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 GP or specialist when deciding on possible treatment. This information leaflet is to support and not to substitute the discussion between you and your doctor. Before you give your consent to the treatment, you should raise any concerns with your GP or specialist.

ABOUT ADENOID SURGERY

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How long will my child be in hospital?
Surgery is often done as a day case, so that he or she can go home on the same day as the operation. Sometimes children may stay 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 surgery 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.
- A very rare complication of adenoid surgery is that it may allow some leakage of fluids through the nose during drinking – this is usually only when there is a weakness in the back of the throat, and your doctor will examine your child to reduce this risk before surgery. Even if this occurs, it usually settles by itself.

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.
- You may notice that your child has bad breath during the healing period.

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.

If you have any problems or questions, please contact:
Please insert local department routine and emergency contact details here

If you would like to know more, visit our website at www.entuk.org

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.

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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
mouts.
• They snore at night, and 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, resulting in hearing loss and ear infections.

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.

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.

How are the adenoids removed?
The adenoids are removed either through the mouth or through
the nose, with no cuts or stitches on the outside. They may be
scraped away using a ‘curette’, or removed using electrical
instruments (coblation).

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.

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 usually not helpful and may only produce
temporary 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 tonsil
problems.

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.
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.