



## Adenoid Surgery

### ABOUT THE CONDITION

#### What are adenoids?

Adenoids are small glands at the back of the nose, known as the nasopharynx (see figure 1a). In younger children, they help fight germs. After the age of about three years, the adenoids are thought to be no longer needed.

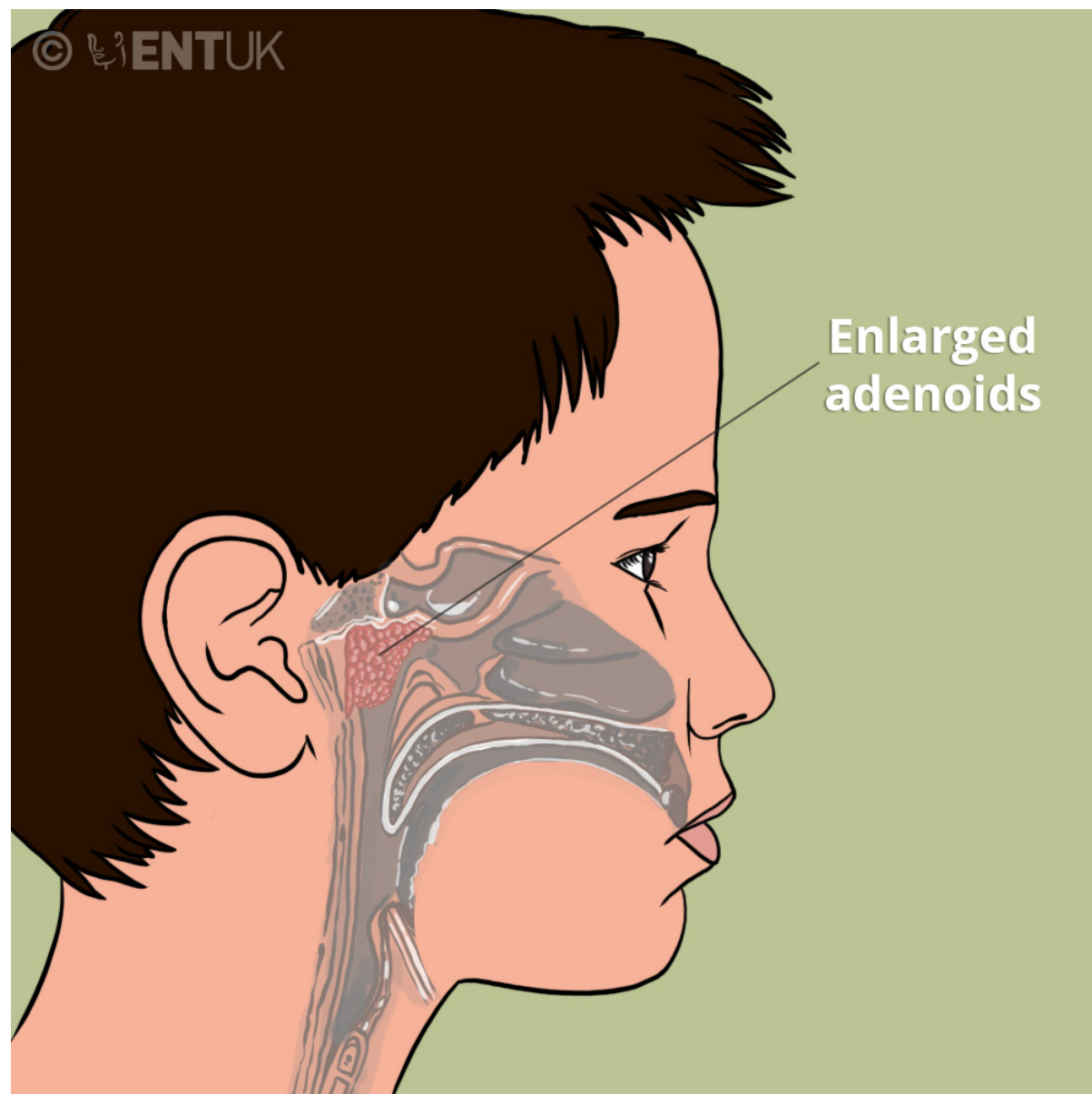


Figure 1. (a) Position of the adenoids behind the nose.

