



HEAD & NECK CANCER
AUSTRALIA
ENGAGE • EDUCATE • EMPOWER

TONSILLECTOMY AND EXAMINATION UNDER ANAESTHETIC



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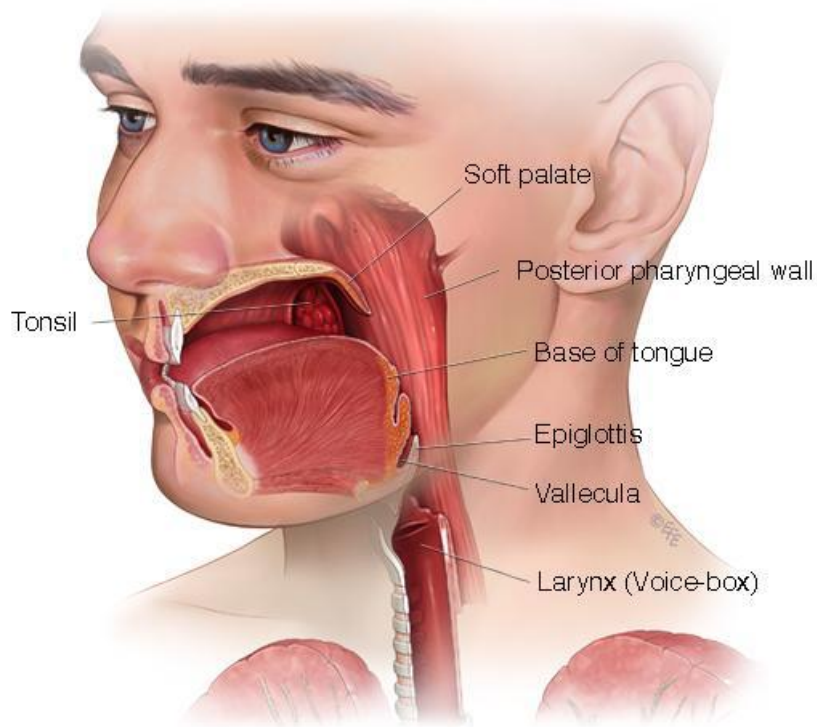
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TONSILLECTOMY AND EXAMINATION UNDER ANAESTHETIC

This information aims to help you understand the operation, what is involved and some common complications that may occur. It may help answer some of your questions and help you think of other questions that you may want to ask your cancer care team; it is not intended to replace advice or discussion between you and your [cancer care team](#).

AN OVERVIEW TO TONSILLECTOMY AND EXAMINATION UNDER ANAESTHETIC

- Tonsils are two oval shaped glands at the back of the throat (see picture below).



- A tonsillectomy is the removal of the tonsils.
- An examination under anaesthetic (EUA) is where the surgeon looks at the mouth, voice box and throat when you are asleep.



WHY IS A TONSILLECTOMY OR EUA NEEDED

- A tonsillectomy may be used in both the diagnosis and treatment of head and neck cancer.
- When a tonsillectomy is done for cancer in the tonsil, a more extensive operation is needed to make sure all of the cancer is removed. Refer to the [oropharyngectomy](#) information sheet for details of what is involved.
- For many patients, a tonsillectomy and EUA is done to look for a 'primary' when a cancer has been detected in the lymph glands but the source of the cancer is not known ([unknown primary](#)). The tonsil(s) are often removed because small cancers can hide deep in the tissue and can be missed on examination. During an EUA, the surgeon will pay special attention to areas where cancers can hide. These areas include:
 - The tonsils
 - The back of the tongue ([tongue base](#))
 - The back of the nose ([nasopharynx](#))
 - Around the voicebox ([hypopharynx](#))
- Tonsils removed will be examined in detail by a specialist pathologist, under a microscope to look for cancer cells. Through this examination, the [cancer can be accurately staged](#). Further information about staging of cancer is available on the [Head and Neck Cancer Australia website](#).

