PROCEDURE

Tonsillectomy

A tonsillectomy is surgery to remove the two tonsils at the back of your throat.

PURPOSE
Reduce throat infections, airway blockage, or investigate abnormal tissue

PROCEDURE TYPE
Therapeutic, sometimes diagnostic; surgical removal through the mouth

WHERE IT IS DONE
Operating theatre

ANAESTHESIA
General anaesthesia

HOW LONG IT TAKES
About 20-45 minutes

PREPARATION
Fasting, medication review, and arranging transport home

RECOVERY
Usually same day; 10-14 days recovery; no driving 24 hours

MAIN RISKS
Bleeding, dehydration, infection, anaesthesia complications

RESULTS
Symptom changes over weeks; pathology in several days if tested

Overview

A tonsillectomy is an operation to remove the palatine tonsils. These are two pads of immune tissue, one on each side at the back of your throat.

The operation is performed through your mouth, so there is usually no cut or scar on your neck. It is done under general anaesthesia, meaning you are unconscious and do not feel the surgery.

Tonsillectomy may reduce repeated tonsil infections or improve breathing when enlarged tonsils block the airway. It may also allow abnormal tonsil tissue to be examined for conditions such as cancer. Removing the tonsils does not usually cause a significant loss of immune protection.

Why the procedure is performed

Your healthcare team may offer tonsillectomy when the expected benefit is greater than the pain and risks of surgery.

Reasons include:

For repeated infections, your team will consider how often they happen, how severe they are, whether they are likely to be tonsillitis, and how much they affect your daily life. Surgery does not prevent every future sore throat because other parts of the throat can still become infected.

- Repeated episodes of acute tonsillitis that are severe, documented, and disruptive
- Sleep-disordered breathing or obstructive sleep apnoea linked to enlarged tonsils
- A tonsil abscess that does not improve with drainage and antibiotics like amoxicillin or doxycycline , or keeps returning
- Ongoing tonsil problems that seriously affect eating, sleeping, school, or work
- An enlarged, uneven, ulcerated, or otherwise abnormal tonsil that needs examination

Who should and should not have it

Tonsillectomy may be reasonable when recurrent infections or blocked breathing have a major effect on your health or daily life. It can also be important when tissue needs to be tested.

It is not the right choice for everyone. Large tonsils alone do not always need treatment. Occasional sore throats, mild tonsil stones, or infections that are becoming less frequent may be managed without surgery.

An elective operation may be delayed if you have a current respiratory or severe throat infection, because this can increase anaesthetic or breathing risks. It may also be delayed during pregnancy or while another medical condition is unstable.

Bleeding disorders and medicines that affect clotting need careful planning. They do not always prevent surgery, but the operation may be unsafe until the risk is assessed and managed. Tell your team if you or a family member has had unusual bleeding, or if you have reacted badly to an anaesthetic.

How to prepare

Your treating facility's own instructions take priority because fasting times and medicine

advice can differ.

You will usually be told when to stop eating and drinking before surgery. Following these fasting instructions reduces the chance of stomach contents entering your lungs during anaesthesia.

Give your team a complete list of prescription medicines, over-the-counter products, vitamins, and herbal supplements. This is especially important for blood thinners and medicines that affect platelets, which help blood clot. Do not stop a prescribed medicine unless the surgical or anaesthesia team tells you to.

Arrange for a responsible adult to take you home and stay with you for at least the first night. Prepare drinks, easy-to-eat foods, and any recommended pain medicines before surgery.

Contact the facility if you develop a fever, chest infection, worsening cough, or new severe throat infection before the operation. Your team will decide whether it is safer to continue or reschedule.

What happens during the procedure

After you arrive, the team will confirm your identity, the planned operation, allergies, medicines, and when you last ate or drank. You will meet an anaesthesia professional and can ask final questions before giving consent.

General anaesthesia is given through a vein or, especially for children, sometimes through a mask. A breathing tube protects the airway while you are asleep.

The surgeon holds the mouth open with a special instrument and removes the tonsils from the surrounding tissue. Surgical instruments, heat-based devices, or other energy devices may be used to remove tissue and control bleeding. There are no routine external stitches.

Sometimes only part of each tonsil is removed. This is called an intracapsular tonsillectomy or tonsillotomy. It may cause less pain and bleeding, but some tonsil tissue remains and can occasionally grow larger or cause symptoms again.

The adenoids, which sit behind the nose, may be removed during the same anaesthetic if they also contribute to airway blockage or infections. This is a separate procedure and should be discussed during consent.

Recovery and what to expect afterward

Throat pain is expected and can be significant, particularly in adults. Pain may also be felt in the

ears even when the ears are healthy. This is called referred pain because the throat and ears share nerve pathways. Pain often changes during recovery and may become worse several days after surgery as the healing surface develops and sheds.

Take pain medicine exactly as instructed. White or yellow coating where the tonsils were removed, unpleasant breath, and changes in taste are common during healing and do not necessarily mean there is an infection.

Drinking enough fluid is a priority. Start with frequent small drinks if swallowing is difficult. Eat according to your facility's advice and advance to your usual foods as you can tolerate them. Poor fluid intake can worsen pain and lead to dehydration.

