ADENOIDECTOMY

INFORMATION FOR PARENTS AND PATIENTS

IT IS VERY IMPORTANT YOU READ THIS INFORMATION AND ASK ANY QUESTIONS PRIOR TO GIVING CONSENT FOR ADENOIDECTOMY

AN ELECTIVE OPERATION

Approximately 10,000 adenoidectomy operations are carried out in England and Northern Ireland annually. These may be carried out as a single procedure or together with tonsillectomy and/or grommet insertion. (See tonsillectomy and grommet information leaflets).

Adenoidectomy is an “elective” operation, meaning the patient, parent or legal guardian decide if they wish to have the operation based on discussion and explanation of the risks and benefits with their surgeon.

THE FUNCTION OF THE ADENOID

The adenoid (correctly named the “nasopharyngeal tonsil”) are part of the immune system that contribute to immunity in the first 2-3 years of life; after this, other parts of the immune system take over this function and the adenoid becomes redundant. In pre-school and primary school age children, the adenoid can be large; after the age of about 8 years, the adenoid gradually shrinks and as the head grows, most older teenagers and adults have very little or no adenoid remaining.

WHY REMOVE THE ADENOID?

If the symptoms are mild, it is reasonable to wait for a period of time to see if the symptoms improve as the child grows.

If there are other causes of nasal blockage (e.g. nasal allergy) it can be helpful to try a prescription anti-inflammatory nasal spray and anti-histamine, before considering adenoidectomy; the nasal spray can also help to shrink the adenoid a little.

ADENOIDITIS

Recurrent infection of the adenoid with coughs and colds can lead to repeated episodes of infected discharge from the nose. This can also affect the ears leading to ear infections and hearing loss, due to mucus building up in the ears, known as “glue ear”.

Recurrent infection in the adenoid can also lead to sinus infections in children; removing the adenoid will often help resolve childhood sinusitis.

LARGE ADENOID

When the adenoid is very large, it can interfere with breathing through the nose, sleeping and eating; the voice can also sound nasal.

Sleep disturbance can be very loud snoring, restless sleep, bed-wetting and awakening during the night. While adults often experience tiredness during the day, children can seem “over-tired” and hyperactive.
When sleep-disordered breathing at night is more severe, there can be bouts of “apnoea” when breathing is interrupted and stops for short periods during sleep.

Often, in children with a large adenoid, the tonsils are also enlarged, and removal of the tonsils might be recommended at the same time as removing the adenoid. (See tonsillectomy information leaflet).

BEFORE THE ADENOIDECTOMY OPERATION

There is a risk of increased bleeding during and after adenoidectomy if you have had a respiratory infection (cough or cold) in the 2-3 weeks prior to adenoidectomy. If this is the case, and for your safety, your operation might be postponed until you are free from infection.

Having a general anaesthetic with a head cold carries an increased risk of post-operative chest infection. If this is the case, and for your safety, your operation might be postponed until you are free from infection.

Older girls, (12 years and above), will be asked to confirm they are not pregnant, and may need a pregnancy urine test before surgery to confirm they are not pregnant. If pregnancy is confirmed, the operation will have to be cancelled.

Please **do not** come for your operation if you or any member of your household has had diarrhoea or vomiting in the preceding 48 hours.

Prior to surgery, you (or parent/legal guardian) will be asked to sign a consent form for yourself, or on behalf of your child, confirming you wish to have the adenoidectomy operation, and have fully understood the benefits and risks of the operation, including the information in this leaflet.

THE ADENOIDECTOMY OPERATION

You will see your anaesthetist before your operation and they will be able to answer specific questions about your general anaesthetic, including the use of painkillers by suppository (in the back passage of the bottom), once you are asleep with the anaesthetic.

The operation is carried out under a general anaesthetic, with the patient fully unconcsious. Once off to sleep, by breathing a gas and/or having an injection, the anaesthetist will place a breathing tube through the mouth and give more anaesthetic vapour with oxygen through the tube to keep the patient asleep.

Parents are encouraged to come to the anaesthetic room until their child is asleep, but if they do not wish to do this, a member of the ward team will accompany your child.

The anaesthetist also gives the patient painkillers and anti-sickness medicines to the patient while they are asleep.
The adenoidectomy operation is performed through the mouth and usually takes about 20-30 minutes.

There are many different ways of removing the adenoid; I use suction diathermy, where electrical energy delivered through a special handpiece dissolves the adenoid. This also seals the blood vessels, reducing the risk of bleeding after the operation.

I usually carry out the operation in the morning, and, if well the patient would go home 3-4 hours after the operation.

