

# Adenoidectomy

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The adenoids are part of the immune defence system and are located in a cavity behind the nose (naso-pharynx).

The adenoidal tissue is similar to the tonsils. It is part of the immune system and is most active between the ages of 3 and 7.

The adenoids may enlarge and block the back of the nose resulting in snoring and recurring upper respiratory tract infection.

Enlarged adenoids may also block the eustachian tube, which ventilates the middle ear, and this can result in fluid formation in the middle ear (glue ear).

The adenoids may also be a focus of contamination resulting in middle ear infections.

## *Indications for Adenoidectomy*

- Nasal Obstruction
- Recurring upper respiratory tract infections.
- Obstructive sleep apnea
- Recurring middle ear infections
- Chronic Glue Ear

## **Contraindications to Adenoidectomy**

- Presence of an active acute upper respiratory tract infection
- Any bleeding disorder.
- Children with cleft palate.

## **Options**

The only alternative to removing the adenoids is to allow for spontaneous shrinkage of the adenoids which usually occurs around the age of 14 years of age.

## **Procedure**

The procedure is carried out under general anesthetic. The Patient is usually admitted the day of surgery.

The child should be fasting from both foods and fluids for 6 hours prior to surgery. It is important for the parents to inform the admitting doctor if there has been any severe upper respiratory tract infection. A pre-medication drug maybe given on occasions to allay anxiety.

## **Operative Procedure**

The procedure is done under general anaesthetic. A gag is inserted into the mouth and the tonsil is curetted. Bleeding is secured by a packing left in place for 5 minutes.

## **Post-Operative Procedure**

The patient is brought to the recovery area. They will tend to be drowsy and irritable for 4 to 6 hours after the operation. Nausea and vomiting is not uncommon in children.

It is important to encourage the child to take oral fluids which help in reducing post operative pain. In most cases the procedure is carried out as a daycase operation.

## **Risks**

### **Haemorrhage**

- Severe Haemorrhage is rare after adenoidectomy. If it occurs the patient may have to be returned to theatre and a pack is inserted for 24 to 48 hours. If any bleed occurs following discharge from the hospital, the patient should be immediately brought to the nearest emergency department.
- The child may complain of pain the ear after adenoidectomy, rarely an acute middle ear infection maybe precipitated by removal of the adenoids.
- A chest infection is also a rare complication following removal of the adenoids.
- Dislocation of the teeth. This may occur following insertion of the gag; this again is rare but possible complication.
- Pain over the temporal mandibular joint. This is also a rare complication associated with insertion of the mouth gag.
- Regurgitation of liquids through the nose is a rare delayed complication following removal of the adenoids.
- Death following adenoidectomy is extremely rare and usually occurs due to severe haemorrhage or nasal obstruction or allergic reaction to medication.

## **Teaching Hospital**

In a teaching hospital the procedure may be carried out by a Specialist Trainer under the supervision of a consultant.

## **Medications**

To be confirmed as per the Anaesthetist's script.