Rest at home, but gentle movement is helpful. Avoid strenuous exercise, heavy lifting, swimming, and rough play for the period specified by your surgeon, often around two weeks. Stay away from smoke, which can irritate the healing throat.

Do not drive for at least 24 hours after general anaesthesia. Wait longer if you are taking medicine that causes drowsiness, cannot turn your head comfortably, or do not feel able to make an emergency stop.

Many people need about 10 to 14 days away from work or school. Adults and people with physically demanding jobs may need longer. Follow your team's advice about returning to public places because bleeding can occur later in recovery.

Risks and possible complications

Your surgeon should explain your individual risks before you consent. Important possible complications include:

Breathing may be noisy or swollen immediately after surgery. People with severe sleep apnoea, very young children, or those with certain medical conditions may need overnight monitoring.

- Bleeding: This can happen soon after surgery or during healing, often when the surgical coating separates several days later. Further treatment or another operation may be needed.
- Dehydration: Pain can make drinking difficult. Some people need fluids through a vein.
- Anaesthesia complications: These include nausea, vomiting, breathing problems, allergic reactions, and uncommon heart or circulation problems.
- Infection: Infection of the surgical area can occur, although pain and a white coating alone are normal parts of healing.

- Injury: Teeth, lips, tongue, or the lining of the mouth can be injured by instruments.
- Voice or taste changes: Temporary changes can occur. Lasting changes are uncommon.

Results and follow up

If the operation was performed for repeated infections, improvement is judged over the following months. You may have fewer episodes of tonsillitis, but you can still develop other sore throats.

When enlarged tonsils were blocking the airway, snoring and breathing may improve as swelling settles. Persistent snoring, pauses in breathing, or daytime symptoms should be discussed at follow-up because sleep apnoea can have more than one cause.

Removed tissue may be sent to a laboratory for examination under a microscope. This is especially important if a tonsil looked abnormal. Results commonly take several days, although timing differs between laboratories. Your team should explain how and when you will receive them.

Not everyone needs an in-person routine follow-up. Some facilities use a telephone review or advise you to contact them only if recovery is not progressing as expected.

Alternatives

The alternatives depend on why surgery was offered.

For recurrent tonsillitis, watchful waiting avoids surgery and its recovery but leaves open the chance of more infections. Individual bacterial episodes may be treated with antibiotics when appropriate, but antibiotics do not prevent every future episode and do not treat viral sore throats.

For mild tonsil stones, regular oral hygiene, gargling, and professional assessment may control symptoms. These options avoid surgery but may not stop stones from returning.

For sleep apnoea, weight management when relevant, treatment of nasal blockage, or continuous positive airway pressure may help. Continuous positive airway pressure uses a mask to hold the airway open during sleep. It avoids surgery but must be used regularly and may be difficult for some people to tolerate.

Partial tonsil removal may offer less pain and a lower bleeding risk than complete removal. The trade-off is that remaining tissue may enlarge or become infected again.

A tonsil abscess may sometimes be managed with needle drainage or a small incision plus

antibiotics. This avoids immediate tonsil removal but does not remove the risk of another abscess.

If cancer is suspected, a biopsy may sometimes provide a diagnosis without removing the entire tonsil. However, it may collect less tissue and could lead to another procedure.

When to call your healthcare team

Contact your surgical team promptly for pain that is not controlled as instructed, repeated vomiting, worsening fever, inability to take medicines, or signs of dehydration such as very dark urine, much less urination, dizziness, or a dry mouth.

Fresh bleeding after a tonsillectomy needs urgent medical assessment, even if it appears to stop. Do not remain at home waiting for a routine appointment.

Call emergency services or go to an emergency department immediately for:

Sit upright and spit blood out rather than swallowing it while waiting for help. Do not eat or drink unless emergency professionals tell you to.

- Heavy or continuing bleeding from the mouth or throat
- Vomiting a large amount of fresh or dark blood
- Difficulty breathing, fainting, severe weakness, or confusion
- Inability to swallow saliva together with breathing difficulty

Common questions

Will I be asleep?

Yes. Tonsillectomy is normally performed under general anaesthesia. You will be unconscious, and a breathing tube will protect your airway.

Can I drive home?

No. A responsible adult must take you home. Do not drive for at least 24 hours, and wait longer if pain or medicine affects your reactions.

How painful is a tonsillectomy?

Moderate to severe throat pain is common, especially in adults. Ear pain can also occur. Regular use of the pain plan provided by your team and steady fluid intake can make recovery more manageable.

When will I know if it worked?

Breathing may improve once swelling settles. The benefit for repeated infections is assessed over several months. Laboratory results, if tissue is tested, usually take several days.

Why is there a white coating in my throat?

A white or yellow coating normally forms over the healing areas. It is similar to a scab and is not pus by itself. It often causes temporary bad breath.

Can my tonsils grow back?

After complete removal, meaningful regrowth is uncommon. Regrowth is more possible after partial removal because a layer of tonsil tissue is intentionally left behind.

Sources

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