

Making a decision about recurrent tonsillitis in children and adults

What is this document?

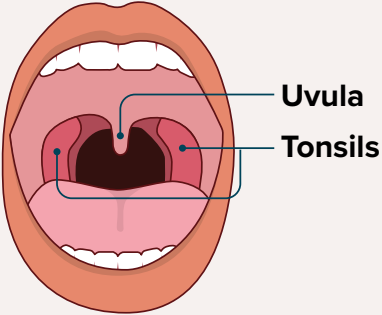
This document is called a decision aid. It contains information about recurrent tonsillitis and the possible treatments available.

It will help you understand more so you can talk to your clinician and you can make the best decision for you about treatment.

Read pages 1 – 6 to help you make a decision about treatment

Read page 7 if you want more information

What are tonsils?



Tonsils are part of our immune system so they help fight infection – though they are not the only part of the throat that does this.

What is tonsillitis?

Tonsillitis is an infection of the tonsils caused by either bacteria or viruses. Your tonsils can become swollen and sore.

2 in every 3 cases are viral (a cold or flu)
(antibiotics won't help)



1 in every 3 cases are bacterial infections
(antibiotics may help)

You can feel very poorly if you have tonsillitis.

Symptoms include: fever, sore throat, ear ache, headache, losing your voice, and swelling of the glands in your neck.

Your tonsils may get bigger and you may see white pus on them.

Sometimes tonsillitis can become a more serious infection where you will need to be treated in hospital. This is called a **peritonsillar abscess** (quinsy). This happens to around 6 in 10,000 children and 21 in 10,000 adults.

What is recurrent tonsillitis?

Recurrent tonsillitis is when you keep getting tonsil infections. If you get a lot of infections it can stop you doing normal things like going to work or school.

What can I do if I keep getting tonsillitis (recurrent tonsillitis)?

Non-surgical

Do nothing: take no medicine, your body will fight the infection.

Take painkillers.

Take antibiotics: if bacteria have caused your sore throat.



Tonsillectomy

Surgery to remove the tonsils.



2 Treatment options for recurrent tonsillitis

You should weigh up how often you get tonsillitis and how much it is affecting your life against the risks of having surgery to take the tonsils out. Talk to your doctor about this.

Non-surgical – either let your body fight off the infection naturally or take medicines when you have tonsillitis



Do nothing If you let your body fight off the infection naturally it usually **gets better in about 7 days**.

Medicines

Antibiotics This medicine may be helpful if your tonsillitis is caused by bacteria, it usually **gets better in about 6 days** if you take antibiotics.

Painkillers This medicine may help pain and fever. **Ibuprofen** and **paracetamol** can be bought from a shop. If these don't work and your pain is severe you can ask a pharmacist for **co-codamol**.

If you have a lot of pain even after taking co-codamol, your doctor can offer different pain medicines. It usually **gets better in about 6 days** with pain medicines.

Tonsillectomy surgery – (removing the tonsils)



If you have lots of tonsillitis, you may be offered a tonsillectomy. Tonsillectomy (surgery to remove your tonsils), is a very painful operation and has risks that can affect your life. Research has shown that people who have had lots of tonsillitis have the most benefit after surgery. This is why you need to have **at least 7 episodes** in the **first year**, **5 episodes each year over two years**, or **3 episodes every year for 3 years**, to be offered a tonsillectomy. The episodes of tonsillitis must also affect your everyday life, for example you need to take time off work or school when you get tonsillitis.

- Surgery means having your tonsils removed. You will need general anaesthetic. You may go home the same day that you have your tonsils removed if you meet the criteria set by your local hospital.
- You will need to take between **10 and 14 days off work or school** after surgery.
- You might have pain after surgery for **between 5 and 17 days**.
- You will not get tonsillitis again, but you may still get other types of throat infection.
- If you have bleeding after surgery you will need to go back to hospital.

You might be offered an operation called intracapsular surgery. This is a new way of doing the surgery that currently only some hospitals can do. It has a lower risk of bleeding after surgery but a higher risk of tonsillitis coming back. Talk to your specialist about these risks and benefits if it is offered to you.

3 Weighing up treatment options

- Tonsillectomy operations although common, are not risk free.
- You should weigh up the risks against the benefits when deciding what to do about recurrent tonsillitis.
- Your own situation and thoughts and feelings are important in making this decision. Think about what matters most to you.

On each question, consider your answer and put an 'X' where it applies to you. Answering these questions might help you work out whether you would want to have an operation to treat your recurrent tonsillitis.

What's important to you?

