Tonsillectomy: A Decision Guide

Tonsils are lymph tissue in both sides of the back of your throat. They are like the glands in your neck that swell when you are sick. Tonsils are part of our immune system. Tonsillitis is when your tonsils are infected. Children with tonsillitis can have a severe sore throat, swollen glands, and fever. Tonsillitis is common in children. Sometimes the tonsils are not infected but are just very large. If they are too big they can cause obstructive sleep apnea (OSA). OSA is when your child snores, stops breathing for an instants, or chokes and gasps while sleeping. If your child has repeated attacks of tonsillitis or OSA removing your child’s tonsils (tonsillectomy) may be helpful. This decision guide can help you figure out if this is the best treatment.

Will my child’s tonsillitis or OSA be cured with a tonsillectomy?
After surgery, most children will stop having severe attacks of tonsillitis. But they can still get a sore throat.

With surgery, 8 in 10 children (80%) with OSA will not have symptoms after the procedure. Your child may sleep better, have fewer behavior problems, and perform better in school.

What will happen if we wait?
Waiting and watching is an option. Some children may simply outgrow their tonsils with time.

About 3 in 10 children (30%) with tonsillitis will stop having severe attacks as they grow. They may still have a severe attack of tonsillitis each year. And, they may still have sore throats.

About 4 in 10 children (40%) with mild OSA may get better on their own in 6 to 12 months.

What happens during tonsillectomy?
Tonsillectomy is usually an outpatient surgery. This means your child will likely go home on the same day. Children with other medical conditions, or those younger than 3 years old, may have to stay overnight.

The surgery takes about 30 minutes. Your child will get medication to make her sleep through the operation. The surgery is done in an operating room. The surgery team will keep an eye on your child during the procedure.

The surgeon reaches the tonsils and adenoids through your child’s open mouth. There is no need to cut the skin on the neck. After the tonsils and adenoids are taken out, the surgeon seals the blood vessels to stop any bleeding.

What happens during recovery?
It will take 10 to 14 days for your child to recover. During this time, your child will need to stay at home with an adult. She may not feel totally well for up to 2 weeks.

Your child will likely have severe throat pain. Some children will need to take strong painkillers every 3 to 4 hours — even during the night — to ease their pain. These medications come with some risks. One risk is that they can slow or stop your child’s natural breathing.

Your child may also become constipated. This is from taking pain medication, as well as from eating and drinking less.

Concerned about the costs?
Fear of a medical bill shouldn’t stop you from getting your family the care they need. If you’re not sure if your insurance will cover the surgery, or if you think you’ll need help paying for care, Intermountain Healthcare may be able to help. Call Intermountain’s Financial Assistance Helpline at (801) 442-1128, or toll free at 1-800-442-1128 for more information.
What are some of the complications of tonsillectomy?

There are certain risks with every surgery. If your child is in poor health, the risk for complications can be higher. Here are some of the most common complications of tonsillectomy:

- **Dehydration.** Sometimes the pain is so bad your child will refuse to eat or drink and become dehydrated. Or, sometimes children get sick to their stomach and vomit. This can also cause dehydration. About 4 in every 100 children (4%) who have this surgery have to go back to the hospital because of dehydration.

- **Bleeding.** About one child in every 100 (1%) will have serious bleeding right after surgery. About 3 in every 100 children (3%) will have serious bleeding in the first two weeks after surgery. Some may need another surgery to stop the bleeding.

- **Voice problems.** It’s common for your child’s voice to sound different after surgery. It should get back to normal in a few months. It would be unusual for your child’s voice to be changed for life, but it can happen.

- **Other medical complications.** Other complications include infection after surgery and allergic reaction to anesthesia or medications.

**Decision factors**

You should have your child’s tonsils removed only for certain reasons. Check all the boxes in the column that match your family’s situation and talk with your child’s doctor about your concerns. This may help you make a decision.

**IF YOUR CHILD HAS TONSILLITIS ATTACKS...**

**...you should consider surgery ONLY if:**

Your child has had severe sore throats or attacks of tonsillitis for at least a year AND:

- 7 or more attacks of tonsillitis in the past year, OR
- 5 or more attacks every year for the past 2 years, OR
- 3 or more attacks every year for the past 3 years.

**Your child should NOT have surgery if:**

- Your child does not have the symptoms listed above (repeated severe attacks of tonsillitis - sore throat with swollen tonsils, throat and/or sinus infection). **Surgery is not recommended if this is the case.**
- Your child’s infections are not bad enough that you are willing to wait and see if he will outgrow the infections (Tonsillitis is most common in children 5 to 15 years old.)
- Your child has large or swollen tonsils, but no other symptoms.
- You think the risks of surgery are greater than the benefits.

**IF YOUR CHILD HAS LARGE TONSILS...**

**...you should consider surgery ONLY if:**

Your child has enlarged tonsils, PLUS one or more symptoms of obstructive sleep apnea (OSA):

- Snorrs when sleeping
- Pauses in breathing while sleeping (apnea), or chokes or gasps for air when sleeping
- Sleeps with his mouth open at night or his voice sounds congested
- Has restless sleep, or wakes often during the night
- Wets the bed
- Is hard to wake in the morning or seems overly tired during the day
- Has an increase in behavior problems, concentration problems, or is struggling in school
- Has signs of slow growth

**Your child should NOT have surgery if:**

- You think your child’s symptoms are mild and you are willing to wait a few months to see if the problems go away on their own. (See symptoms above.)
- You’re not sure if you child has OSA. (Talk with your child’s doctor about a sleep study.)
- Your child has large or swollen tonsils, but no other symptoms.
- You think the risks of surgery are greater than the benefits.