

Patient information from BMJ

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Adenoidectomy

Adenoids are part of children's immune systems. But if they become swollen they can cause a constant blocked nose and lead to repeated ear infections.

An operation to remove them is usually quick and simple. Here, we look at why a child might need this operation, how it can help, and what the risks might be. You can use our information to talk with your doctor about this procedure.

What is an adenoidectomy?

An adenoidectomy is an operation to remove the adenoids. These are soft mounds of tissue at the back of the nose. They are part of the body's system for fighting infection in children.

Adults don't have adenoids. They start to shrink when children are seven or eight years old, and they generally disappear completely by the late teens.

Adenoids are useful as one of the ways that the body fights infections. But children can manage without them if they have to.

In an adenoidectomy, your child's adenoids are cut away from the back of their nose to help drain away fluid from inside his or her ears.

The operation is often done at the same time as other procedures. These are:

- a procedure to put tiny tubes called grommets into a child's ears. They help to drain away fluid from the middle ear, in children who have repeated ear infections or "glue ear"
- a tonsillectomy, which is an operation to remove tonsils in children who have repeated episodes of tonsillitis.

Why might my child need an adenoidectomy?

Adenoids can become swollen after an infection or an allergic reaction. This doesn't usually mean that they need to be removed. But there are several reasons why some children might benefit from having his or her adenoids removed.

- **Easier breathing.** Repeated problems with adenoids can cause a constant blocked nose so that your child can only breathe easily through his or her mouth. This can cause discomfort and make it harder to sleep.

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- **Fewer ear infections and hearing problems.** Swollen adenoids can block the openings to the tubes that run from each ear to the back of their nose (called the eustachian tubes).

These tubes drain away the fluid that's made in the middle part of the ears. If children's eustachian tubes are blocked, this fluid builds up in their ears and stops them hearing properly.

This fluid can become thick and infected. This is sometimes called glue ear. Not all children with glue ear or breathing problems have their adenoids removed. Glue ear can get better by itself and adenoids tend to shrink by the time children reach school age.

But your doctor might suggest an adenoidectomy if your child has glue ear for several months, or keeps having ear infections that are affecting his or her hearing. Your doctor might also suggest that your child has grommets put in his or her ears, to help the fluid drain away.

- **Preventing tonsillitis.** Doctors try not to take out children's tonsils unless they're causing a lot of problems. Removing the tonsils and adenoids can sometimes help in children who have repeated bouts of tonsillitis and throat infections.

What happens during the operation?

The operation takes about half an hour. Most children don't need to stay overnight in hospital.

Your child will be given a general anaesthetic, so he or she will be asleep during the operation. Your child will also be given a breathing tube, so that he or she can breathe normally while asleep.

The mouth is held wide open using a surgical instrument. The surgeon can then reach in and cut out the adenoids. It only takes a few minutes. Sometimes the surgeon uses an instrument that uses heat to remove the adenoids.

Your child won't need stitches after this operation. The bleeding is stopped either with a gauze pad, or by using the heated instrument to seal (cauterise) the wound.

If your child is also having grommets put in his or her ears, a tiny cut (two or three millimetres long) is made in their eardrum, fluid is drained away, and the grommet is put through the opening.

What are the risks?

All operations have risks, and your surgeon should talk these through with you first.

Problems that can happen with adenoidectomy include:

- anaesthetic problems. A common side effect of surgery is feeling nauseated (sick) after having an anaesthetic. Some people are also allergic to general anaesthetics. But your child will be closely monitored, so it will quickly become clear if this is the case
- bleeding that is heavier than normal. Most children heal quickly after this procedure. But extra bleeding can happen in the hours or days after the operation. If it happens, get

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medical help right away, so that your child doesn't lose too much blood or breathe in any blood

- infection. This is a risk with any operation and can usually be treated easily with antibiotics. If your child develops a fever, feels generally unwell, or has a painful nose, tell your doctor
- damaged teeth. The instrument that holds your child's mouth open during the operation can sometimes chip a tooth, or knock out any loose "baby" teeth that have started to come out
- nasal speech. Some children can sound a bit nasal when they speak after the operation. It usually only lasts a few days or weeks while the shape of their mouth settles down. But if it lasts longer, talk to your doctor. Some children have speech therapy or surgery to treat this problem
- a stiff jaw or neck. This usually clears up after a week or two. Talk to your doctor if it doesn't
- damage to the eustachian tubes. This usually only happens when a child has his or her tonsils removed, or grommets inserted, at the same time. Even then, this is rare.

It is very rare to die during a straightforward operation like an adenoidectomy, but it can happen and your doctor should talk to you about it.

What can I expect afterwards?

It's not unusual for children to have a sore throat for a while after the operation, especially when speaking and swallowing.

Your child's jaw and the corners of his or her mouth might also hurt because of the way it is held wide open during the operation. A blocked nose for a few days is also not uncommon.

Paracetamol can help with the pain in the hours after the operation. If it doesn't help, it's important to tell the nurse, as being in pain can slow your child's recovery. For example, your child may refuse to eat if eating hurts. So he or she might need a higher dose or a different type of painkiller.

Your child might also be sleepy after the operation because of the anaesthetic. He or she will be carefully monitored for a few hours and encouraged to eat and drink.

It can take a week or two to recover fully. In the meantime, your child should take it easy. It's best to keep your child off school and away from crowded places for a week so they don't pick up infections.

Children should not swim for a few weeks after having this operation, to help prevent infection. It's important for your child to drink plenty of fluid and to eat normally. Don't worry if your child starts sniffing or sneezing; it won't cause any damage or make bleeding start again.

Some children vomit in the first hours after their operation. This is normal if some blood leaked into their stomach during the surgery. But if there is red, black, or brown in the vomit more than once, contact a doctor as your child's throat may be bleeding.

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Some children say it hurts to open their mouth to clean their teeth at first. But you should encourage your child to brush as usual. This helps to keep the mouth free of infection and speed up healing.

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