

Making a decision about tonsillectomy

The tonsils and adenoids are separate glands in the throat that are part of the body's defence against infections. They are often larger in young children who have frequent colds.

A tonsillectomy is an operation that removes these glands through the mouth. Tonsillectomy is mainly done in children who have frequent severe tonsillitis or severe snoring and sleep apnoea. If symptoms are mild, a wait and see approach is recommended as problems often get better as children get older.

You and your doctor are in the best position to decide if this operation will help your child. This information aims to help you decide if this operation might be right for your child.

WHO WILL THIS OPERATION HELP MOST?

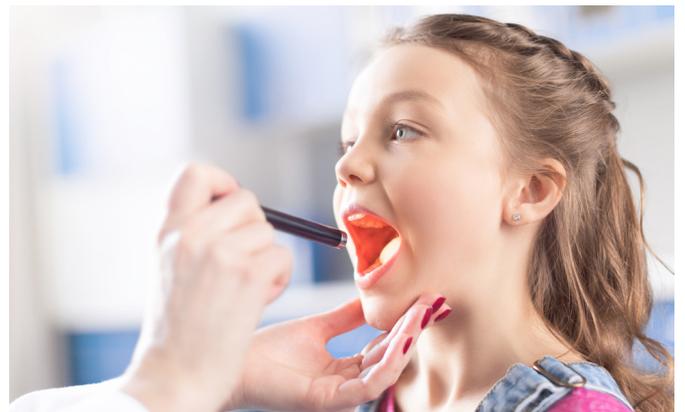
Tonsillectomy can improve health and quality of life for many children. However, mild problems can get better as a child gets older without surgery. Waiting six months may be a good option if you are not sure. The more severe your child's health problems are, the more likely it is that surgery will help them. The problems that are most likely to improve with surgery include:

Frequent tonsillitis

Children with **frequent severe** sore throats associated with a fever, swollen glands in the neck and pus on the tonsils. Often they are unwell enough to miss school or childcare for more than a few days.

As a guide, frequent is considered to be:

- at least 7 infections in the past year
- at least 5 infections per year for 2 years
- at least 3 infections per year for 3 years.



Snoring and sleep apnoea

Children with noisy breathing while asleep most nights and at least **two other related problems**, even when they are not sick.

Other related problems include:

- struggling to breathe while asleep
- pauses in breathing during sleep
- gasping or choking during sleep
- persistent daytime mouth breathing
- daytime tiredness, concentration or behaviour problems not related to other causes.

WHAT WILL HAPPEN WITHOUT SURGERY?

Frequent tonsillitis

If your child has less frequent infections, then a wait and see approach is recommended. Even without surgery, episodes of tonsillitis usually become less frequent as your child gets older.

WHY HAVE AN OPERATION?

Frequent tonsillitis

It is not unusual for children to have frequent sore throats. A small number have very frequent and severe throat infections.

Removing the tonsils may help to reduce the number of throat infections your child gets.

Snoring and sleep apnoea

Two out of three children with mild sleep apnoea get better over six months without surgery.

Snoring and sleep apnoea

About one in every 10 children snore regularly, and many more snore occasionally or with colds.

Large tonsils and adenoids can block the throat during sleep and cause snoring. In some cases, this is bad enough to cause poor quality sleep and severe breathing problems, called obstructive sleep apnoea.

Removing the tonsils and adenoids creates more space in the throat and makes breathing easier during sleep.

WHAT DO I NEED TO KNOW ABOUT THE OPERATION?

Your child should stay at home for two weeks after the operation and avoid sport or vigorous physical activity.

1 in 10 children seek medical care after going home for treatment of pain, bleeding or dehydration.



Half of the children who have this operation take a week or more to eat and drink normally due to pain.



Medication for pain is usually needed four times a day for **1-2 weeks**, especially before meals. You may need to wake your child while sleeping to give pain medicine.

3 in 100 children bleed and need medical help in the two weeks after the operation. Your child's surgeon will explain the risks of the surgery specific to your child.

Everyone's situation is different. Your doctor can provide more information to help you make the right decision for your family.

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