#### Do we need our adenoids?

Your body can still fight germs without your adenoids. There is no good evidence that taking them out affects your immune system or makes infections more likely. Adenoids probably only help fight infection during the first three years of life. After that, they can be removed if they are doing more harm than good.

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## Why do adenoids cause problems?

- Sometimes children have adenoids so big that they can block the nose, so that the child has to breathe through his or her mouth.
- Children with large adenoids snore at night, and some can stop breathing for a few seconds while they are asleep. This is called **sleep disordered breathing** or **obstructive sleep apnoea**.
- The adenoids can cause ear problems by stopping the tube which joins your nose to your ear (the Eustachian tube), from working properly. This leads to hearing loss from ear infections or a build-up of fluid in the middle-ear, known as **glue ear**.

*Video of a child having a flexible nasal endoscopy (camera in the nose) showing large adenoids in the nasopharynx.*

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## What are the benefits of taking out the adenoids with surgery (adenoidectomy)?

### For children with glue ear

For children over three years old, taking out the adenoids at the same time as putting grommets in the ears seems to stop glue ear coming back.

### Reduces colds and sinus infections

Removing the adenoids can reduce a blocked nose and sinus problems when your child has a cold.

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## Is there an age limit for adenoidectomy?

Taking out the adenoids is usually avoided in very small children because of the small risk of blood loss during or after the operation. You are never too old to have your adenoids removed, but they have usually shrunk to almost nothing by teenage years.

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## What makes you decide to remove the tonsils at the same time?

If your child gets lots of tonsillitis (sore throats) or has difficulty breathing at night (sleep-related breathing disorders or obstructive sleep apnoea), then we may decide to take out the tonsils at the same time as the adenoids.

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## Are there alternatives to having the adenoids removed?

Your adenoids get smaller as you grow older, so you may find that nose and ear problems get better with time. Surgery will help these problems get better more quickly, but there can be a small risk involved. You should talk to your surgeon about whether it is better to wait and see or have surgery now.

For some children, using a steroid nasal spray will help to reduce a blocked nose and adenoids. It may be helpful to try this before deciding on surgery.

Antibiotics are usually not helpful and may only give short-term relief from infected nasal discharge. They have side effects and may encourage 'super-bugs' that are resistant to antibiotics.

There is no evidence that alternative treatments such as homeopathy or cranial osteopathy are helpful for adenoid problems.

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## Consent

Signing a consent form does not mean that your child has to have the operation. You can change your mind about the operation at any time. You may wish to ask your own GP to arrange a second opinion with another specialist.

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## ABOUT THE PROCEDURE

### Before your child's operation

Arrange for a week at home or off school after the operation. Let your child's surgeon know if your child has a sore throat or cold in the week before the operation – it will be safer to put off having surgery for a few weeks.

It is very important to tell us if your child has any unusual bleeding or bruising problems, or if this type of problem runs in your family.

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### The surgery

The adenoids can be taken out through the mouth or through the nose, with no cuts or stitches on the outside. They may be scraped away using a 'curette' or taken out using electrical instruments (such as monopolar suction or coblation). Bleeding is stopped. The operation takes around 10 to 15 minutes.

The operation is carried out under a general anaesthetic, which means your child will be asleep during the surgery.

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## AFTER THE SURGERY

Your child will be taken to a recovery area to be watched carefully as he or she wakes up from the anaesthetic. He or she will be away from the ward for about an hour.

- Some children feel sick after the operation. This settles quickly. Sometimes, anti-sickness medication is needed.
- Your child's nose may be blocked after the surgery, but this will clear up on its own in a week or so.
- You may notice that your child has bad breath during the healing period. In rare cases, antibiotics may be needed.

