

ADENOID SURGERY

This information leaflet is to support your decision with your Specialist.

This leaflet will explain where the adenoids are and what surgery can be offered for this condition. Before you agree to any treatment, you will always have an opportunity to discuss your procedure and raise any concerns or questions.

WHAT ARE THE ADENOIDS?

The adenoids are small glands or lymphoid tissue found in the back of the nose just above the throat. They are there to potentially fight germs. Your body can still fight infections without adenoids being present. We only take them out if they are causing obstruction and more harm than good. The adenoids become smaller with age.

WHY TAKE ADENOIDS OUT (ADENOIDECTOMY)?

Sometimes the adenoids can be very large and cause more harm than good. If the adenoids are very large, they can block the nose and children or adults then have to breathe through their mouths. They snore at night. Sometimes they may even have difficulty breathing and stop breathing for a few seconds at a time whilst they are asleep (obstructive sleep apnoea).

If we remove the adenoids, it may help the breathing through the nose and reduce the risk of airway obstruction.

The adenoids are very close to the tube that equalises pressure between the ear and the nose. This tube may not work properly and so affects the hearing. In children that have recurrent ear infections or fluid behind the eardrum (glue ear), removing the adenoids at the same time as putting grommets in the ears may help to deal with the ear problem and reduce the chance of it coming back. Removing the adenoids opens the blockage at the back of the nose. It may help to reduce the mucus discharge coming from the front of the nose.

IS THERE ANY OTHER TREATMENT?

The adenoids gets smaller as we become older. We may find that the nose and ear problems do get better with time. Surgery helps to get the problems better more quickly, but does also carry a small risk. You should discuss with your surgeon whether it is safe to watch and wait or whether surgery is appropriate.

We sometimes try medical treatments such as nasal steroid sprays, antihistamines and antibiotics. This provides a small period of time during which medical treatment may have a beneficial effect. Antibiotics may only provide a temporary relief from infected nasal discharge but there repeated use may allow the bugs(bacteria) in the nose to become resistant to antibiotics.

You may change your mind about the operation at any time, and signing a consent form does not mean that your child has to have the operation.

If you would like to have a second opinion about the treatment, you can ask your Specialist. They will not mind arranging this for you or alternatively your General Practitioner may be able to provide you with referral to a doctor for a second opinion.

Adenoidectomy

A general anaesthetic is used to make your child fall asleep during the whole procedure. The operation is performed through the mouth with a small device that is used to keep the mouth open (a gag). The adenoid pad is usually found above the level of the soft palate and the uvula (the swelling hanging in the middle of the throat). This piece of tissue can be removed by using electric current to vaporise the tissue away (suction diathermy) or by removal using a specialised surgical device for removal (curette). Once the operation is performed, any area of bleeding is dealt with and when the area is dry, your child will be woken up and will be taken to the recovery bay.

OTHER OPERATIONS.

Sometimes children with breathing difficulties may have enlarged adenoids and enlarged tonsils and these may both be removed at the same time. Occasionally a child may have a number of ear infections or fluid behind the eardrum (glue ear). In both instances, a second operation can be undertaken, with the removal of the adenoids. We will tell you what these operations involve and whether we are going to do them.

HOW LONG WILL MY CHILD BE IN HOSPITAL?

It is usual for adenoid surgery to be a day case procedure. Most children are allowed to go home the same day unless there are other medical problems that warrant their staying in the hospital for longer. Your surgeon or doctor will advise you whether this would be necessary. If your child is eating and drinking, they will be allowed to go home, but if they are not and not feeling well, they will need to stay for longer.

Most children will require approximately one week off school or nursery school. They need to be resting at home and away from other people to avoid the risk of infection, which is more likely in crowded or smoky environments.

HOW SUCCESSFUL IS THE OPERATION?

This operation usually causes an improvement in breathing through the nose although sometimes there is some swelling after the surgery which takes a few weeks to settle down.

POSSIBLE COMPLICATIONS

There are some risks that you must be aware of before giving consent for this treatment. These potential complications are very rare. You should consult your surgeon about the likelihood of problems in your case.

This is not an exhaustive list but has described most of the risks associated with adenoid surgery. If you would like to discuss anything further, please do not hesitate to do so with the specialist in Clinic.

Bleeding.

This can occur either immediately after the surgery or within a few days of the surgical procedure. This may occur up to ten days after surgery. We may need to give antibiotics to your child or occasionally they may need to be admitted to hospital for either blood transfusion or, very rarely, to go back to the operating theatre to stop the bleeding. ***It is very important to let us know well before the operation if anyone in your family has a history of excessive bleeding.***

Dental damage.

This may occur as the metal instrument used to keep the mouth open (the gag) may press on the teeth, and if they are loose or there are special caps or crowns or bridges, they may be damaged.

Diathermy burns.

The diathermy instrument is used to seal blood vessels during the surgery by generating heat which stops bleeding. Burns may occur to the lips or the mouth, but very rarely. If this does occur they usually heal on their own. The affected area may require Vaseline to protect the skin.

Neck injury.

Neck injury may occur as a result of positioning of the head, which is required to perform adenoid removal. This is very rare and occurs if there are spine problems before surgery, you must let us know if your child has a neck spine problem.

Nasal incompetence.

Soon after surgery, there may be an alteration in speech with air escaping through the nose when speaking or the escaping of liquid and solids into the back of the nose during swallowing. This risk is slightly higher in patients with other abnormalities of the palate or Down's syndrome and usually settles with time.

Nausea and vomiting.

Some children might feel sick after the operation but this usually settles quickly and may require medicine to reduce sickness.

Nosebleeds.

The child's nose may seem blocked up after surgery but this usually clears by itself. There may be a little bit of bleeding from the front of the nose. This usually settles quickly.

Other features are noticeable after surgery.

Your child certainly may feel a little sore after the operation. This is normal and should settle quickly. Ensure eating and drinking so that your child's throat can heal. Chewing gum may also help reduce the pain.

Your child may have sore ears. This is normal. It may happen because the nerve that supplies the throat and nose also supplies the ears. This does not mean that your child has an infection in the ears.

During the first few days after the surgery, your child may require simple pain killing medicines such as Paracetamol or Ibuprofen.