

Adenoidectomy

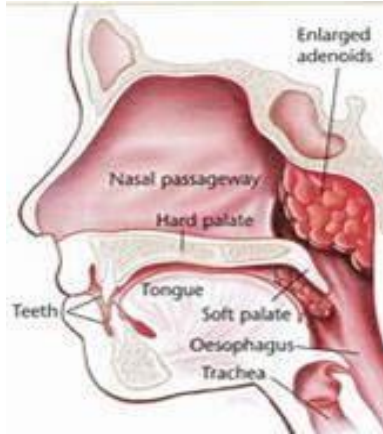


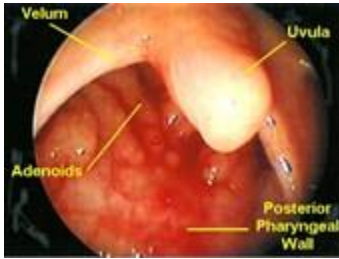
Diagram of adenoids - side view

Adenoids are lymphoid (glandular) tissue, much the same as tonsils. They are part of a ring of lymphoid tissue (Waldeyer's ring), which also includes tonsils. Adenoids are located at the back of the nose, at the roof of the throat, above and behind the soft palate. These lymphoid tissues are supposed to trap and destroy viruses and bacteria entering the breathing passages.

Adenoidectomy is a surgical procedure performed to remove the adenoids. It is performed under general anaesthesia and takes approximately 15 minutes. The mouth is kept open by using an instrument called a gag. It can be performed using a curette to sharply "scrape out" the adenoids or using a cautery technique with "electrical" diathermy excision of the adenoids while suctioning under direct vision.

If adenoidectomy is not combined with any other surgical procedure, patients may usually go home the same day.

Adenoids tend to reduce and disappear, as we get older. Therefore, this is mainly an operation performed on children. Adenoidectomy may also be carried out in combination with other surgical procedure such as [tonsillectomy](#)



Adenoids as viewed on a telescope

Indications for Adenoidectomy

- 1) Significant symptomatic adenoid hypertrophy “enlargement”- this could lead to:
 - a: Severe nasal blockage, mouth breathing, nasal speech and snoring.
 - b: Combined with large tonsils can cause severe obstruction to airflow (obstructive sleep apnoea)

- 2) Glue ear / recurrent ear infections- adenoidal infection and inflammation can cause inflammation within the Eustachian tube (the tube connecting the middle ear to the back of the nose, ventilating the middle ear).

This can cause a buildup of fluid within middle ear, and even recurrent bouts of ear infections.

In this circumstance adenoidectomy may be performed together with insertion of [grommets](#).

Complications of adenoidectomy

1. Bleeding or haemorrhage- slim risk less than 1%.
2. Infection- slim risk less than 1%.
3. Lip/ tooth damage- As part of the operation an instrument is used to keep the mouth open (gag). There is a small risk for this to cause damage to the lips/ tooth or even cause dislocation of TMJ (tempromandibular joint), the joints responsible for opening and closing your mouth.
4. Pain- A mild sore throat may be present for 48 hours.

Expectations and advice following surgery

- You may develop neck ache or earache about 5 to 7 days post operation. This usually responds well to Ibuprofen.
- You/Your child requires 1 week off Work/ School. This is to reduce the risk of contracting a cold, which might infect the adenoid bed before it has healed.
- You / your child should rest for the first 2 days at home.
- Avoid vigorous physical activities for the first 5 days.
- Avoid very hot baths and showers. Take these quite cool. It may lead to adenoidal haemorrhage.
- A small nosebleed is common within the first few days post-surgery. Do not be alarmed but contact the department where the surgery was performed for advice. However, if bleeding is profuse attend your local hospital's Accident and Emergency department.
- A low-grade fever (below 38°C) is common. You / your child should respond well to increase fluid intake and regular use of paracetamol (Calpol) and Ibuprofen. If fever is not settling or deteriorating contact your GP at daytime or seek help and advice.
- Avoid smoking and dusty and dry atmospheres.
- Avoid crowded places and people with coughs and cold to avoid infection.
- Outpatient appointment date will be given if necessary.
- Bad breath is common following surgery, but it usually resolves by about 3 weeks. Chewing gum and or eating can help to improve bad breath.

Please note that the details in this section are for general information only. You should always discuss the risks, limitations and complications of your specific operation with your surgeon.