### Your child's throat may be a bit sore:

- Give your child painkillers as needed for the first few days.
- Do not use more than it says on the label.
- Do not give your child aspirin – it could make your child bleed. Aspirin is not safe to give to children younger than 16 years old at any time, unless prescribed by a doctor.
- Prepare normal food. Eating will help your child's throat to heal.
- Chewing gum may also help the pain.

### Your child may have sore ears

- This is normal. It happens because your throat and ears have the same nerves. It does not usually mean that your child has an ear infection.

### Your child may also feel tired for the first few days

- This is normal.

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## When can my child go home?

Children who are fit and well with no bleeding or bruising problems can usually go home on the same day as the surgery takes place. Doctors will usually keep an eye on them for between four and six hours to make sure they are ready.

If there are any complications during or after surgery, your child may be kept in hospital overnight or longer.

Either way, your child will only be able to go home when he or she is eating and drinking and feels well enough.

## When can my child go to school?

Most children need no more than a week off nursery or school. They should rest at home away from crowds and smoky places. Stay away from people with coughs and colds.

## Follow-up

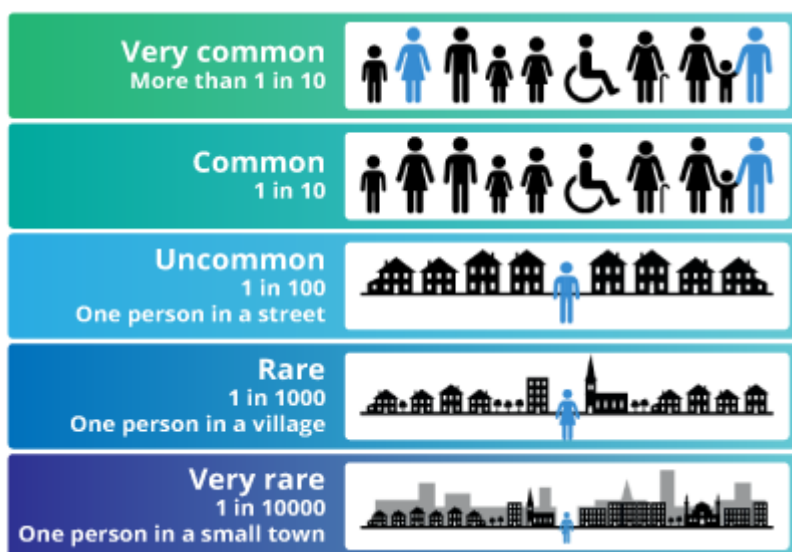
Your child's surgeon will inform you if an outpatient clinic follow-up is needed.

## ABOUT THE RISKS

### Are there any complications to this operation?

All operations involve some risks, but adenoid surgery is usually a very safe operation.

Complications fall into the following groups:



## What are the risks

- **Bleeding:** The most serious problem is bleeding, which may need a second operation to stop it. However, bleeding after adenoidectomy is very uncommon and seems to happen in one out of every two hundred operations. It is very important to let us know well before the operation if anyone in the family has a bleeding problem.

**Bleeding can be serious. If you notice any bleeding from your child's throat, you must see a doctor as soon as possible. Either call your GP, call the ward, or go to your nearest hospital emergency department to have it checked out.**

- **Dental damage:** During the operation, there is a very small chance that a tooth may be chipped or knocked out, especially if it is loose, capped or crowned. Please let us know if your child has any teeth like this.

- **Nasal regurgitation:** A very rare complication of adenoid surgery is that fluids may leak through the nose during drinking. This is known as nasal regurgitation. Even if this happens, it usually settles by itself. A lot of leaking through the nose can happen when there is a weakness at the back of the roof of the mouth (the palate). Your doctor will examine your child to reduce this risk before surgery. If a weakness is found in the roof of the mouth, such as bifid uvula or a submucosal cleft palate, then your child will have a limited version of the operation.
  - **Voice change:** A small number of children find that their voice sounds different after the surgery. It may sound like they are talking through their nose. This usually settles down by itself within a few weeks. If not, speech therapy is helpful.
  - **Regrowth of the adenoids:** Adenoids can grow back, but this is uncommon.
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In collaboration with:



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