POST-OPERATIVE CARE

Your throat will be a little sore, both from the operation and from the anaesthetic breathing tube. Earache is uncommon after adenoidectomy. It is common for your mouth and jaw to feel a little stiff for up to week after the operation.

You are advised to use liquid ibuprofen (e.g. Nurofen) three times daily and liquid paracetamol (e.g. Calpol) if required, four times daily at the full dose appropriate for your child's or your age and weight if required for the first week after surgery. If you are allergic to these medicines, alternatives will be discussed. Please buy these from your pharmacy in advance of your operation, as they are much cheaper over the counter than on a private prescription. The medicine packages will contain detailed manufacturer's instructions on doses and side effects.

You will be given a course of antibiotics; these are helpful to use during the convalescent period, reducing the risk of infection and helping to reduce bad breath during the convalescence. You should complete the course prescribed.

It is important to drink plenty of clear fluids each day to prevent dehydration, which might require hospital treatment with intravenous fluids (by drip).

Cool and cold drinks are better than hot drinks.

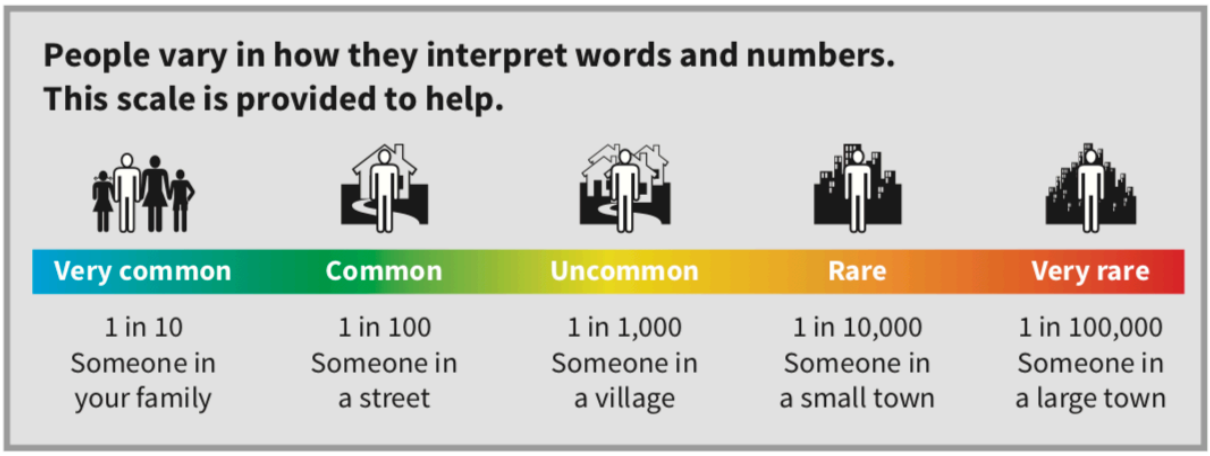
Soft foods are easier and more comfortable to manage than rough, hard foods. Ice-cream, jelly, pasta, scrambled eggs and yoghurt are usually easy to swallow if the throat is sore.

Return to normal activities (e.g. work, nursery, school, college) is recommended about five days following the operation; strenuous exercise, swimming and physical activity should be avoided for two weeks. You should not plan to travel by air or travel abroad for three weeks after your operation.

You will be given a routine follow-up outpatient appointment, usually for about 4-6 weeks after your surgery, but should bring this forward and come sooner if you have any concerns.

POSSIBLE COMPLICATIONS

The following is to help you understand the numbers relating to risks of complications:



BLEEDING

The reported risk of bleeding following adenoidectomy is between 1 in 200 and 1 in 750; this can be on the day of surgery, within a few hours of the operation or less commonly within the first two weeks after surgery. If bleeding was serious a further operation under general anaesthetic might be required to stop the bleeding, and sometimes insert a pack in the back of the nose for 12-24 hours, remaining in hospital.

It is common to have a little pink, bloodstained mucus from the nose for a few days after surgery; if there is bright red blood (more than teaspoon volumes) from the nose or mouth, you should immediately go to your nearest hospital emergency department. (A&E).

The adenoid, mouth and throat have a large blood supply, and bleeding is usually not serious, but occasionally can be, requiring further hospital treatment. It is unusual to need a second operation to stop bleeding. It is rare to require blood transfusion following bleeding after adenoidectomy.

IF YOU ARE UNWILLING TO ACCEPT (OR FOR YOUR CHILD TO ACCEPT) BLOOD TRANSFUSION PRODUCTS, YOU MUST TELL YOUR SURGEON BEFORE BOOKING A DATE FOR ADENOIDECTOMY.

