



Intracapsular tonsillectomy for children

QUICK FACTS

- Tonsillectomy is considered in sleep disordered breathing.
- Your child must have the minimum number of episodes of tonsillitis to be considered for a tonsillectomy.
- Tonsillectomy is painful. Regular painkillers are needed.
- Your child will need two weeks off school and social activities.
- The risk of bleeding after an intracapsular tonsillectomy is 2 in 1000 children.

ABOUT THE CONDITION

What are tonsils?

Tonsils sit at the back of the throat. There is one on the left and one on the right. They help fight germs and infection.

Does my child need tonsils?

Tonsils are important when you are a young child. After the age of three, they become less important and get smaller. You can still fight infections without tonsils.

They might need to be removed if they are doing more harm than good.

What problems can tonsils cause?

Tonsillitis.

Tonsillitis is an infection of the tonsils. It can be caused by a virus or bacteria. Tonsillitis causes a high temperature, sore throat, bad breath, pain when your child swallows and swollen glands in the neck. It can make your child feel very tired and unwell for three to four days. Some children may feel unwell for longer.

Some children miss a lot of school because of recurrent tonsillitis.

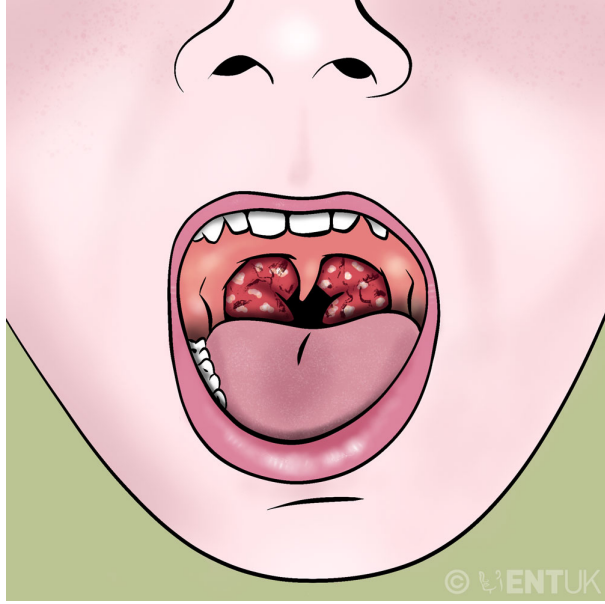


Figure 1. Large, infected tonsils (red and covered in white spots or pus)

Tonsillitis caused by a virus is treated with painkillers and rest. If your child's tonsillitis is caused by a bacterial infection, antibiotics are also needed.

Quinsy

Pus can collect next to the infected tonsil. This is called **quinsy**. It can cause a severe sore throat (usually one side feels worse than the other) and high temperature. Your child may find it hard to breathe and open their mouth. The pus will need to be drained. This can be done under local anaesthetic in older children. Younger children will need to be asleep under a general anaesthetic. Usually, the tonsils are removed and the pus is drained while your child is asleep. Your child will also be given painkillers and antibiotics.

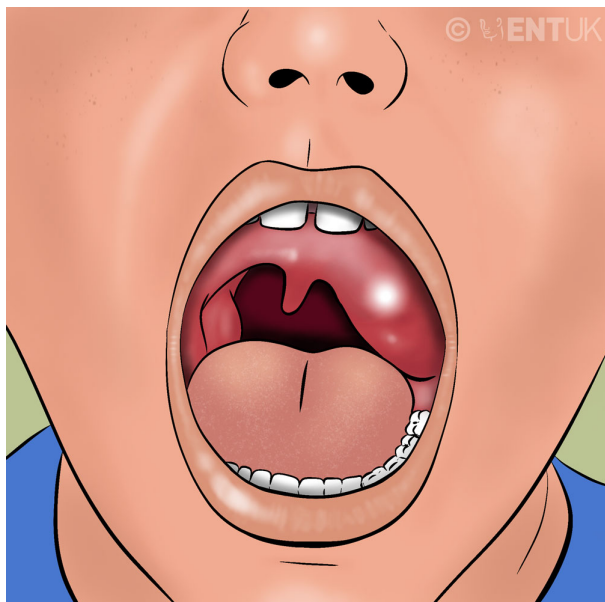


Figure 2. A child with a left quinsy.

Sleep-related breathing disorders

Large tonsils can cause mouth breathing and snoring. It can also cause breathing pauses when your child sleeps. It may sound like your child has stopped breathing for a few seconds. It can make your child feel

very tired and unwell.

