ThamesENT

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Patient Guide to Adenoidectomy

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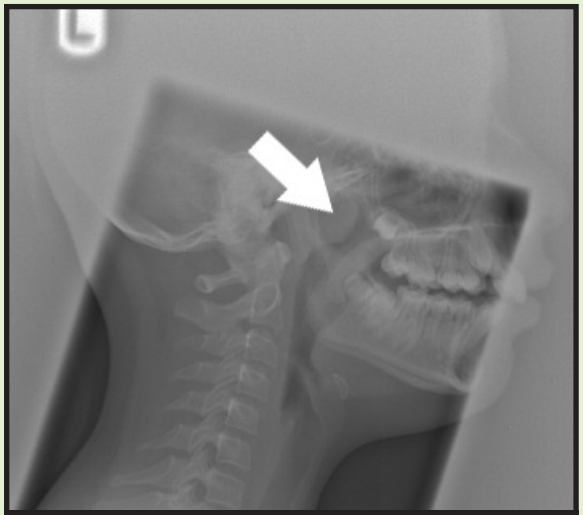
What are adenoids?
The adenoids are a pad of tissue at the back of the nose and is made up of the same type of tissue as the tonsils, called lymphatic tissue. The adenoids have a role in fighting infection, particularly in very young children, but become less important as you get older, probably from around 3 years of age. The adenoid pad is relatively large in young children then starts to reduce in size from 5 to 6 years. In older children and adults it is usually very small and may disappear completely.



X-ray showing adenoid pad (arrowed).

Why have the operation?
It is rare to carry out an adenoidectomy alone. It is usually done at the same time as grommet insertion or tonsillectomy. There is good evidence that adenoidectomy is beneficial in the treatment of glue ear, so if a child has reasonably large adenoids an adenoidectomy is recommended at the same time as grommets are inserted.

The other reason to remove the adenoids is for obstructive symptoms. Adenoidectomy may alleviate a blocked nose and reduce nasal catarrh. Often children with obstructing adenoids have large tonsils as well, which causes significant obstruction of the airway and possibly obstructive sleep apnoea. Although adenoidectomy is often done at the same time as tonsillectomy it is not necessary to perform this routinely in children having tonsillectomy. The adenoids should only be removed if significantly enlarged and the child has symptoms of airway obstruction.

What if my child does not have surgery?
The adenoids do regress as children get older, so nasal obstruction, catarrh and a tendency to mouth breath will improve with time. However, in children with obstructive sleep apnoea surgery is recommended as this condition can cause stress on the heart and lungs. In some children nasal symptoms may primarily be due to an inflammation of the mucosal lining of the nose (Rhinitis) rather than large adenoids. In such cases medical treatment such as antihistamines and nasal steroid sprays or drops may be effective. Nasal steroids should not be used for prolonged periods in children and growth of the child should be monitored during treatment.

Before the operation
If your child is at school you should inform the school that he/she will be away for 7 to 10 days. You should inform your surgeon if your child bruises easily or bleeds excessively, or if there is any such history in your family. If your child has a cold or tonsillitis within 2 weeks of their admission it is recommended that you contact the hospital to postpone the operation.

About the operation
The operation is performed through the mouth under general anaesthetic and takes approximately 20 minutes. A gag is used to keep the mouth open and if your child has any loose teeth you should mention this to the surgeon. If the tooth is very loose and near the front it is safer to remove it at the time of surgery. After the operation he/she will be kept under close observation in the recovery area for a further 45 minutes, so will be off the ward for about 11/4 hours. You will be able to go to the anaesthetic room with your child until he/she is anaesthetised and you may be able to come to the recovery area once your child is awake. Most children go home on the day of surgery.

After the operation
Your child may feel sick immediately after the operation due to having swallowed blood during surgery. Medication will be given for this if necessary. He/she will have some pain but this should not be severe unless the tonsils have also been removed. Simple analgesia such as Paracetamol or Ibuprofen should be adequate. Nasal mucous may be slightly blood stained for a few days following surgery.

Possible complications
Adenoidectomy is a safe operation and complications are rare. The most significant complication is bleeding but significant bleeding following adenoidectomy is very uncommon. The bleeding resulting from adenoidectomy is controlled with temporary packing at the time of surgery. Very occasionally (less than 1% of adenoidectomies) it is necessary to leave a pack in place and keep the child in hospital overnight. The pack is usually removed under general anaesthetic the next day. Bleeding a few days after surgery (secondary haemorrhage) is also very uncommon and is usually due to infection. Your child will probably need to be readmitted to hospital and given antibiotics. Very rarely it is necessary to control bleeding with a further operation. **Bleeding can be serious and you should contact a doctor straight away. You should contact the ward for advice or alternatively go to the nearest hospital casualty.**

Infection can occur without bleeding. Your child may have a fever and an unpleasant smelly discharge from the nose. In such circumstances it is advisable for your child to have a course of antibiotics, so you should see your GP or contact the ward for advice.