

# Patient information from BMJ

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## Adenoidectomy

Adenoids are part of children's immune systems. But if they become swollen they can block part of the airway. This can lead to problems such as repeated ear infections and trouble breathing through the nose.

An operation to remove them is usually quick and simple. Here, we look at why a child might need this operation, how it can help, and what the risks might be. You can use our information to talk with your doctor about this procedure.

### What is an adenoidectomy?

An adenoidectomy is an operation to remove the adenoids. These are soft mounds of tissue behind the nose at the back of the throat. They are part of the body's system for fighting infection in children.

Adults don't have adenoids. They start to shrink when children are about 5 years old, and they generally disappear completely by the early teens. Children can manage without them if they have to.

### Why might my child need an adenoidectomy?

Adenoids can become swollen after an infection or an allergic reaction. This doesn't usually mean that they need to be removed. But there are several reasons why some children might benefit from an adenoidectomy.

- **Easier breathing.** Repeated problems with adenoids can make it difficult for your child to breathe easily through their nose. This can cause discomfort and make it harder to sleep. In severe cases, it could cause sleep apnoea, which is when breathing stops and starts during sleep.
- **Fewer ear infections and hearing problems.** Swollen adenoids can block the openings to the tubes that run from each ear to the back of the nose (called the eustachian tubes).

These tubes drain the fluid that's made in the middle part of the ears. If they blocked, this fluid builds up in your child's ears and stops them hearing properly.

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The fluid can also become thick and infected. This is sometimes called glue ear. Not all children with glue ear or breathing problems need their adenoids removed. Glue ear can get better by itself and adenoids tend to shrink by the time children reach school age.

But your doctor might suggest an adenoidectomy if your child has glue ear for several months, or keeps having ear infections that are affecting their hearing. Your doctor might also suggest that your child has grommets put in their ears, to help drain the fluid.

- **Preventing tonsillitis.** Doctors try not to take out children's tonsils unless they're causing a lot of problems. Removing the tonsils and adenoids can sometimes help children who have repeated episodes of tonsillitis and throat infections.

## What happens during the operation?

The operation takes about half an hour. Most children will not need to stay in hospital overnight.

Your child will be given a general anaesthetic so they will be asleep during the operation. They will also be given a breathing tube to help them breathe normally while asleep.

The mouth is held wide open using a surgical instrument allowing the surgeon to remove the adenoids. They may cut the adenoids out or they may use special instruments that use heat or radiofrequency energy. Your child may need dissolvable stitches to stop any bleeding.

The operation may be done at the same time as other procedures. These include:

- A procedure to put tiny tubes called grommets into a child's ears. They help to drain away fluid from the middle ear, in children who have repeated ear infections or 'glue ear'.
- A tonsillectomy, which is an operation to remove tonsils in children who have repeated episodes of tonsillitis.

## What are the risks?

An adenoidectomy is usually quick and simple. But all operations have risks, and your surgeon should talk these through with you and your child first.

These include:

- Anaesthetic problems. A common side effect of surgery is feeling nauseated (sick) after an anaesthetic. Some people are also allergic to general anaesthetics. But your child will be closely monitored for any side effects
- Bleeding that is heavier than normal. Most children heal quickly after this procedure. But further bleeding in the throat can happen in the hours or days after the operation. If this happens, get medical help straight away. Your child may need a second operation to deal with this
- Infection. This is a risk with any operation and can usually be treated with antibiotics. If your child develops a fever, feels generally unwell, tell your doctor

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- Damaged teeth. The instrument that holds your child's mouth open during the operation can sometimes chip a tooth, or knock out any loose 'baby' teeth
- Nasal speech. Some children can sound a bit nasally when they speak after the operation. It usually only lasts a few days or weeks. But if it lasts longer, talk to your doctor. Some children need speech therapy or surgery to treat this problem
- A stiff jaw or neck. This usually clears up after a week or two. Talk to your doctor if it doesn't

### What can I expect afterwards?

It's not unusual for children to have a sore throat for a while after the operation, especially when speaking and swallowing. But it's important that you encourage your child to drink plenty of fluids and eat their normal foods.

Your child's jaw and the corners of their mouth might also hurt because of the way it is held open during the operation. A blocked nose for a few days is also not uncommon. Don't worry if your child starts sniffing or sneezing either; this won't cause any damage but you might notice some streaks of blood.

Paracetamol can help with the pain in the hours after the operation. If it doesn't, it's important to tell a nurse or doctor, as being in pain can slow your child's recovery.

It can take about a week to recover from the operation. In the meantime, your child should take it easy. It's best to keep your child off school and away from crowded places for a week so they don't pick up infections.

They should also avoid swimming and vigorous exercise for a few weeks.

Some children vomit in the first 24 hours after their operation. This can be normal. But if it continues, or there is red, black, or brown in the vomit more than once, take them to the accident and emergency department straight away as your child's throat may be bleeding.

Some children say it hurts to open their mouth to clean their teeth at first. But you should encourage your child to brush as usual. This helps to keep the mouth free of infection and speed up healing. They are also likely to experience bad breath for the first few weeks after their operation. This is normal and it will resolve on its own.

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