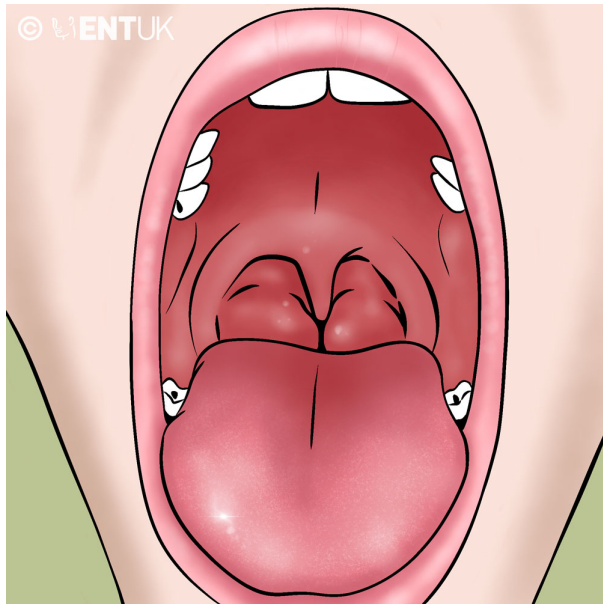


Figure 3. Large tonsils partly blocking the back of the throat.

ABOUT THE PROCEDURE

Why has a tonsillectomy been recommended for my child?

The operation to remove the tonsils is called a tonsillectomy. It is a very common operation.

To have the operation, your child must have had severe tonsillitis, quinsy or problems breathing in their sleep several times. There must be more benefits for having the operation than the common risks.

What is intracapsular tonsillectomy?

Tonsils are surrounded by a thin layer of tissue called a capsule. Intracapsular tonsillectomy uses a heat device to remove the tonsil but leave the capsule in place. The traditional way of performing a tonsillectomy (also known as an extracapsular tonsillectomy) removes both the tonsil and capsule.

What are the alternatives?

You can wait and see if the problem gets better by itself. Children often grow out of the problem over a year or so.

Your child may not need an operation. Tonsillitis can be treated with painkillers and antibiotics. Too many courses of antibiotics can cause other problems.

Saline (saltwater) gargles can help. This can make tonsillitis less severe and reduce how often your child gets it. Young children find gargling difficult.

Your child could have an **extracapsular tonsillectomy**, which is the traditional way of removing the tonsils. This operation removes both the tonsil and the capsule.

Why choose intracapsular tonsillectomy?

The doctor should explain the best treatment for your child.

The risk of bleeding after the operation is around ten times less in intracapsular tonsillectomy than in extracapsular tonsillectomy. Intracapsular tonsillectomy is also thought to be less painful.

However, a small amount of tonsil may be left behind, which may grow back. This could mean previous tonsil problems also return. Around 2 children in 100 may need further surgery to remove tonsil tissue that has grown back.

What if I don't want my child to have surgery?

You can change your mind at any time. Signing a consent form does not mean your child has to have the operation.

If you wish to have a second opinion, your ENT doctor or your GP can arrange one for you with a different ENT specialist.

Before my child's operation

Arrange for two weeks off school or nursery.

You must tell us if your child has any unusual bleeding or bruising problems. Also tell us if other family members have this type of problem. Before the operation, please let your child's surgeon and anaesthetist know if your child has any loose, capped, or crowned teeth.

Let your ENT specialist know if your child has a cold or a sore throat in the week before the operation. It will be safer to delay the operation.

What does the operation involve?

Your child will be asleep under a general anaesthetic. A tonsillectomy is performed through the mouth using a hot instrument called a **coblator**. There are no outside cuts or scars.

The operation usually takes about 30 minutes. Your child will then be taken to a recovery area. They will be carefully watched while they wake up. They will be away from the ward for about an hour.

What happens after the operation?

After the operation, your child will go to the recovery ward. When the anaesthetic has worn off, they will go back to the day surgery unit if the surgery is a day case. If they are staying overnight, they will go to the ward.

What symptoms should I expect after surgery?

- **Sore throat.** Your child's throat will be sore. This may get worse 3 to 5 days after the operation. It will slowly get better. Give your child painkillers half an hour before meals for the first few days. Do not give more than it says on the label. Do not give your child aspirin. Aspirin is not safe to give to children under 16 at any time unless prescribed by a doctor.
- **Sore ears.** Your child may have sore ears. This is normal. It does not usually mean your child has an ear infection.
- **Bad breath.** Bad breath is very common after tonsillectomy. It doesn't always mean your child has an infection. Drinking lots of water and chewing gum may help.
- **Feeling sick.** Some children feel sick after the operation, but not for long. Your child may need some medicine for this.
- **Swollen uvula.** Your child's uvula (the dangling bit at the back of their throat) can swell up after the operation. This can feel like there is something stuck at the back of the throat. It gets better within a few days. It does not usually need medicine.
- **High temperature.** A high temperature in the first day or two after the operation is common. Half of patients may get this. A temperature that quickly goes back to normal should not need antibiotics.

What will my child's throat look like after the operation?

The back of the throat will be covered with a white coating. This is completely normal and means it is healing. It is not pus and does not need antibiotics.

