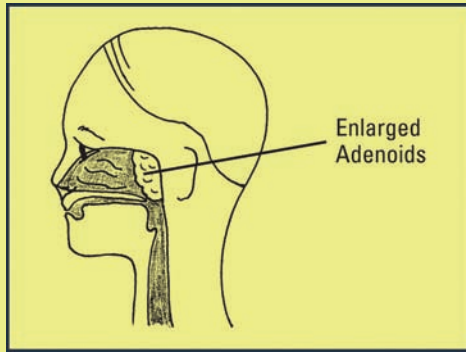


## What are the adenoids?

Adenoids are small glands in the throat, at the back of the nose. In younger children they are there to fight germs. We believe that after the age of about three years, the adenoids are no longer needed.



## Do we need our adenoids?

Your body can still fight germs without your adenoids. They probably only act to help fight infection during the first three years of life; after then, we only take them out if they are doing more harm than good.

## Why do adenoids cause problems?

- Sometimes children have adenoids so big that they have a blocked nose, so that they have to breathe through their mouths.

- They snore at night.

- Some children even stop breathing for a few seconds while they are asleep. The adenoids can also cause ear problems by preventing the tube which joins your nose to your ear, from working properly.

## Some benefits of removing adenoids

### For children with glue ear

For children over three years of age, removing the adenoid at the same time as putting grommets in the ears, seems to help stop the glue ear coming back.

### Reduces colds

Removing the adenoid may reduce the problem of a blocked nose when your child has a cold

## Is there an age limit for adenoidectomy?

Adenoidectomy is generally avoided in children under 15kg weight, approximately three years of age, because of the small risk of blood loss during or after the operation. There is no upper age limit, but the adenoid has usually shrunk to almost nothing by the teens.

## How are the adenoids removed in the 21st century?

- The traditional technique is to use a curette, which is a special type of surgical cutting device. This is a safe technique, although a consideration for small children having the operation is that the blood loss may be higher at the time of surgery.

### Other techniques are becoming more popular.

- Electric diathermy and Coblation dissection have the advantage of less blood loss at the time of surgery.

- The laser has fallen out of favour because of the much higher levels of pain after the operation.

## Is it true that the adenoid may grow back?

This is possible but uncommon.

## Who is suitable for day case surgery and who would require inpatient stay?

Generally, children who are fit and well with no bleeding or bruising disorders are fit for day surgery.

## What is the recovery time after surgery?

It is wise to allow a one week convalescence period.

## Is there any long-term risk to having your adenoids removed (e.g. reduced immune function)?

There is no good evidence that adenoidectomy reduces immune function or makes people more prone to chest infections. If possible, it is probably wise to avoid adenoidectomy in children less than three years of age as the adenoids may be helping develop their ability to fight off infections.

## 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 then we may decide to take out the tonsils at the same time as the adenoids.

## What are the alternatives to having the adenoid removed?

Your adenoids get smaller as you grow older, so you may find that nose and ear problems get better with time. Surgery will make these problems get better more quickly, but it has a small risk.

You should discuss with your surgeon whether to wait and see, or have surgery now.

For some children, using a steroid nasal spray will help to reduce congestion in the nose and adenoid and may be helpful to try before deciding on surgery.

Antibiotics are not helpful and only produce temporary relief from infected nasal discharge. They have side effects and may encourage “super-bugs” that are resistant to antibiotics.

Signing a consent form does not mean that your child has to have the operation; you may change your mind about the operation at any time.

If you would like to have a second opinion about the treatment, you can ask your specialist. He or she will not mind arranging this for you. You may wish to ask your own GP to arrange a second opinion with another specialist.

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

If you would like to have a second opinion about the treatment, you can ask your specialist. He or she will not mind arranging this for you. You may wish to ask your own GP to arrange a second opinion with another specialist.

## Preparing for your child's operation or things to do before your child's operation

Arrange for a week at home or off school after the operation.

## Things we need to know before the operation

- Let us know if your child has a sore throat or cold in the week before the operation - it will be safer to put it off 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 might run in your family.

## How is the operation done?

- Your child will be asleep.

- We will take his or her adenoids out through the mouth, and then stop the bleeding. This takes about 10 minutes.

- Your child will then go 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 in total.

## How long will my child be in hospital?

In some hospitals, adenoid surgery is done as a day case, so that he or she can go home on the same day as the operation. Some surgeons may prefer to keep children in hospital for one night. Either way, we will only let him or her go home when he or she is eating and drinking and feels well enough.

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.

## Can there be problems?

- Adenoid surgery is very safe, but every operation has small risks.
- The most serious problem is bleeding, which may need a second operation to stop it. However, bleeding after adenoidectomy is very uncommon. In a survey of all adenoid surgery in England, bleeding happened in one in 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.
- During the operation, there is a very small chance that we may chip or knock out a tooth, especially if it is loose, capped or crowned. Please let us know if your child has any teeth like this.

## After the operation

- Some children feel sick after the operation. This settles quickly.

- A small number of children find that their voice sounds different after the surgery. It may sound like they are talking through their nose a little. This usually settles by itself within a few weeks. If not, speech therapy is helpful.
- Your child’s nose may seem blocked up after the surgery, but it will clear by itself in a week or so.

## Your child’s throat may be a little sore

- Give 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 under the age of 16 years at any time, unless prescribed by a doctor).
- Prepare normal food. Eating food 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.

## Keep your child off school for 2 to 7 days

- Make sure he or she rests at home away from crowds and smoky places.
- Keep him or her away from people with coughs and colds.

**Things to be aware of**  
**Bleeding can be serious, If you notice any bleeding from your child’s throat, you must see a doctor. Either call your GP, call the ward, or go to your nearest hospital casualty department to have it checked out.**

## Your child may have a sore mouth

- Give 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 under the age of 16 years at any time, unless prescribed by a doctor).
- Prepare normal food. Eating food will help your child’s mouth to heal.
- Chewing gum may also help the pain

## Your child may have a sore nose

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

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

- This is normal.

**Disclaimer:** This publication is designed for the information of patients. Whilst every effort has been made to ensure accuracy, the information contained may not be comprehensive and patients should not act upon it without seeking professional advice.

Last updated: November 2010 - Review due: November 2012

# ABOUT ADENOID SURGERY

By Haytham Kubba and Peter Robb

ENT-UK is the professional Association for British Ear, Nose and Throat Surgeons and related professionals. This leaflet provides some background information about adenoid surgery. It may be helpful in the discussions you have with your specialist when deciding on possible treatment. This information leaflet is to support and not to substitute the discussion between you and your specialist. Before you give your consent to the treatment, you should raise any concerns with your specialist.



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