		Put an 'X' where it applies to you	
Do the risks of surgery worry you? (see benefits & risks pages in this document and talk to your doctor about your worries).		<input type="checkbox"/> Yes	No <input type="checkbox"/>
		No ←	→ Yes
Do you have to take time off work or school when you get tonsillitis?		<input type="checkbox"/>	<input type="checkbox"/>
Do you find it difficult to sleep when you get tonsillitis?		<input type="checkbox"/>	<input type="checkbox"/>
Do you feel very unwell when you get tonsillitis and can't do normal activities?		<input type="checkbox"/>	<input type="checkbox"/>
Do you mind taking antibiotics?		<input type="checkbox"/>	<input type="checkbox"/>
Can you take time off work or school to have surgery? (you need to be off for 10 – 14 days)		<input type="checkbox"/>	<input type="checkbox"/>
Do the cost of medicines affect you?		<input type="checkbox"/>	<input type="checkbox"/>
Can you think of anything else that affects your decision about having surgery?			
		Results	More 'X' this side leaning toward No surgery
			More 'X' this side leaning toward Surgery

4 Potential benefits of treatments

This shows what happened to people after **surgery** or who **took medicines**. The numbers are from research studies. In studies they usually ask people about sore throats rather than tonsillitis. The numbers might be different at your hospital. Numbers are different for children and adults. See page 8 for references of the research.

Non-surgical – do nothing and/or take medicines when you have tonsillitis



Taking medicines when you have tonsillitis to make it less painful or get better faster. Does not prevent future tonsillitis.

Tonsillectomy surgery



Surgery to remove the tonsils. Stops tonsillitis but you can still get sore throats. Prevents episodes of acute tonsillitis.

Adults

How many **sore throats** (of all kinds) does an adult get in the next year?

Adults with recurrent tonsillitis who chose not to have surgery got a sore throat **5** times in the next year. After that it was slightly less often.

Adults with recurrent tonsillitis who chose to have surgery, got a sore throat **1** time in the next year (not including the soreness immediately after surgery).

Children

How many times did children get any kind of **sore throat** in the next year?

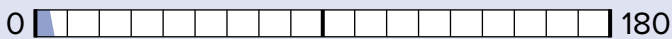
Children who did not have surgery got a sore throat **3 to 6** times a year. After that it was slightly less often.

Children who did have surgery got a sore throat **1 to 6** times a year (not including the soreness immediately after surgery).

How many **days off school** did children have due to a **sore throat** in a school year?

Children who did not have surgery had **5 to 7 days off school** due to a sore throat in an average school year (180 days).

Children who had surgery had **3 to 4 days off school** due to a sore throat in an average school year (180 days).



5 to 7 out of 180 days



3 to 4 out of 180 days

5 Potential risks of treatments

Results on this page are for adults. Numbers are about the same for children.

Non-surgical – do nothing and/or take medicines when you have tonsillitis

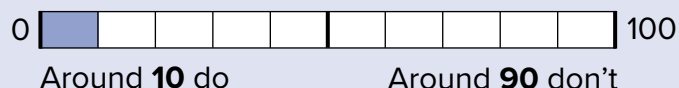


Side effects of medicines

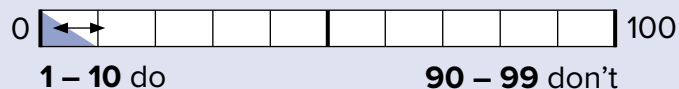
Antibiotics

Around **10** people in **100** people:

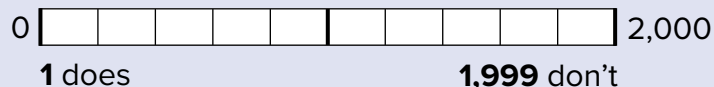
- feel **sick** (nausea) or
- are **sick** (vomiting) or
- have **diarrhoea** or
- have **stomach pain**.



Between **1** to **10** people in **100** people have a mild allergic reaction to penicillins. Other antibiotics are available if you are allergic to penicillin.



1 person in **2,000** people will have an anaphylactic reaction.



If you keep having tonsillitis (recurrent tonsillitis) there is a risk of potentially serious conditions if you do not take antibiotics.

There is a chance that an abscess (pus) can form next to your tonsil. This is called a quinsy (also known as a peri-tonsillar abscess). There is a chance that you may develop a neck abscess. You will need to be treated for these in hospital.

Quinsy happens to:

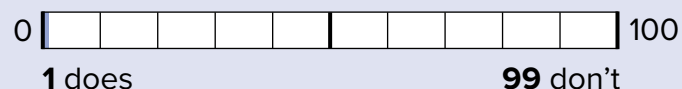
- about **5** in **10,000 children with** antibiotics
- about **6** in **10,000 children without** antibiotics
- about **21** in **10,000 adults with** antibiotics
- about **18** in **10,000 adults without** antibiotics.

Painkillers

Ibuprofen

Up to **1** in every **100**:

- feel **sick** (nausea) or
- are **sick** (vomiting) or
- have **indigestion** or
- get **headaches** or
- feel **dizzy**.



