

ENT05 Adenoidectomy (child)

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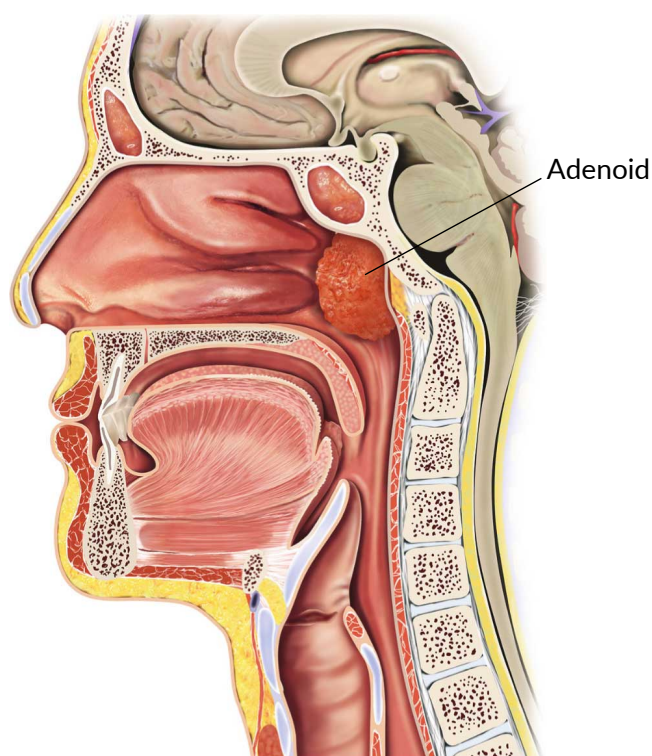
What are adenoids?

The adenoids are part of a group of lymphoid tissues (like the glands in the neck or the tonsils) that help to fight off infection from germs that are breathed in or swallowed.

Your surgeon has suggested an adenoidectomy for your child. This document will give you information about the benefits and risks to help you to be involved in the decision. If you think your child is mature enough, it is best to discuss the operation with them so they can be involved in the decision too. If you have any questions that this document does not answer, ask your surgeon or the healthcare team.

How do adenoids become enlarged?

The adenoids enlarge naturally in children at around the age of 3 and usually shrink away again by the age of 7. The enlargement happens because children are exposed to a lot of new infections at this age and have many colds.



An enlarged adenoid

The enlarged adenoids can result in a blocked or runny nose and may make your child snore. If your child also has swollen tonsils, they may stop breathing for a short time while they are asleep (risk: 7 in 1,000).

What are the benefits of surgery?

Your child should get relief from a blocked or runny nose, and may get a better quality of sleep. If your child's adenoids are large, removing them will allow air to pass through your child's nose while they are talking and eating. This may improve the quality of your child's voice.

An adenoidectomy can also help if your child has glue ear by reducing the risk of fluid collecting in the middle ear.

Are there any alternatives to surgery?

Your doctor may be able to give you steroid nasal sprays to improve your child's symptoms of a blocked nose and reduce the size of the adenoids. However, these must be used for a long time and the long-term effects are not yet known.

There are no other treatments for enlarged adenoids other than to leave them alone and wait for the problem to get better.

What will happen if I decide that my child will not have the operation?

The adenoids will shrink away naturally with time so the blocked nose and snoring will improve without surgery.

Your child will continue to have disturbed sleep. This can be serious and affect behaviour and learning at school. However, many children will improve over time without surgery.

What does the operation involve?

The healthcare team will carry out a number of checks to make sure your child has the operation they came in for. You can help by confirming to your surgeon and the healthcare team your child's name and the operation they are having.

The operation is performed under a general anaesthetic and usually takes about 20 minutes.

Your surgeon will remove the adenoids through your child's mouth. They will place a pack in the back of the nose until the bleeding stops.

What can I do to prepare my child for the operation?

Your child should try to maintain a healthy weight. They will have a higher risk of developing complications if they are overweight. If your child is having surgery to improve their breathing during sleep, it is less likely to be successful.

Your child can reduce their risk of infection in a surgical wound by keeping warm around the time of the operation. Let the healthcare team know if your child feels cold.

What complications can happen?

The healthcare team will try to reduce the risk of complications.

Any numbers which relate to risk are from studies of people who have had this operation. Your doctor may be able to tell you if the risk of a complication is higher or lower for your child.

Some complications can be serious.

You should ask your doctor if there is anything you do not understand.

Your anaesthetist will be able to discuss with you the possible complications of having an anaesthetic.

Adenoidectomy complications

- Bleeding during surgery or in the next 2 weeks. If your surgeon cannot stop the bleeding at the time of the operation, they will place a pack in the back of the nose for 1 to 2 days (risk: less than 1 in 100). This pack can make it difficult to breathe and swallow, so the healthcare team may monitor your child in the intensive care unit or high dependency unit.
- Infection of the surgical site (wound) (risk: 1 in 100). Let your surgeon know if your child has any bleeding in the first 2 weeks. An infection usually settles with antibiotics but your child may need special dressings and their wound may take some time to heal. In some cases another operation might be needed. Do not give your child antibiotics unless you are told they need them.
- Allergic reaction to the equipment, materials or medication. The healthcare team is trained to detect and treat any reactions that might happen. Let the doctor know if your child has any allergies

or if they have reacted to any medication or tests in the past.

- Adenoid tissue regrowing. Your child may need another adenoidectomy (risk: 1 to 2 in 100). The risk increases if your child has nasal allergies like hay fever so make sure that you give your child the medication prescribed by your doctor.
- Earache. This is rare and usually lasts up to a week.
- Stiff jaw. This is rare and normally only lasts up to a week.

Covid-19

Coming into hospital increases the risk of you or your child catching or passing on Covid-19 (coronavirus) as you will be around more people than usual. This risk to your child increases further if the procedure involves their nose or throat. Practise social distancing, hand washing and wear a face covering when required.

Consequences of this procedure

- Pain is not serious after an adenoidectomy. The healthcare team will give your child medication to control the pain and it is important that they take it as you are told to reduce discomfort. Your child may experience pain when swallowing. This normally only lasts up to a week.

How soon will my child recover?

In hospital

After the operation your child will be transferred to the recovery area and then to the ward. They should be able to go home the same day or the day after. However, your doctor may recommend that your child stays a little longer.

If you are worried about anything, in hospital or at home, contact the healthcare team. They should be able to reassure you or identify and treat any complications.

Returning to normal activities

Your surgeon will tell you when your child can return to normal activities. Your child will need 2 weeks off school to avoid catching an infection that could lead to bleeding.

The future

Most children make a good recovery.

Summary

Enlarged adenoids are a common problem that usually do not need treatment. For those children who have a very blocked nose or disturbed sleep, an adenoidectomy should give them a better quality of life.

Surgery is usually safe and effective but complications can happen. You need to know about them to help you to make an informed decision about surgery for your child. Knowing about them will also help you to help the healthcare team to detect and treat any problems early.

Keep this information document. Use it to help you if you need to talk to the healthcare team.

Some information, such as risk and complication statistics, is taken from global studies and/or databases. Please ask your surgeon or doctor for more information about the risks that are specific to you, and they may be able to tell you about any other suitable treatments options.

This document is intended for information purposes only and should not replace advice that your relevant healthcare team would give you.

Acknowledgements

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