

Adenoids & Adenoidectomy

Introduction

An adenoidectomy is a quick operation to remove the adenoids. Adenoids are small lumps of tissue located at the back of the throat, above the tonsils.

What are adenoids?

Adenoids are part of the immune system, which helps fight infection and protects the body from bacteria and viruses.

Adenoids are only present in children. They start to grow from birth and reach their maximum size when your child is approximately three to five years old.

By the time your child is seven years old, the adenoids start to shrink. By the late teens, they are barely visible. By adulthood, the adenoids will have disappeared completely.

The adenoids disappear because they are not an essential part of the body's immune system. Although they may be helpful in young children, the body has much more effective ways of coping with infections.

You will not be able to see your child's adenoids by looking in their mouth. If your doctor needs to see them, they examine the adenoids using a light and a small mirror.

When do adenoids need removing?

It may be necessary to remove the adenoids if they become swollen or enlarged due to:

infection with bacteria or a virus – although the infection will eventually clear up, the adenoids may remain enlarged

allergies – allergens (substances that trigger an allergic reaction) can sometimes irritate the adenoids, making them swell up

congenital – your child may have developed enlarged adenoids in the womb, so may have had them from birth

What is an adenoidectomy?

An adenoidectomy is a quick operation to remove the adenoids. It takes about 30 minutes to perform and is carried out in hospital by an ear, nose and throat (ENT) surgeon. In most cases your child can go home on the same day once the effects of the anaesthetic have worn off.

Are there any risks?

The operation carries very few risks. Removing the adenoids will not put your child at greater risk of developing infection. The body's immune system is perfectly able to cope with bacteria and viruses without the adenoids.

However, as with all surgery, there is a small risk of complications such as infection, bleeding or an allergic reaction to the anaesthetic.

There may also be some temporary minor health problems such as a sore throat, earache or a blocked nose for a few weeks.

Why adenoids need to be removed?

Sometimes a child's adenoids can become swollen or enlarged. For most children, this will only cause mild discomfort and will not require any specific treatment.

However, for some children, swollen or enlarged adenoids can cause severe discomfort and start to interfere with their daily life. In these cases, a DOCTOR may suggest the child has their adenoids removed (an adenoidectomy).

Breathing problems

Swollen adenoids can make it difficult for your child to breathe through their nose. Their nasal breathing may sound noisy or make a rattling sound causing them to breathe through their mouth instead.

However, this can cause cracked lips and a dry mouth, which your child may find uncomfortable.

Difficulty sleeping

Swollen or enlarged adenoids can also make it harder for your child to sleep, and as breathing through their nose is difficult, they may snore.

In severe cases of swollen or enlarged adenoids, some children may also experience sleep apnoea. Sleep apnoea is a condition that causes irregular breathing during sleep at night and excessive sleepiness during the day. It occurs when the upper airway collapses during sleep, temporarily cutting off the air supply.

Enlarged adenoids can make the throat narrower than normal, increasing the chance of the upper airway collapsing.

Glue ear

Swollen or enlarged adenoids can also lead to problems with the ears and hearing. This is because the adenoids can press on the entrance of the Eustachian tubes.

The Eustachian tubes connect the middle ear to the back of the nose and help drain away any fluid that builds up in the middle ear, as well as maintaining air pressure within the ear.

When the Eustachian tubes are blocked, fluid can build up in the middle ear, leading to glue ear.

If your child cannot hear sounds clearly, it may affect their learning, development and social interaction so it is important that glue ear is diagnosed and treated.

If your child's glue ear is still causing hearing loss after three months, an adenoidectomy may be considered. This can help the Eustachian tube to function normally, which should also help treat your child's glue ear.

Other symptoms

Enlarged adenoids can also cause other symptoms, such as a constantly runny nose or nasal-sounding speech.

How an adenoidectomy is performed

An adenoidectomy (surgery to remove the adenoids) is usually performed by an ear, nose and throat (ENT) surgeon. The operation is quick and carries very few risks.

Before the operation

If your child has had a cold or sore throat in the week before the operation, it is important to let your ENT surgeon know. The adenoidectomy may have to be postponed for a few weeks to ensure your child has fully recovered and to reduce their risk of developing any complications as a result of the surgery.

How long will an adenoidectomy take?

An adenoidectomy usually takes 15-30 minutes.

Adenoidectomies are normally carried out as day cases and your child will usually only need to stay in hospital for a few hours after the operation before being allowed home.

However, if your doctor feels it is necessary, or if your child has not fully recovered, they may need to stay in hospital overnight.

How are the adenoids removed?