HOW TO PREPARE FOR OPERATION

BEFORE THE OPERATION:

- You will need to fast (have nothing to eat or drink) for 6 hours before your operation (unless advised differently by your surgeon or anaesthetist) because tonsillectomy is performed under a general anaesthetic (you

Possible questions that you may want to ask your cancer care team

- How long will it take before I can eat again?
- What kinds of food should I eat after the operation?
- What pain management can I do after tonsillectomy?
- What is the risk of bleeding following surgery?
- Is there any restriction on activities that I can do post-surgery?

Additional questions are listed 4 at the end of this factsheet.



will be asleep and will not remember what happens during the operation).

- Your surgeon will explain the details of your operation. Be sure to bring up any questions or concerns, and share your needs and wishes with your cancer care team (see box).
- You should speak to your doctor about how to manage aspects of your lifestyle, such as smoking, drinking alcohol and chronic conditions (e.g. diabetes and obesity) that may increase the risk of complications.
 - o If you take blood thinning medication for a heart condition or blood clots (such as warfarin, Plavix, aspirin or Pradaxa), make sure your surgeon is aware. Some of these medications need to be stopped more than a week before the operation. Sometimes a short-acting blood thinner (such as Clexane) is used before and after the surgery.
- Talk to your surgeon and [cancer care team](#) about any likely side effects you can expect following the operation.
- Further information on [how to prepare for surgery](#) is available on the website.

Visit the [Head and Neck Cancer Australia website](#) for further information on the health professionals who may be part of your [cancer care team](#).

WHAT TO EXPECT DURING THE OPERATION

- A tonsillectomy and EUA is done through the mouth. There are no cuts on the skin.
- Advise your surgeon if you have any loose or fragile teeth as a special retracting instrument will be used to maintain the mouth open during the procedure.
- The surgeon will use a telescope to look through the nose and other areas.
- Biopsies will be taken of any areas that look suspicious for cancer.
- After the surgeon has had a good look, the tonsil(s) will be removed.

WHAT TO EXPECT AFTER THE OPERATION

- After the operation, once you are fully awake, you will be moved to a bed in the hospital room.
- You will be closely monitored in hospital during your recovery.
- Your anaesthetist and surgical team will give you medicine to help control any pain and nausea after the operation.
- Bland foods that are easy to swallow are advised immediately after surgery. Then foods that are easy to chew and swallow should be added. Acidic, spicy, or hot foods should be avoided as they may exacerbate the pain.
- Drink plenty of fluids to avoid dehydration.
- The time you spend in hospital and the length of your recovery will depend on the extent of the operation.

POSSIBLE RISKS OF TONSILLECTOMY

All operations carry some risks such as blood clots, wound infections, bleeding, chest infection, adverse reactions to anaesthetic, and other complications. These risks will be explained by your cancer specialist and anaesthetist.

Your doctor will explain details of the operation, general risks and side effects of the operation, they may recommend:

- stopping blood thinners (e.g. aspirin) before surgery to reduce the risk of bleeding
- a blood thinner (called heparin) may be injected before and after surgery to reduce the risk of blood clots
- antibiotics to reduce to risk of wound infection
- early mobilisation to reduce the risk of blood clots and chest infection
- special stockings to reduce the risk of blood clots.

Tonsillectomy may have additional risks including:



- **Bleeding** may happen during and after the operation. In rare cases, severe bleeding occurs during tonsillectomy and requires additional treatment and a longer hospital stay.
- **Bleeding (secondary)** may happen after the operation, during healing. This can be due to infection. If there is bleeding in the first 2 weeks after the operation, contact your surgeon or go to the nearest emergency department for review and management.
- **Injury to the teeth, lips, gums or tongue:** teeth can be broken due to the retractors used to keep the mouth open, especially if they are in poor condition or have been repaired. The lips and tongue can also be bruised, cut or burnt from the instruments used to seal off blood vessels.
- **Abnormal scarring,** although it rarely occurs, it may cause narrowing of the throat or strange sensations in the throat.

