

Surgery to remove your child's adenoids

Ear, Nose & Throat

Produced: June 2020

Information for Patients

Review: June 2023

Leaflet number: 991 Version: 2

What is an adenoidectomy?

Adenoids are small glands at the back of the nose. The adenoids are there to help fight germs when you are a young child. As children grow the adenoids usually shrink and become less important in fighting germs. Your body can still fight germs without them.

Surgery to remove the adenoids is called an adenoidectomy. We only recommend removal of the adenoids if they are doing more harm than good.

Why does my child need this operation?

The main reasons for taking out your child's adenoids is to improve problems they have with their breathing while they are asleep (sleep apnoea) or improve nasal (nose) blockage.

For children over 3 years of age, removing the adenoid at the same time as putting grommets in the ears, may help stop the glue ear coming back. This may be recommended if your doctor thinks this will help your child.

If your child often gets tonsillitis (sore throat) or has difficulty breathing at night, then we may decide to take out the tonsils at the same time as the adenoidectomy.

What to do before the operation

Arrange for your child to have 1 week off nursery or school (if appropriate).

Buy a bottle of Calpol and ibuprofen to have at home, should your child need any pain relief after the operation.

Please call the waiting list office on 0116 258 6058 if your child has a cold or sore throat in the 2 weeks before surgery. It will be safer to delay surgery for a few weeks.

**Health information and support is available at www.nhs.uk
or call 111 for non-emergency medical advice**

Visit www.leicestershospitals.nhs.uk for maps and information about visiting Leicester's Hospitals
To give feedback about this information sheet, contact InformationForPatients@uhl-tr.nhs.uk

You will be sent an admission letter explaining what you need to do with your child for the operation. Your child should not have anything to eat or drink from the time discussed at the pre-assessment. It is important to follow these instructions otherwise your child's operation may have to be delayed or cancelled.

The doctor will explain the operation in more detail, talk to you about any worries you may have, and ask you to sign a consent form. An anaesthetist will also visit you to explain about the anaesthetic. Please tell the doctor if your child has any medical conditions such as allergies. Please also tell the surgeon if your child has a history of neck problems, or if they have any loose teeth.

What happens during the operation?

Your child will be asleep under a general anaesthetic.

We will take the adenoids out through the mouth and then stop the bleeding. There are different ways your surgeon may choose to do this depending on your child's needs. The procedure usually takes about 45 minutes. Your child will wake up after the procedure in the recovery room.

What happens after the operation?

Your child will feel sore in the throat/ back of the nose after the operation. The doctor will prescribe some simple painkillers.

The nursing team will tell you when it is safe to allow your child to start eating and drinking after the operation. The anaesthetic may make your child feel tired and a little clumsy for around 24 hours after the operation, so do not let them do anything that may lead to a fall.

Your child will normally be able to go home on the same day. If your child is having other operations at the same time, or has other medical conditions, they may need to stay overnight. If this is the case you will be able to sleep on the ward with your child. We will only let your child go home once they are eating and drinking and feels well enough.

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

If your child needs to be seen in the ENT clinic you will be told of this before leaving the ward. Appointment details will be posted to your home address. If you are planning to move or will be on holiday, please tell the nurse looking after you.

If your child needs any medication to go home, this will be given as soon as possible. Your nurse will tell you about the correct way to give and store medication. To speed up your discharge process we ask that you buy a bottle of Calpol and ibuprofen to have at home before you come into hospital. **Do not exceed the amount on the bottle for your child's age.**

A letter will be sent to your GP.

Rarely, after adenoid surgery on children, some fluids may come out through the nose when drinking; this is usually only when there is a weakness in the back of the throat. Your doctor will examine your child to reduce this risk before surgery. Even if this happens, it usually settles by itself.

What do I need to do at home?

It is best to take your child straight home after you leave hospital as your child may need to rest and sleep. A few days rest at home after leaving hospital is recommended.

Offer your child frequent drinks and it is best to give light foods to start with e.g. toast, sandwiches, biscuits. Then gradually return them to their normal diet. Avoid rich foods, including chocolate, ice-cream and fried foods, as they may make your child feel sick.

Your child may feel their nose is blocked up after the surgery, but it will clear by itself in a week or so.

If your child vomits, give just clear fluids (juice or water) until it settles, then introduce small amounts of food. If your child continues to vomit or develops a fever, and you are concerned, please telephone the ward from which your child was discharged.

If you notice any bleeding from your child's nose or throat you must see a doctor, as this can be serious. Either call the ward, your GP, or go to your nearest hospital Emergency Department to have it checked.

Your child should be able to return to school or nursery after 1 week.

We advise to avoid travelling abroad for 2 weeks after surgery.

Can there be problems?

Adenoidectomy is a safe procedure, but every operation has a small risk.

Your child's anaesthetist is an experienced doctor who is trained to deal with any problems that happen during surgery. After an anaesthetic some children feel sick and vomit. They may also have a headache, sore throat or feel dizzy. These side effects are usually short-lived and not severe.

The most serious problem that can happen is bleeding. This may need a second operation to stop it. However, bleeding after an adenoidectomy is uncommon. In a survey of all adenoid surgery in England, bleeding happened in 1 in every 200 operations. Please let us know before surgery if anyone in the family has a bleeding problem.

Some children who have sleep apnoea can experience temporary worsening of their breathing. If your child has this they will be checked closely after surgery to identify and manage this.

Rarely, children can develop painful or restricted neck movements after surgery; if you are worried this has happened, please call the ward.

Sometimes adenoids can grow back, but this is uncommon.

There is a small chance that that we may chip or knock out a tooth, especially if it is loose, capped or crowned, or your child's lip, tongue or gums may be injured.

Sometimes your child's voice may sound different after 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 can help.

Are there any alternatives to having an adenoidectomy?

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

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

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

Contact details

If you have any questions, you can ask us at the pre-assessment appointment or on the day of surgery itself. Or you can contact Ward 19, Leicester Royal Infirmary, on 0116 258 5244 or 0116 258 5534.

اگر آپ کو یہ معلومات کسی اور زبان میں درکار ہیں، تو براہ کرم مندرجہ ذیل نمبر پر ٹیلی فون کریں۔
على هذه المعلومات بلغةٍ أخرى، الرجاء الاتصال على رقم الهاتف الذي يظهر في الأسفل

જો તમને અન્ય ભાષામાં આ માહિતી જોઈતી હોય, તો નીચે આપેલ નંબર પર કૃપા કરી ટેલિફોન કરો

ਜੇ ਤੁਸੀਂ ਇਹ ਜਾਣਕਾਰੀ ਕਿਸੇ ਹੋਰ ਭਾਸ਼ਾ ਵਿਚ ਚਾਹੁੰਦੇ ਹੋ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਹੇਠਾਂ ਦਿੱਤੇ ਗਏ ਨੰਬਰ 'ਤੇ ਟੈਲੀਫੋਨ ਕਰੋ।

Aby uzyskać informacje w innym języku, proszę zadzwonić pod podany niżej numer telefonu

If you would like this information in another language or format such as EasyRead or Braille, please telephone 0116 250 2959 or email equality@uhl-tr.nhs.uk



LEICESTER'S
RESEARCH ★

Leicester's Hospitals is a research active trust so you may find research happening on your ward or in your clinic. To find out about the benefits of research and become involved yourself, speak to your clinician or nurse, call 0116 258 8351 or visit www.leicestersresearch.nhs.uk/patient-and-public-involvement