Paracetamol side effects are rare.

6 Potential risks of treatments

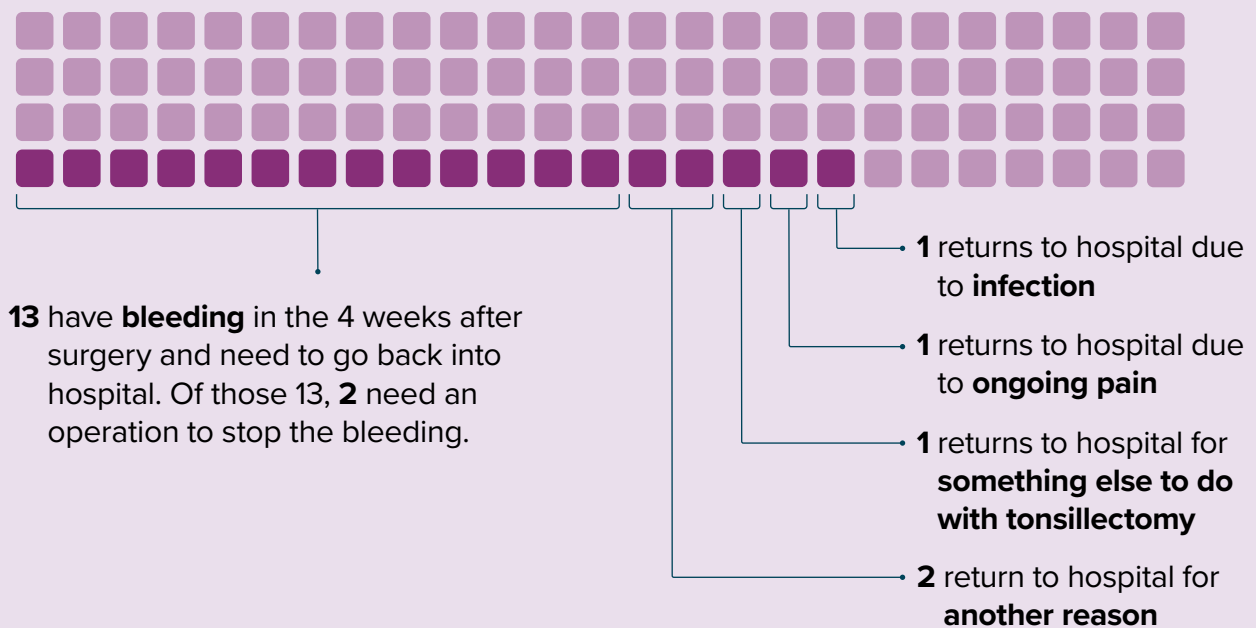
Tonsillectomy surgery



Your tonsils are removed under a general anaesthetic which means that you will be asleep during the operation. All operations have risks. Some of the risks are explained next.

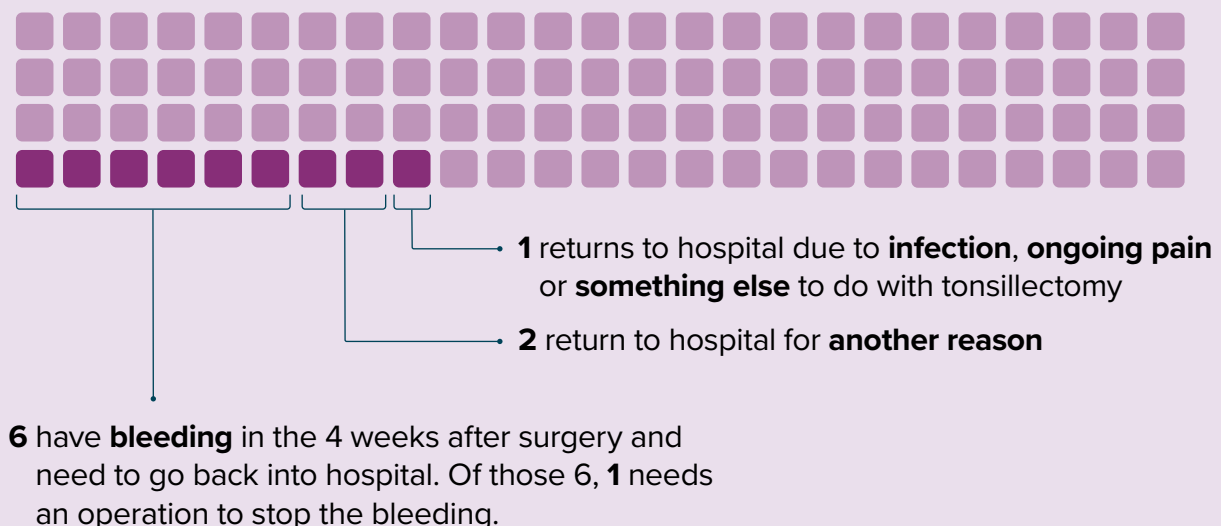
Complications of surgery for adults

Around **18** in every **100 adults** may have **fever** or **bleeding** where you have to return to hospital after you go home.



