

Indications

1. Recurrent/Chronic tonsillitis.
2. Peritonsillar abscess.
3. Obstructive Sleep Apnea Syndrome (OSAS) / Snoring.
4. Biopsy for histological diagnosis.
5. Tonsillar malignancy.
6. Provide access for other head and neck surgery.

Intended Benefits and Expected Outcome

1. Reduce tonsil / throat infection.
2. Relieve sleep apnea / reduce snoring.
3. Provide histological diagnosis.
4. There are chances of incomplete removal of disease and recurrence after initial improvement.

The Operation

The operation is done under general anaesthesia. The tonsils are removed through the mouth.

Preoperative Preparation

1. Admit 1 day before or on same day of this “elective” operation.
2. Anaesthetic assessment. **Inform your doctors** about drug allergy, regular medications or other medical conditions.
3. Keep fast for 6 to 8 hours before operation.
4. Empty bladder and change to operation clothes before transfer to operating room.
5. Pre-medication, antibiotic prophylaxis and intravenous line may be required.

Postoperative Instruction**A. General**

1. Mild throat discomfort or pain because of intubation.
2. Mild discomfort or pain over the operation site. Inform nurses if more analgesics are required.
3. Nausea or vomiting are common; inform nurses if symptoms severe.

B. Wound care

1. You will have sore throat and some swallowing difficulty after the operation which will last for a few days.
2. A small amount of blood-stained saliva is normal. However, if you experience persistent bleeding from the mouth, you must attend the nearby emergency department.

C. Diet

Resume diet, usually 4 hours after anaesthesia, and when taking sips of water well.

Common Risks and Complications (not all possible complications are listed)**A. Anesthesia related complications**

1. Cardiovascular: myocardial infarction or ischaemia, stroke, deep vein thrombosis, pulmonary embolism, etc.
2. Respiratory: atelectasis, pneumonia, asthmatic attack, exacerbation of chronic obstructive airway disease.
3. Allergic reaction and shock.
4. Toxicity of local anaesthetic injected around the site of operation may result in serious complication although rare.

B. Procedure related complications**Common Risks and Complications ($\geq 1\%$ risk)**

1. Bleeding.
2. Pain.
3. Infection.
4. Local trauma to oral / oropharyngeal tissues.

Uncommon Risks with Serious Consequences ($<1\%$ risk)

1. Teeth injury.
2. Jaw injury.
3. Voice changes.
4. Upper airway obstruction.
5. Postoperative pulmonary edema.
6. Cervical spine injury.
7. Death due to serious surgical and anaesthetic complications.

Alternative Treatment

1. Repeated antibiotics to treat recurrent infection.
2. Nasal Continuous Positive Airway Pressure (CPAP) device for OSAS.
3. Radiotherapy / Chemotherapy for malignancy.

Conditions that would not be Benefited by the Procedure

Throat problems not attributed by the tonsils.

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.

Things to take note after discharge

1. Contact your doctor or a nearby Accident & Emergency Department if you find increasing discharge, pain and or redness around the wound.
2. Take analgesics prescribed by your doctor if required.
3. See the doctor as scheduled.

Remarks

This is general information only and the list of complications is not exhaustive. Other unforeseen complications may occasionally occur. In special patient groups, the actual risk may be different. For further information please contact your doctor. Evangel Hospital reserves the right to amend this leaflet without prior notice. We welcome suggestions or enquiries on the information provided in this leaflet. Please contact our Healthcare professionals so that we could follow up and make improvement.

Reference

Hospital Authority: "Tonsillectomy 扁桃體切除術" (2015)

Smart Patient: http://www.ekg.org.hk/pilic/public/ENT_PILIC/ENT_Tonsillectomy_0129_engchi.pdf (13-07-2023)