SIDE EFFECTS AND THEIR MANAGEMENT

As with all operations, there is a chance that tonsillectomy may lead to a number of side effects. You may not experience all of the side effects. Speak with your doctor if you have any questions or concerns about treatment side effects.

Side effects common for tonsillectomy may include:

- **Nausea:** General anaesthetic may cause nausea. This will settle down soon after the operation and can be treated with medications.
- **Swelling:** After the operation, particularly soon after the operation, there will be swelling of the tongue and the soft roof of the mouth that can cause breathing problems. Let the surgeon know if there are breathing difficulties.
- **Pain management:** Pain is a common side effect of the operation. Your anaesthetist will give you pain medicine during the operation to keep you comfortable when you wake up, and you may continue on pain medicines to ensure pain is under control. After the operation, most people experience pain in the throat; bland foods that are easy to swallow are advised immediately after surgery. Then foods that are easy to chew and swallow should be added. Acidic, spicy, or hot foods should be avoided as they may

exacerbate the pain. You may want to download information on [pain management](#), which is available on the [Head and Neck Cancer Australia website](#).

BEFORE GOING HOME

- Your recovery will depend on the type of surgery and your general fitness before surgery.
- Any particular instructions for medications or care, including suitable foods to eat, will be provided before you go home.
- You will be instructed to watch for any complications such as bleeding, fever, dehydration or breathing problems.
- You will be assessed by the team involved in your care before you go home and follow-up will be arranged with your surgeon and GP.
- Your recovery at home may vary and you should allow time for your body to recover and heal. You may feel tired or lack energy. Avoid strenuous exercise such as running and bike riding for two weeks after the operation. Regular follow-up helps to assess your progress.

FOLLOW-UP CARE

- After a tonsillectomy, you will continue to have regular follow-up visits with your specialist doctor and cancer care team.
- Continue to watch for any complications such as bleeding, including any bright red blood from the nose, mouth or in the saliva. See your doctor promptly or go to the emergency department.
- Any additional treatments that you may need are planned after discharge. This enables time for you to recover from the initial operation, get results of the pathology that examined the tissue removed at the operation, and make the arrangements for any additional treatment or next steps.

For further information about the operation for cancer and what to expect, you can also refer to [Understanding Surgery: a guide for people with cancer, their families and friends.](#)

QUESTIONS TO ASK YOUR DOCTOR

- What type of cancer do I have? Where is it located?
- What will happen if I don't have the surgery?
- What lifestyle changes (diet, exercise) do you recommend I make?
- What are the chances that the surgery will cure the cancer?
- How long will I be in hospital and how long do I need off driving, work and exercise?
- Will I need extra treatment after surgery?
- How long will it take to recover so that I can resume my daily activities?
- What are the possible side effects of treatment? How can they be prevented or controlled?
- When will I get the pathology results?
- What follow-up tests will I need?
- Am I suitable for any clinical trials?
- How much will the operation cost? Will my health insurance cover it?
- If I wanted to get a second opinion, can you provide all my medical details?



You may want to write additional questions here to ask your doctor or cancer care team

About Head and Neck Cancer Australia

Head and Neck Cancer Australia (formerly Beyond Five) is Australia's only charity dedicated to providing information and support to people living with head and neck cancer, caregivers, family and healthcare professionals.

Head and Neck Cancer Australia's mission is to improve the quality of life of everyone affected by head and neck cancer through education and access to support and to raise awareness of head and neck cancer nationally.

Head and Neck Cancer Australia supports people through their cancer journey, from diagnosis to treatment and life after cancer by providing comprehensive, easy to understand and easy to access information. We have the only Directory of Head and Neck Cancer services and support groups available in Australia and New Zealand helping people to find the right services and support when they need it most.

Phone: 1300 424 848

Email: contact@headandneckcancer.org.au

Web: www.headandneckcancer.org.au

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