

Adult Tonsillectomy (Recurrent or Chronic Infection)

Procedure-Specific Information & Consent

This document explains adult tonsillectomy for patients.

Patient Name: _____ PHN: _____ Date of Birth: _____

1. Why tonsillectomy is recommended

Tonsillectomy may be considered for:

- Recurrent bacterial tonsillitis (repeated bacterial tonsil infections)
- Chronic tonsil infection (an infection that does not fully clear)
- Recurrent peritonsillar abscess (repeated pockets of pus beside a tonsil)
- Persistent throat pain related to the tonsils
- Tonsil stones (tonsilloliths) causing infection or symptoms

Evidence is strongest when severe episodes of acute tonsillitis keep returning and disrupt normal activities. Chronic symptoms or tonsil stones need an individual discussion about likely benefit and nonsurgical care.

The goal is to reduce the frequency and severity of throat infections.

2. What the surgery involves

- Performed under general anesthesia (medicine that keeps you asleep)
- Tonsils are removed through the mouth (no external incision)
- Bleeding is controlled using surgical instruments
- Surgery typically lasts 20 - 30 minutes
- Most patients go home the same day

3. Expected benefits and limitations

Potential benefits:

- Fewer throat infections
- Reduced severity of infections
- Fewer antibiotic courses
- Improved quality of life

Important:

- Infections may still occur, but are usually less frequent
- Throat discomfort from non-tonsil causes may persist
- Surgery does not prevent viral sore throats

4. Risks and Side Effects

Common or Expected

- Significant throat pain for 10–14 days
- Ear pain (referred pain)
- Difficulty swallowing
- Reduced appetite and mild weight loss
- Bad breath during healing
- Temporary change in voice tone

Bleeding

Bleeding is the most important risk.

- Fresh throat bleeding is not normal recovery
- Significant bleeding can occur during or after surgery
- Delayed bleeding may occur up to 14 days after surgery
- Bleeding may occur without warning; vomiting blood or repeated swallowing may be signs
- Bleeding may require urgent return to the operating room

Any fresh mouth/throat bleeding needs emergency assessment, even if it stops. Do not wait for a clinic appointment.

Infection

- Low-grade fever may occur
 - A bacterial infection after surgery is uncommon but may need antibiotics
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Injury to Surrounding Structures

- Injury to teeth or lips (dental or soft tissue injury)
 - Rare thermal injury from surgical instruments (electrocautery burn)
 - Rare scarring or narrowing of the throat (oropharyngeal stenosis)
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Sensory Changes

- Temporary change in taste
 - Temporary numbness of the tongue or throat
 - Rare lasting change in taste
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Other Important Risks

- Dehydration (not enough fluid in the body) from not drinking enough
 - Persistent swallowing discomfort
 - Need for additional treatment
 - Anesthesia-related risks (discussed separately)
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5. Recovery Expectations

- Typical recovery is 10–14 days
- Pain is expected; follow your written pain-medication plan
- Adequate fluid intake is critical
- Avoid heavy lifting or strenuous activity for 2 weeks
- Avoid travel far from medical care during early recovery

Seek urgent medical care for:

- Fresh throat bleeding: go to Emergency, even if it stops
 - Call 911 for heavy bleeding, fainting or breathing difficulty
 - Same-day care if unable to drink or passing very little urine
 - Fever not responding to medication
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6. Alternatives

- Continued medical treatment
 - Antibiotics when infections occur
 - Observation
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7. Acknowledgement

The surgery, risks, possible benefits, other choices and recovery have been explained to me. My questions have been answered. I understand that I still need to complete the hospital consent form.

Patient Name: _____

Signature: _____

Date: _____