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The Association acknowledges the help of The Royal College of Surgeons of England Patient Liaison Group in the preparation of these leaflets. Patient information produced by the Patient Liaison Group is available at

[http://www.rcseng.ac.uk/patient\\_information/faqs/operation.html/view?searchterm=Patient%20Liaison%20Group](http://www.rcseng.ac.uk/patient_information/faqs/operation.html/view?searchterm=Patient%20Liaison%20Group)

talking through their nose a little. This usually settles by itself within a few weeks.

The child's nose may seem blocked up after the surgery, but it will clear by itself in a week or so.

## Sore throat and ears

Your child's throat may be a little sore after the operation. Prepare normal food. Eating food will help your child's throat to heal. Chewing gum may also help the pain.

Your child may have sore ears. This is normal. It happens because your throat and ears have the same nerves. It does not mean that your child has an ear infection.

Give painkillers as needed for the first few days. Do not use more than it says on the label. Do not give your child aspirin - it could make your child bleed. (Aspirin is not safe to give to children under the age of 16 years at any time, unless prescribed by a doctor).

## Bleeding can be serious

If you see any bleeding from your child's throat or nose, you must see a doctor. Either call your GP, call the ward, or go to your nearest hospital casualty department.

**If you have any problems or questions,  
please contact:**

*Please insert local department routine and emergency  
contact details here*

# ABOUT ADENOID SURGERY

ENT-UK is the professional association for Ear, Nose and Throat Surgeons and related professionals in the UK. This information leaflet is to support and not to replace the discussion between you and your specialist. Before you give your consent to the treatment, you should raise any concerns with your specialist.



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*Disclaimer*

This publication is designed for the information of patients. Whilst every effort has been made to ensure accuracy, the information given may not be comprehensive and patients should not act upon it without seeking professional advice.

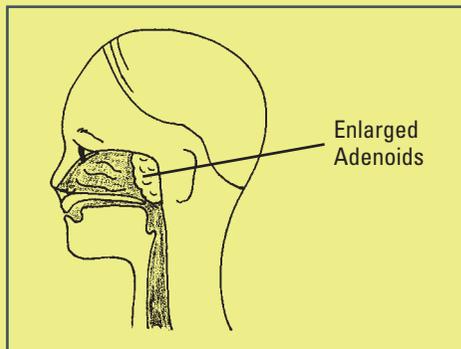
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 **ENT-UK**  
BRITISH ASSOCIATION OF OTORHINOLARYNGOLOGISTS  
HEAD & NECK SURGEONS

## What are the adenoids?

Adenoids are small glands in the throat, at the back of the nose. They are there to fight germs in younger children. We believe that after the age of about three years, the adenoids are no longer needed. Your body can still fight germs without your adenoids.



## Why take them out?

We only take them out if they are doing more harm than good.

Sometimes children have adenoids so big that they have a blocked nose, so that they have to breathe through their mouths. They snore at night. Some children even stop breathing for a few seconds while they are asleep.

The adenoids can also cause ear problems by stopping the tube which joins your nose to your ear, from working properly. For children over three years of age, removing the adenoids at the same time as putting grommets in the ears seems to help stop the glue ear coming back. Removing the adenoids may also make colds that block the nose less of a problem for your child.

## What are the alternatives to having the adenoids removed?

Your adenoids get smaller as you grow older, so you may find that nose and ear problems get better with time. Surgery will make these problems get better more quickly, but it has a small risk. You should discuss with your surgeon whether to wait and see, or have surgery now.

For some children, using a steroid nasal spray will help reduce congestion in the nose and adenoids, and may be helpful to try before deciding on surgery.

Antibiotics are not helpful and only produce temporary relief from infected nasal discharge. They have side effects and may promote 'super-bugs' that are resistant to antibiotics.

You may change your mind about the operation at any time, and signing a consent form does not mean that your child has to have the operation.

If you would like to have a second opinion about the treatment, you can ask your specialist. He or she will not mind arranging this for you. You may wish to ask your own GP to arrange a second opinion with another specialist.

## Other operations

If we are taking adenoids out because of ear problems, we may put in grommets at the same time. If your child has sore throats or stops breathing at night, we may also take their tonsils out at the same time. We will tell you what these operations involve if we are going to do them.

## Before the operation

Arrange for a week off school. Let us know if your child has a sore throat or a cold in the week before their operation - it may be safer to put it off for a few weeks.

## How is the operation done?

Your child will be asleep for the operation. We will take out the adenoids through his or her mouth, and then stop the bleeding before he or she is woken up.

## How long will my child be in hospital?

In some hospitals, adenoid surgery is done as a day case, so that the child can go home on the same day as the operation. Some surgeons may prefer to keep children in hospital for one night. Either way, we will only let him or her go home when he or she is eating and drinking and feels well enough.

Most children need about a week off nursery or school. They should rest at home away from crowds and smoky places. Stay away from people with coughs and colds.

## Possible complications

Adenoid surgery is very safe, but every operation has small risks.

The most serious problem is bleeding, which may need a second operation to stop it. However, bleeding after adenoidectomy is very uncommon. In a survey of all adenoid surgery in England, bleeding happened in one in 200 operations. It is very important to let us know well before the operation if anyone in the family has a bleeding problem.

During the operation, there is a very small chance that we may chip or knock out a tooth, especially if it is loose, capped or crowned. Please let us know if your child has any teeth like this.

Some children feel sick after the operation. This settles quickly.

A small number of children find that their voice sounds different after the surgery. It may sound like they are