The risk of very serious bleeding, leading to death is difficult to estimate as many adenoidectomy operations are carried out at the same time as tonsillectomy. One study looking at deaths following tonsillectomy and adenoidectomy over a period of nearly 30 years found that of the 32 deaths, 2 followed adenoidectomy as the only operation.

IF YOU OR YOUR CHILD IS COUGHING UP OR SPITTING OUT TEASPOON VOLUMES OF FRESH, BRIGHT RED BLOOD, OR VOMITING DARK OR BLOOD-STAINED FLUID:

DIAL 999 FOR AN EMERGENCY AMBULANCE TO YOUR LOCAL A&E (EMERGENCY) DEPARTMENT

OTHER COMPLICATIONS

Infections are uncommon after adenoidectomy. Cough and fever may indicate a chest infection, requiring further treatment. Mild bad breath is common during the recovery period.

Fever, swelling and redness in the neck are rare complications of adenoidectomy, when an abscess forms in the neck. However, they are serious and require hospital treatment.

Nausea and vomiting after surgery are uncommon with modern anaesthetic medicines as anti-sickness medicine are given during the operation.

Allergic and other reactions can occur with any medicine, both during and after the operation; these are uncommon.

Damage to the mouth, tongue, taste buds (with alteration in sense of taste) and teeth are small risks of the operation. When children have loose baby teeth, permission will be sought to remove these during the operation if they are very wobbly to avoid the risk of a tooth being swallowed or inhaled during or after the operation. Burns to the lips, mouth and nose from the suction diathermy handpiece used to seal blood vessels are rare.

When a very large adenoid is removed, the voice can change, becoming more nasal. Sometimes, when swallowing a large mouthful of fluid, a little might come back down the nose. These symptoms can occur in about 1 in 1200 to 1 in 1500 children after adenoidectomy, and usually settle with no treatment over six weeks after the operation as the palate becomes used to the extra space where the adenoid has been removed.

If the palate is naturally weaker, this is more likely to occur; the palate is checked during the procedure, before the adenoid is removed to ensure it appears normal; if it appears a little weak, a ridge of adenoid will be left next to the back of the palate to reduce the risk of these complications.

Rarely, voice and swallowing changes can be permanent, requiring speech therapy and very rarely, surgery to correct the problem.

Healing of the back of the nose can cause scarring and tightening of the throat with the sensation of some narrowing in the back of the throat. This is uncommon.

The uvula (the dangling pink piece at the middle of the back of the palate) can be swollen after surgery; this usually settles in a few days and cold drinks help. Seek urgent medical attention if the swelling is causing difficulty breathing.

With a short, day-case operation for children, blood clots in the leg (deep vein thrombosis, DVT) and the clot lodging in the lung (pulmonary embolus, PE) are rare; adults will normally have protective stockings fitted in hospital before the operation to reduce this risk.

Damage to the neck with infection is rare, but can be serious, with the risk of damage to the spinal nerves that control breathing and the arms and legs. Those with Down syndrome are

more at risk of damage to the neck, and special precautions are taken to protect their neck during surgery and recovery.

While unlikely, If you are not well enough to go home following your operation, on the day of surgery, you might need to be transferred to another hospital that has 24-hour ENT nursing and medical staff; this would most likely be to St George's Hospital, Tooting.

Go to your nearest
Accident and Emergency department if you or your child develop any of the following:

- **Bleeding from the nose or throat**
- **Breathing problems**
- **A high temperature (more than 38 degrees Celsius, despite regular painkillers)**
- **Increasing pain**
- **Increasing neck stiffness**
- **An inability to drink normally, as this can lead to dehydration**

FURTHER INFORMATION RESOURCES

Suction diathermy adenoidectomy – YouTube
ADVISORY - THIS VIDEO CONTAINS IMAGES OF THE ADENOIDECTOMY OPERATION
https://youtu.be/V_2fuD0wmUQ

ENT UK – national specialty organisation – patient information
www.entuk.org

Royal College of Anaesthetists/Association of Anaesthetists of Great Britain & Ireland – "you and your anaesthetic"
www.hdft.nhs.uk/content/uploads/2016/02/you-and-your-anaesthetic.pdf

National Institute of Health and Care Excellence (NICE)
Interventional procedures guidance [IPG328] Suction Diathermy Adenoidectomy
https://www.nice.org.uk/guidance/IPG328

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Clinic Appointments

Children
St Anthony's Hospital 020 8335 4678
Guildford Nuffield 01483 555 805

Adults
Ashtead Hospital 01372 221 441

Office
01372 275161 option 4

If you have any feedback or suggestions that could make this information clearer or more helpful, please email these to: clair@surreymedicalgroup.co.uk