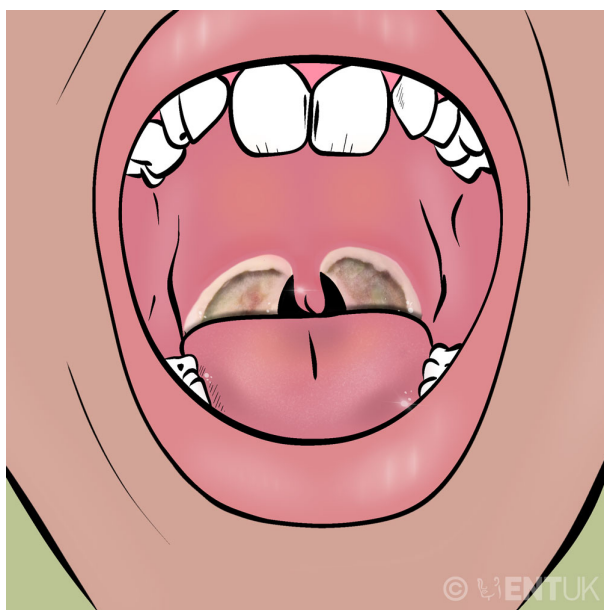


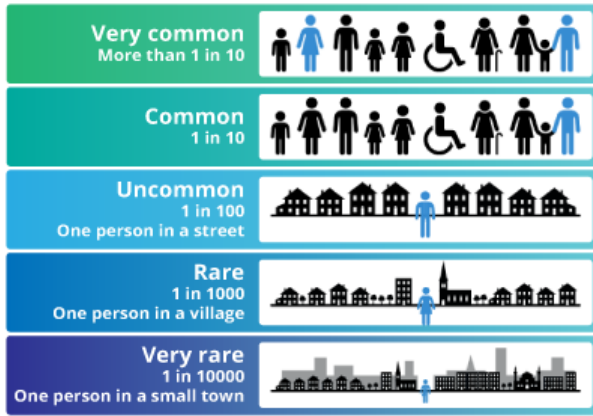
Figure 4. After tonsillectomy, the back of the throat will be covered with a white coating.

ABOUT THE RISKS

What are the risks of tonsillectomy?

Tonsil surgery is very safe, but every operation carries certain risks. The main ones are **bleeding and infection**.

Complications fall into the following groups.



Bleeding. The most serious problem after a tonsillectomy is bleeding. This is rare with intracapsular tonsillectomy. It affects 2 out of every 1000 children having this operation. A very small number of these will need a second operation to stop the bleeding.

If your child spits or vomits **fresh, bright red blood** or **large fresh blood clots**, you must take them to the nearest Emergency Department straight away.

Infection. Some children get a throat infection in the first two weeks after the operation. This usually happens if they have not been eating properly. You may notice a high temperature (**38°C/100°F or above**) that does not go down and a bad smell from your child’s throat. Speak to your GP or the hospital for advice.

Damage to teeth, lips and gums. We use an instrument to keep your child’s mouth open during the operation. This sits on the teeth. It is uncommon to damage, chip or dislodge a tooth.

Residual tonsils. With intracapsular tonsillectomy, there is a small risk some of the tonsil may be left behind. Around 2 in 100 children will need a second operation to remove this if it causes problems.

General anaesthetic. The operation takes place under general anaesthetic. This is very safe in children. Your child’s pre-assessment team will inform you about the risks of a general anaesthetic. [For more information, click here.](#)

AFTER THE SURGERY

Can my child eat and drink as normal after tonsillectomy?

Yes. Your child must keep drinking lots of fluids after the operation. They must be able to eat and drink before they can go home.

Taking painkillers 30 minutes before eating will help with pain.

Eating and drinking normally will help clean the back of the throat and make bleeding and infection less likely. Chewing gum can also help.

If your child does not eat and drink, they may become dehydrated.

How long will my child be in hospital?

In most hospitals, we aim to do your child's tonsillectomy as a day case. This means your child will be able to go home on the day of the operation. Some children may need to stay in hospital for one night. This may depend on the age of your child and if they have any other health problems. Please discuss this with your child's specialist.

Your child can only go home when they are eating and drinking and feel well enough.

How long will my child be off school?

Keep your child off school for 10 to 14 days. When the throat is healing, your child can pick up an infection more easily.

Make sure they rest at home away from crowds and smoky places. Keep them away from people with coughs or colds.

Your child should not do any hard exercise for two weeks to help the throat heal.

Can my child brush their teeth?

Yes. Your child should brush their teeth after the operation to help keep their mouth clean.

Will my child need a follow-up appointment?

Not usually. Your surgical team will tell you before you go home if you need an appointment.

Who do I contact if I have problems in the two weeks after my child's operation?

Please contact the day surgery unit or your GP if your child has the following problems:

- Difficulty swallowing liquids.
- Painkillers do not help with their pain.
- A high temperature of 38°C/100°F or above that does not go down.

Go straight to your nearest Emergency Department if your child has any of the following:

1. Spitting out **bright red blood** or **clots**.
 2. Difficulty breathing.
 3. **Vomiting bright red**, black or brown vomit. This could be blood and needs to be checked.
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***Disclaimer:** This publication is designed for the information of patients. Whilst every effort has been made to ensure accuracy, the information contained may not be comprehensive and patients should not act upon it without seeking professional advice.*

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