An adenoidectomy is carried out under general anaesthetic, so your child will be asleep during the procedure and will not feel any pain.

A special instrument is used to prop open your child's mouth, giving the surgeon access to the throat. Once adenoids have been located, the surgeon will remove them either by scraping them away using an instrument known as a curette, or by applying heat using a diathermy instrument. A diathermy instrument produces high-frequency electrical currents that emit heat waves.

After your child's adenoids have been removed, the diathermy instrument may be used to seal the broken blood vessels to stop the

bleeding. A pack made out of gauze is then applied to the skin. When this is removed, the operation is complete.

Tonsils

If your child has had severe or frequent bouts of tonsillitis (when the tonsils become infected with a virus or bacteria), it might be recommended that the tonsils are removed at the same time as the adenoids. This means your child will only need to have one procedure, reducing the risk of complications.

An adenotonsillectomy is when the tonsils are removed at the same time as the adenoids. The operation is a quick procedure and carries very few risks.

Grommets

If your child has had glue ear as a result of enlarged adenoids, grommets may also be inserted at the same time as an adenoidectomy. Grommets are very small ventilation tubes inserted into your child's ear through a very small cut in their eardrum. They help drain away any fluid that builds up in the middle ear.

Risks of an adenoidectomy

An adenoidectomy is a low-risk procedure that rarely causes complications. It is a relatively common operation that is quick and easy to carry out.

Possible problems are outlined below.

Allergy to the anaesthetic

With any surgery that requires an anaesthetic, there is a risk of the patient experiencing an allergic reaction to the anaesthetic.

If your child has good general health, their chance of experiencing a serious allergic reaction to the anaesthetic is extremely small (1 in 20,000).

Approximately 1 in 100 children are mildly allergic to anaesthetic, and 1 in 10 may experience some temporary symptoms, such as a headache, sickness or dizziness.

Bleeding

In a very small number of cases, the ENT surgeon may struggle to stop the bleeding after the adenoids have been removed. This kind of heavy bleeding is known as a haemorrhage. Less than 1 in 100 children will require emergency treatment to stop a haemorrhage. However, if it occurs, a haemorrhage has to be dealt with quickly to prevent your child losing too much blood.

Infection

All surgery carries the risk of infection. The tissue in the area where the adenoids were removed may become infected with bacteria. Following an adenoidectomy, your child may be prescribed antibiotics to help prevent an infection occurring.

[Minor problems after surgery](#)

Following an adenoidectomy, some children will experience minor health problems. However, most of these are temporary and rarely require further treatment. They can include:

sore throat

earache

stiff jaw

blocked nose

halitosis (bad breath)

change in voice (your child may sound like they are speaking through their nose)

Most of these symptoms will pass within one to two weeks. They should not last longer than four weeks. If your child is still experiencing side effects after this time, contact your DOCTOR for advice.

Recovering from an adenoidectomy

Most children find their throat feels very sore after an adenoidectomy but this is perfectly normal. Your child will usually be given painkillers while in hospital to help ease discomfort.

Your child may also feel groggy and sleepy as a result of the general anaesthetic. They will normally need several hours in a hospital ward after the operation to make sure they are recovering normally. Once the doctor is satisfied, your child will be able to go home.

Pain relief

Once your child has returned home, they may still have a sore throat, earache or a stiff jaw and they may need painkillers in the days after the operation.

Over-the-counter painkillers, such as paracetamol, will normally be suitable. Younger children may find it easier to take liquid or soluble paracetamol, particularly if they have a sore throat. Make sure you always follow the dosage instructions on the packet. You should never give aspirin to a child who is under the age of 16.

Eating and drinking

Your child will normally be able to start drinking liquids two to three hours after the operation. They can begin eating several hours after that. Because an adenoidectomy can leave your child with a sore throat, they may struggle to eat their normal diet. Encourage them to eat soft or liquid foods, such as soups or yoghurts, that are easier to swallow.

You may want to try giving your child a dose of painkillers about an hour or so before they eat, as this may make it easier for them to eat and swallow their food.

It is also very important that your child drinks plenty of fluids, so they do not become dehydrated.

When can my child return to school?

Following an adenoidectomy, your child will need to rest for several days and will normally not be able to return to school for at least a week. It is important to keep your child off school to limit their contact with any viruses or infections.

The skin and tissue where the adenoids used to be will take a while to heal. So it is important to try to prevent the wound becoming infected, because an infection could lead to complications.

Try to keep your child away from smoky environments and from people with coughs or colds. It is also advisable for your child not to go swimming for three weeks after their operation.