed by the doctor.

### **Wound Care**

1. You will have sore throat and some swallowing difficulty after the operation which will last for a few days.
2. Small amount of blood-stained saliva is normal after the operation.

### **Diet**

1. You may resume diet as instructed after recovery from anaesthesia. Please start with cool liquid and then proceed to soft (e.g. ice cream, yogurt, pudding, eggs, fish, tofu, etc). You may resume solid food gradually.
2. Sucking of ice cube can reduce the chance of bleeding.
3. Please avoid hot, spicy, sour and hard food until the wound is healed.
4. Please drink plenty of fluids to avoid dehydration.

## **Advices on Discharge**

1. Please comply with medication regime as prescribed by your doctor.
2. Your throat will look white in color and may develop scabs while it heals. This is normal.
3. Avoid contacting patients with respiratory diseases within 2 weeks after the operation. Please wear surgical mask when you are in crowded place.
4. Immediately consult your doctor or return to hospital for professional attention in the event of severe pain, swelling, purulent discharge, persistent bleeding from the mouth, difficulty in swallowing or breathing, shivering, high fever over 38°C or 100°F, or any other unusual symptoms etc.
5. Any follow-up consultations should be attended as scheduled.

## **Alternative Treatments**

1. Antibiotic to treat infection
2. Nasal continuous positive airway pressure (CPAP) device for OSAS
3. Radiotherapy / Chemotherapy for malignancy

## **Consequences of No Treatment**

1. Recurrent tonsillitis or peritonsillar abscess and its complications
2. Complications of untreated OSAS
3. No histological diagnosis for suspected tonsillar tumour

Should there be any enquiries or concerns, please consult the attending doctor.

Under the professional care of the doctor, you will gradually recover. We wish you all the best during your treatment and recovery.

If you have any questions after reading the entire leaflet, please write them down in the spaces provided in order for the doctor to further follow-up.

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Compiled by Union Hospital Operating Theatre (OT) Governance Committee

The above information is for reference only, please enquire your physician for details  
Our Hospital reserves the RIGHT to amend any information in this leaflet without prior notification