



**MR TIM PRICE**

**EAR NOSE AND THROAT SURGEON**

BSc, MBChB, MRCS, DLO; FRCS (ORL-HNS) and FRACS

## Adenoid Surgery

### **What are the Adenoids?**

Adenoidal tissue (adenoids) is lymphoid tissue similar to that of the tonsils and is found in the back of the nose, above and behind the soft palate. Lymph tissue filters germs and helps fight infection. The adenoids probably only act to help fight infection in the first 3 years of life and then they would normally shrink down in size.

They are next to the Eustachian tube openings which are responsible for ventilating the ears. If the adenoids become infected and swollen they can cause blockage of both the nose and the Eustachian tubes. This can cause obstructed breathing and or glue ear. Infected adenoids also contribute to ear infections.

### **Why are they removed?**

There are a number of reasons why your surgeon may recommend that the adenoids are removed. Firstly, the removal of adenoids will help unblock the nose in patients with obstructed airways (Obstructed Sleep Apnoea). This is particularly common in children with large tonsils and adenoids. Their removal has also been shown to reduce the incidence of ear infections. Finally, their removal has been shown to help with reducing the recurrence of glue ear in conjunction with the insertion of grommets. (They also have an independent benefit in improving hearing after the insertion of grommets).

### **What does the operation involve?**

#### **Before the operation:**

Make sure that you have a supply of simple painkillers at home.

Let us know if your child has a sore throat or a cold in the week before the operation – it is safer to put off the operation for a few weeks.

#### **The day of the operation:**

Admission is almost always on the day of surgery. The nurses will complete some routine paperwork and tests. You will be asked to change into a gown ready for theatre. The anaesthetist will come to see you and discuss the anaesthetic side of things. A member of the ENT team will also see you before your operation.

**The anaesthetic:**

In adults and children, the operation is performed under general anaesthetic.

**The operation itself:**

The operation involves removing the adenoidal tissue with a blade (curette) or with suction diathermy which sucks up and cauterises the adenoid bed to stop bleeding. These instruments are passed through the mouth and into the back of the nose to reach the adenoids. A mirror is used to see into this area. Some bleeding occurs but usually stops within a few minutes. Once the bleeding has stopped the patient is woken up. The procedure normally takes about 20 minutes but you may be asleep for longer.

## POST OPERATIVE CARE

**After the operation:**

The procedure is not normally painful but children sometimes feel some discomfort at the back of the nose and the nose may be a bit blocked from some swelling but never more so than before the adenoids are removed.

Follow-up will not normally be needed but this depends on the reason for the surgery and your surgeon will discuss this with you.

**Your discharge from hospital:**

Following general anaesthesia, you will need to arrange for a responsible adult to pick you up from hospital, take you home and stay with you for 24 hours after discharge. Depending on how fit and active you are before your operation, you may need to arrange for someone to stay with you for a few days.

**What should I do when I leave the hospital?**

Activity: Normal activity can be resumed the day after surgery.

Driving: You should not drive for at least 24 hours following your operation. You can then drive when you are able to perform an emergency stop safely.

Wound care: There is no "wound" to worry about.

Work: You should be fine to return to work/school the day after surgery.

**Are there any risks involved in this operation?**

Although modern surgery and anaesthetics are considered to be safe, all procedures carry some risks. The surgeon will discuss all these risks with you.

**Risks associated with the operation are:**

- Discharge from the nose. There is usually a little blood-stained discharge from the nose for the first day or so but this is nothing to worry about.
- Bleeding. This may happen at the time of surgery or up to 10 days later. The risk of bleeding after discharge from hospital is very small (<1%). A return to theatre may be necessary to stop the bleeding. A blood transfusion may also be necessary depending on the amount of blood lost. It is important to let us know well before the operation if anyone in the family has a bleeding problem. If you or your child has any bleeding you should go to the nearest Emergency Department or call an Ambulance if it is really severe.
- Regrowth of adenoidal tissue. Rarely there may be some regrowth of adenoidal tissue which may result in a recurrence of the original condition for which the adenoids were originally removed. This may result in a further operation to remove the adenoids.
- Injury to the teeth, lips and gums. There is a small chance that we may chip or knock out a tooth, especially if it is loose, capped or crowned. Let us know if your child has any teeth like this.
- Infection. Persistent bad breath or delayed bleeding may indicate an infection which would be treated with antibiotics and/or a return to theatre.
- Damage to the Eustachian tube opening may lead to problems with the ears (glue ear). This is a rare complication.
- Incompetence of the palate. Nasal speech and leakage of food or fluids through the nose may occur in the early postoperative period. This is rare and usually gets better. Occasionally speech therapy may be necessary or very rarely, further surgery.

**General risks associated with having surgery:**

- Infection can occur, requiring antibiotics and further treatment.
- Bleeding can occur and may require a return to theatre. Bleeding is more common if you are on blood-thinning drugs.
- Chest infection. Small areas of the lung can collapse, increasing the risks of chest infections. This may need antibiotics and physiotherapy.
- Blood clots in the legs (DVT) can cause pain and swelling of the legs. Rarely pieces of the clot can break off and can travel to the lungs (pulmonary embolism). This is a particular problem in obese patients. Patients may wear tight stockings and are advised to keep moving their legs to help the circulation. Blood-thinning injections are often given to prevent this.
- Heart attack or stroke could occur due to the strain on the heart.
- Increased risk in obese patients of wound infection, chest infection, heart and lung complications and thrombosis (DVT).
- Death as a result of a general anaesthetic from this procedure is possible.

**Are there any alternatives to this operation?**

If recurrent ear infections are the main problem a longer course of low dose antibiotics is sometimes helpful.

Your adenoids get smaller as you grow older, so you may find that the nose and ear symptoms get better with time. An adenoidectomy will make these problems get better more quickly, but it involves an operation and a general anaesthetic.

Antibiotics do not help shrink or remove the adenoids and only give temporary relief from infected nasal discharge.

If you would like a second opinion about the proposed surgery please ask your GP or Surgeon to arrange this.

**Are there any risks of not having this operation?**

In the case of glue ear:

- Ongoing hearing loss.
- Damage to the eardrum.
- Damage to the bones of hearing.

In the case of frequent recurrent ear infections:

- Spread of inflammation to the inner ear (cochlea) may result in permanent high-frequency hearing loss (sensorineural damage).
- Damage to the bones of hearing.
- Chronic perforation of the eardrum.
- Obstructive Sleep Apnoea may cause lung and heart problems if left untreated.