Complications of surgery for children

Around **9** in every **100 children** may have **fever** or **bleeding** where you have to stay longer in hospital or return to hospital after you go home.



7 More information

How will clinicians decide whether antibiotics might help me?



It is difficult to tell whether your infection is caused by bacteria or a virus. Analysing a throat swab takes several days and your sore throat may have gone by then. So, a clinician will often use a scoring system instead to work out the chance that your sore throat is caused by bacteria.

In the scoring system, a fever, no cough, enlarged and sore glands in your neck, or pus on your tonsils each score a point. A high score suggests the infection may be caused by bacteria. If the score is low, the infection is likely to be caused by a virus. Antibiotics may help only if your infection is caused by bacteria.

Antibiotics won't make you feel better but they might reduce the length of time you have tonsillitis, if it is bacterial. If it is very likely your infection is bacterial, your doctor might offer you antibiotics immediately. If there is less chance that it is bacterial your doctor may offer you a prescription for antibiotics dated 2 or 3 days later. You take the antibiotics only if your body has not started to fight off the infection itself by then.

What happens if I am offered and choose tonsil surgery?



Before your operation, the anaesthetist puts you to sleep either by gas or an injection. Your tonsils are removed through your mouth. The operation takes about 30 minutes.

Let your health carers know if you have loose, capped or crowned teeth as there is a very small chance that they could be knocked during the operation.

Also let them know if you, or anyone in your family, has any unusual bleeding or bruising problems as this can increase the risk of a bleed.

What happens after my surgery?

- You will stay in hospital for several hours after your surgery, possibly overnight.
- Your throat will be sore and you may feel sick, but you can have medicines to control this. You will also be given enough pain relief to keep comfortable until you are sent home.
- Once you are awake from the anaesthetic and can start drinking, and if you are not sick, you can start eating your normal diet.
- Your throat will be sore for about 10 days. It is important to take painkillers regularly for at least the first week so that you can eat and drink enough. Eat non-spicy food and drink plenty.
- You may have ear ache. This is normal. It happens because your throat and ears have the same nerves. It does not mean that you have an ear infection. Your throat will look white and you may see small threads in your throat, that were used to stop bleeding. This is normal and will heal on its own.
- Some people get a throat infection after surgery, usually if they have not been eating properly. If this happens you may notice a fever. Call your GP or the hospital for advice if this happens. If you see any signs of bleeding, go to your nearest A&E as soon as possible as bleeding can get worse very quickly.
- You will need 10 – 14 days off work or school. Make sure you rest at home away from crowds. Keep away from people with coughs and colds and practise good hand-hygiene to avoid catching a cold. You may feel tired for the first few days, but this is normal, and you should rest.
- Everyone will have bad breath after the operation until the wound heals properly. This is normal.
- Pain gets steadily worse 5 – 7 days after the operation and then starts to improve as if you have a really bad episode of tonsillitis. This is normal part of healing and will start to improve after 7 days or so.

8 Next steps

Once you have worked through this information you can use this space to write any questions you would like to discuss with your healthcare professional. Bring this document to your next appointment.

Contacts

Name of doctor, nurse or specialist

What are their contact details?

Contact details of hospital transport (if applicable)

Next steps

What will happen to me next? (treatments / tests?)

When will these happen?

When will I be reviewed next?

What decision do I need to make today? Or when do I need to make a decision?

If you're thinking about surgery

Do you have crowned teeth?

Do you or anyone in your family have

a bleeding disorder?

Questions for your specialist

These can be about any concerns you may have, for example what you hope for from your treatment decision

Where did we get our numbers from?

- The benefits of tonsillectomy or not are from the UK's NATTINA study on 453 people from 2023 and a review of all other studies: [https://doi.org/10.1016/S0140-6736\(23\)00519-6](https://doi.org/10.1016/S0140-6736(23)00519-6) and <https://doi.org/10.1002/14651858.CD001802.pub3>
- The risks of tonsillectomy are from the UK statistics from all operations 2019: <https://gettingitrightfirsttime.co.uk/wp-content/uploads/2019/12/ENT-Report-Nov19-M.pdf> Appendix 4, Table 6
- Data on quinsy is from a study looking back at data from 3.36 million patients in the GP database: <https://doi.org/10.1136/bmj.39345.405243.BE>
- Data on antibiotic and painkiller side effects from NICE (2018) Sore throat (acute): antimicrobial prescribing guideline: Evidence review: <https://www.nice.org.uk/guidance/ng84/evidence/evidence-review-pdf-4723224015>

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This decision aid was created with input from patients and clinicians

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