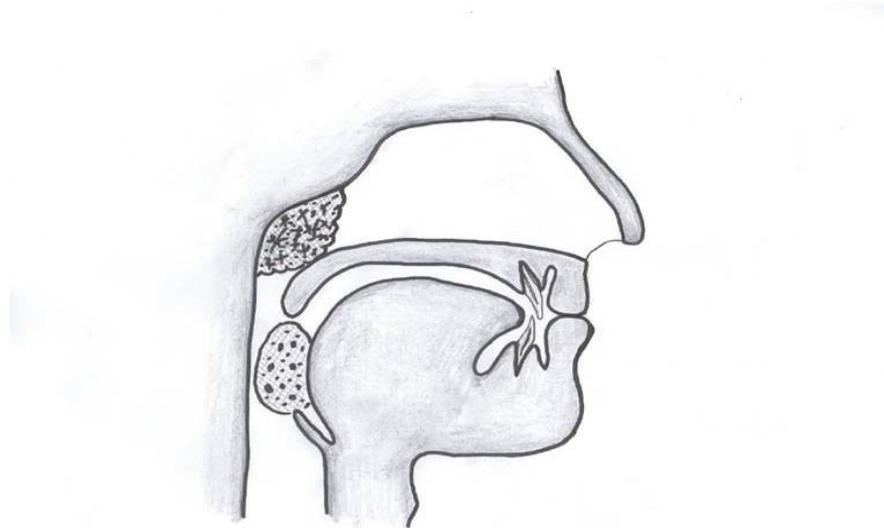




Ear, Nose and Throat (ENT) Department

Adenoidectomy

What are adenoids?



The adenoids are a pad of lymph gland tissue at the back of the nose. You cannot see them at the back of the nose and they are up behind the soft palate at the back of the throat, above the level of the tonsils. The adenoids are made up of the same sort of tissue as the tonsils and the back of the tongue – lymph tissue in a ring at the back of the throat which filters germs and helps fight infection. The adenoids probably only act to help fight infection in the first 3 years of life and then they would normally shrink down in size.

Why is an adenoidectomy done?

Sometimes the adenoids become enlarged because of infection. This will cause blockage of the nose and mouth breathing, as well as nasal discharge with mucky mucus.

Snoring at night is likely if the adenoids are large and, if the tonsils are large as well, some children (especially younger children) may develop obstructed breathing at night when they are asleep (sleep apnoea) – as they go into the deeper levels of sleep the tongue muscles relax and the tongue slips backwards and adds to the obstruction from the large tonsils and adenoids.

The child changes from simple snoring to obstructed breathing and will wake themselves up regularly, usually with gasping.

The tube joining your nose to your middle ear (the Eustachian tube) is at the back of the nose next to the adenoids, and an enlarged adenoid will stop this tube working properly and may result in glue ear.

What are the alternatives to having the adenoids removed?

Your adenoids get smaller as you grow older, so you may find that the nose and ear symptoms get better with time. An adenoidectomy will make these problems get better more quickly, but it involves an operation and a general anaesthetic.

Antibiotics do not help and only give temporary relief from infected nasal discharge.

If you would like a second opinion about adenoid surgery, please ask your GP to arrange this.

How is the operation done?

The operation is done through the mouth with your child under a full general anaesthetic. It takes about 10 minutes in all. We look at the adenoids behind the palate with a mirror to see how large they are. If the adenoids are small, we would not need to do the operation. If they are enlarged and blocking the view into the back of the nose, we remove them with a suction diathermy machine – small pieces are sucked into the end of the sucker and a current passed through the tip to cauterize the tissue.

An adenoidectomy is often done with grommet insertion or a tonsillectomy. As far as the adenoidectomy operation is concerned, your child would go through to the anaesthetic recovery room until they are wide enough awake and then back to the ward. Routine observations would be performed and we would discharge them home a few hours later if all is well. An overnight stay may be required if other operations are done at the same time, but the vast majority of adenoid operations are possible as a day case.

What are the possible complications of the operation?

The operation is done under a general anaesthetic, and all operations under a general anaesthetic carry a small risk. You would be able to discuss this with the anaesthetist.

Sometimes the adenoid area can bleed after the operation. This can happen within a few hours of the operation, or after your child has gone home, up to 10 days after the operation. Rarely, they would need to return to theatre and have a second general anaesthetic to stop the bleeding. Bleeding happens in perhaps one in every 200 cases. It is important to let us know well before the operation if anyone in the family has a bleeding problem.

There is a small chance that we may chip or knock out a tooth, especially if it is loose, capped or crowned. Let us know if your child has any teeth like this.

A small number of children find that their voice sounds different after the surgery. It sounds like they are talking through their nose a little. This usually settles within a few weeks.

Before the operation

Arrange for at least a week off school.

Make sure that you have a supply of simple painkillers at home.

Let us know if your child has a sore throat or a cold in the week before the operation – it is safer to put off the operation for a few weeks.

After the operation

Your child should rest at home away from crowds and smoky places. Stay away from people with coughs and colds.

Where can I find out more about the operation?

The ENT UK website also has a short information leaflet on adenoid surgery.
Visit: <https://www.entuk.org/>

Useful contact numbers:

Dorset County Hospital Switchboard - 01305 251150

ENT secretaries (Dorchester)

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Mr Tsirves	01305 253167	Mr Kenway	01305 255138
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If you have feedback regarding the accuracy of the information contained in this leaflet, or if you would like a list of references used to develop this leaflet, please email pals@dchft.nhs.uk



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