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INFORMATION FOR PATIENTS ON HOSPITAL DISCHARGE
TONSILS AND ADENOIDS

- ◆ Mr Morrison performs two different types of surgery for tonsils: the traditional full tonsillectomy involves dissecting the whole tonsil out on each side. It is often chosen when there have been many attacks of sore throats. The second operation is called a *Coblation Intracapsular Tonsillectomy (or Tonsillotomy)* - this uses a special radio-frequency probe to eat away the tonsil tissue, shaving it back and removing over 90% of the tissue but leaving a very small fringe of tonsil. It is usually offered for very enlarged tonsils which are causing sleep disordered breathing, and is especially good in very young children. This intracapsular surgery tends to be much less painful afterwards.
- ◆ After tonsil surgery it is normal for the throat and ears to be **painful** for up to 2 weeks. Usually, it gets much better after the first week and eating becomes easier. Following the coblation intracapsular operation the pain can be quite mild and seems to get better in 3-7 days, so Paracetamol and Ibuprofen will usually be required for a shorter time enough unless the child is still in discomfort.
- ◆ Please encourage your child to **eat and drink well** over the next two weeks. This will make the throat heal better. Any type of food and drink is allowed. Chewing such as toast, crisps or even gum can be helpful. If he or she does not take sufficient fluids, and chew some foods, then a secondary infection and dehydration may occur, and this can easily lead to bleeding which will require urgent treatment.
- ◆ If your child has a persistent raised **temperature** or worsening pain with smelly breath, there is likely to be an infection. You should get a course of antibiotics from your GP, unless these have already been given.

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- ◆ **MEDICATION** If **antibiotics** have been prescribed, please take as indicated on the bottle. It is also important to give sufficient **painkillers**. Usually this means **CALPOL** four times a day - half an hour before mealtimes and at bedtime. In addition, **NUROFEN for Children** (Ibuprofen syrup) may be given three times a day. These painkillers may be required regularly for up to two weeks. The correct doses for age will be written on the bottle or prescription. Ibuprofen (Nurofen) or Voltarol should be avoided in certain children with asthma as they can make it worse. If your child has asthma and has never had these anti-inflammatories, therefore, you must give it with caution or not at all.

- ◆ **Adding stronger Pain Medications for Children:** Please note that for children under the age of 12 years (or under 18 if they have sleep apnoea), Codeine Phosphate pain killers are no longer advised or prescribed. However if more powerful analgesia is needed beyond Paracetamol and Ibuprofen, then a small amount of Dihydrocodeine might be prescribed to take home.

- ◆ If your child experiences any **bleeding** from the nose or throat which lasts more than five to ten minutes, you will need to bring him/her for assessment and probable admission or contact Mr Morrison - see below for emergency contact numbers.

- ◆ Your child must be **kept off school** for two weeks following the operation. Keep him or her away from large parties or strenuous sports and swimming for the first two weeks. This is to reduce the risk of contracting a viral respiratory tract infection.

- ◆ **APPEARANCE IN THROAT** If you look in the throat over the two week healing period, you will see two white/yellow or grey sloughy areas on each side where the tonsils used to be. This is the **normal appearance**. It only represents an infection if your child has very bad breath, is more unwell or has a fever. In this case, contact Mr Morrison or your GP for more antibiotics.

- ◆ **EMERGENCIES:** If you need to contact Mr Morrison for general advice or in an emergency firstly please try the office telephone number **0207 487 4446**. If there is no response on the above number and you need to contact Mr Morrison out of hours please ring the Hospital and Ward where you were staying for the operation – see the numbers above. The Nurses will be able to get a message to Mr Morrison at home or on his mobile phone so that he can advise. Similarly, the other hospitals listed on the above letterhead could try to contact him for you. If Mr Morrison is going to be away, he will usually have suggested an ENT Consultant Colleague who might cover. Otherwise, you should go directly to your nearest NHS Accident & Emergency Department.