



Treatment for tonsils

Colleen O'Neill outlines the importance of post-operative care following tonsillectomy

TONSILLECTOMY is one of the most common surgical procedures performed on children and accounts for a significant number of paediatric admissions to hospital each year.

It is sometimes performed at the same time as an adenoidectomy. An assumption is often made that tonsillectomy is a relatively minor surgery. While undoubtedly the majority of children who undergo tonsillectomy have a successful recovery, there are a number of children who are readmitted to hospital due to postoperative complications such as tonsillar bleed.

Tonsils are lymph glands or lymph nodes located at the back of the throat. The tonsils help to prevent infections. The function of the tonsils is to filter and protect the respiratory and alimentary tract from invasion by pathogenic organisms.

They act like filters to trap bacteria and viruses entering the body through the mouth and sinuses. The tonsils also stimulate the immune system to produce antibodies to help fight off infections. During the filtering process, however, the tonsils themselves may become infected, which leads to tonsillitis.

What causes tonsillitis?

Tonsillitis is an infection and swelling of the tonsils. Anyone of any age can have tonsillitis; however, it is most common in children between the ages of five and 10 years. The causes of tonsillitis include viral infections such as the flu, the common cold, mononucleosis or herpes simplex. Streptococcus is the most common bacterial cause.

Symptoms

A mild or severe sore throat is one of the first symptoms of tonsillitis. Symptoms can also include fever, chills, tiredness, muscle aches, ear-ache, pain or discomfort when swallowing, and swollen glands in the neck.

When a doctor or nurse looks into the mouth with a flashlight, the tonsils may appear swollen and red. Sometimes, the tonsils will have white or yellow spots, or flecks or a thin coating. Symptoms usually last four to six days.

All forms of tonsillitis are contagious and generally spread from person to person in coughs, sneezes and nasal fluids.

Diagnosis

The diagnosis of tonsillitis is made from

the visible symptoms and a physical examination of the patient. The doctor will examine the eyes, ears, nose and throat, looking at the tonsils for signs of swelling, redness or a discharge.

A careful examination of the throat is necessary to rule out diphtheria and other conditions that may cause a sore throat. Since viruses rather than bacteria cause most sore throats in children, the doctor may take a throat culture in order to test for the presence of streptococcal bacteria.

Treatment

The most frequent treatment recommended for bacterial tonsillitis is oral antibiotics (commonly a penicillin type such as amoxycillin) in association with pain relief and bed rest. Tonsillitis usually resolves within a few days with rest and supportive care.

Treatment of tonsillitis usually involves keeping the patient comfortable while the illness runs its course. Supportive management centres on the maintenance of adequate hydration, bed rest, gargling with warm salt water, and taking pain relievers, usually non-steroidal anti-inflammatory drugs.

If an oral antibiotic is prescribed, it must be taken for the full course of treatment, usually 10-14 days, even if the child starts to feel better in a few days.

If the patient has several episodes of severe tonsillitis, the doctor may recommend a tonsillectomy. The need for a tonsillectomy is determined on an individual basis; the main indications for removal of tonsils are outlined in the *Table*.

Tonsillectomy

Tonsillectomy is a procedure in which the tonsils are surgically removed under general anaesthetic. The operation takes on average 20 minutes and requires an overnight stay in hospital.

The tonsils are dissected free of the surrounding tissues and bleeding vessels sealed. It should be borne in mind that, although the tonsils are part of the body's defence mechanism against infection, removal of the tonsils does not reduce the body's response to infection to any significant degree.

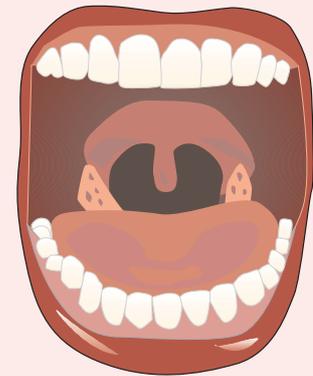
Post-operative complications

The most significant potential risk is that of bleeding. The incidence of post tonsillectomy bleeding severe enough to require treatment ranges from 2%-10%

Indications for tonsillectomy

Tonsils are removed (with or without the adenoids) when the child has any of the following conditions:

- Persistent and severe tonsillitis. Doctors do not agree completely on the number of sore throats that make a tonsillectomy necessary. Most would agree that three or more episodes of tonsillitis a year despite adequate treatment, or five or more episodes of tonsillitis a year for two years indicate that the tonsils should be removed
- Severe dysphagia – inability to swallow properly because of enlarged tonsils
- Hypertrophy causing airway obstruction, ie. obstruction due to enlarged tonsils
- Sleep apnoea – a condition in which the child snores loudly and stops breathing temporarily at intervals during sleep
- Development of an abscess around the tonsils (quinsy)



and that of reoperation for haemostasis ranges from 1%-5.5%.

Any amount of bright red blood coming from the mouth or the nose should alert healthcare professionals to the possibility of postoperative bleeding.

Frequent swallowing, tachycardia and coffee-ground emesis are indirect signs of bleeding. If a child presents with intermittent bleeding but is not actively bleeding on presentation, they should be admitted for overnight observation.

The child should be kept fasting in case a return to theatre is required. Intravenous fluids and intravenous antibiotics are commenced. If bleeding persists or the child is bleeding heavily, a return to the operating theatre to control haemorrhage is necessary.

It must be borne in mind that children who have suffered a postoperative tonsillectomy bleed are still at risk of having a secondary bleed for about 10-14 days.

Discharge advice

It is imperative that parents receive adequate discharge advice on how to care for their child following surgery. This information should be both written and verbal and must include information on risk of post tonsillectomy bleed.

Written instructions help to remind parents of salient points and facilitate continuity of care at home. Any sign of bleeding, even the smallest amount requires immediate medical attention. This information is emphasised to parents on discharge.

Parents are also informed to encourage their child to eat and chew food; this helps to ease the post-operative 'spasm' of the gullet muscle and speeds the healing process.

Pain relief

While healing takes place, the throat is very sore for up to 10 days or more, and regular pain relief is important. Regular pain relief, including paracetamol and an anti-inflammatory, such as ibuprofen is encouraged, particularly before meals.

A white scab can form around the tonsillar bed between five and 10 days after surgery. Parents are informed that this is normal and forms part of nature's healing process.

It is recommended to keep children away from crowded places and parents are not encouraged to return their child to school or crèche for at least two weeks following surgery. This is to allow time for healing to take place and to prevent infection.

Parents need adequate education prior to discharge so they can continue to care for their child at home. Giving information, which is clear and concise builds parents' confidence for discharge.

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References

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