operations

Adenoidectomy

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How are the Adenoids removed?

An Adenoidectomy is performed under general anaesthesia as a day case (unless other operations, such as a Tonsillectomy, are also being carried out that require an overnight stay). The surgery takes around 15 minutes and the child stays in hospital for a few hours afterwards.

The traditional technique of Adenoidectomy involves blindly scraping the Adenoids from the back of the nose. However more recently there have been some important changes in the way in which the Adenoids are removed. They are still usually removed via an open mouth, but the back of the nose is now visualised using an endoscope or more commonly a dental mirror. The soft palate is pulled forward to facilitate this.

Heat and suction are then applied (Suction Monopolar Diathermy) to the Adenoids which destroys them and removes them from the back of the nose. The heat also seals the blood vessels supplying the Adenoids. Compared to the old curettage technique, there is far less bleeding. Because the operation is done under vision, the removal is more complete meaning there is less chance of "regrowth". There is also less potential for damage to important nearby structures.

It is common for the operation of Adenoidectomy to be combined with other procedures such as Grommet Insertion, Sinus Washouts, Tonsillectomy, and/or other procedures.

Once the operation has been completed, the patient is transferred to the Recovery Room, and then to their room on the ward. Children are often quite upset initially, not just because of pain but also because of the foreign environment that they find themselves in. This soon settles. It's not uncommon for children to be sleepy after the operation.

The child is closely monitored, particularly when they first arrive back on the ward. All patients have an intravenous cannula in place and oral intake is gradually introduced. The cannula provides access for giving fluids if required and medication such as anti-vomiting medication. It is not uncommon to have nausea and vomiting, and this may be due to the anaesthetic or pain medications that may have been given during the operation. This often settles of its own accord.

If there are no problems, the child can be discharged a few hours after the operation.

After the Operation

Most children are back to normal activity levels within 24 hours of surgery, although some children take a few days to recover and it is perhaps best to keep children home from child care, kindergarten, or school for a week. If possible, it is best that they stay away from anyone with a cold or infection.

General activities can be recommenced when your child feels up to it, but they should not exert themselves for the first week due to the risk of bleeding. Playing sport, swimming, heavy lifting, or rough play should all be avoided during this time.

Pain Relief

Most children have a little pain. Some children experience a sore throat, headache, or ear pain for a few days which is usually relieved with Paracetamol and/or Ibuprofen.

If any neck pain develops, particularly where the child is reluctant to turn their head, please call Dr Wabnitz's rooms to discuss this further and/or arrange a review.

Fever

It is not unusual to have a mild fever during the first day or so after the operation, and this can be treated with Paracetamol and/or Ibuprofen. Antibiotics are routinely prescribed following Adenoidectomy (see next section on Bad Breath).

If there is a persistent fever of 38.5°C or over, please call Dr Wabnitz's rooms to discuss this further and/or arrange a review.

Bad Breath / Malodorous Smell

This is almost universal using the newer diathermy technique. It can be surprisingly bad and although can be quite offensive to an adult that enters the child's room, it almost never bothers the child!

Antibiotics are routinely prescribed to minimize the smell that comes from the surgical site at the back of the nose. Most children will be prescribed Augmentin – an alternative will be prescribed if they are allergic to this.

The teeth should continue to be cleaned as normal.

Snoring and Mouth Breathing

This is due to swelling of the tissues surrounding the Adenoids. There can be an associated increase in nasal secretions and general messiness of the nose. This settles quite quickly as the swelling resolves.

Avoid forceful nose-blowing for a few days after surgery.

Voice

Transient voice change is common often because pain and swelling can limit the movement of the back of the roof of the mouth (the Soft Palate). This settles as the days pass.

If the Adenoids were very big, it is possible that your child's voice may change permanently. Parents often find that their child's voice sounds higher-pitched. What really has happened is that the muffling effect of the Adenoids (and/or Tonsils) has been removed and the child's voice now has increased clarity – in a sense, what you are now hearing is a truer representation of what their voice was always meant to sound like.

Bleeding

There should not be any bleeding from the mouth or nose after surgery, although a small amount of blood-stained mucous is acceptable. If bleeding occurs, take your child to the nearest Emergency Department or call an ambulance.

Follow Up Appointment

A follow up appointment is usually booked for 4-6 weeks after surgery.

What risks are associated with Adenoidectomy?

Even though all due care is taken, there can be injury to lips, gums, tongue, and/or the skin of the face. This usually resolves without any problems. Very rarely there can be burns to the palate, tongue, or lips due to the use of diathermy (electrical energy producing heat) to seal blood vessels.

There is a very small chance that teeth may be chipped or knocked out. This is more likely if teeth are decayed or loose, or have been capped or crowned.

The mouth is opened during the procedure and the corners of the mouth can dry out. At times, this can result in some cracking of the corners of the mouth. Lip balm should be applied whilst this heals.

Bleeding

Bleeding is a risk in the order of less than 1 chance in 250. Most of these occur within the first few hours after the operation, and this is less likely using the Suction Monopolar Diathermy technique that Dr Wabnitz uses. Bleeding can also occur down the track, during the first 2 weeks after surgery. It is best that your child stays home with a parent and does not have any overnight stays away from home. Any travel away from home is to be avoided during the first 2 weeks, particularly to remote areas. If your child or anyone in their extended family has had any problems with bleeding or easy bruising, please bring this to our attention.

Anytime that there is bleeding after having the Adenoids removed, you must seek medical attention. Don't delay in getting your child to the nearest emergency department, and don't delay in calling an ambulance if this is required. You will know if your child is bleeding as there will be profuse bleeding from the nose, coughing out of fresh red blood, or if blood is swallowed it irritates the stomach and the child will start vomiting up blood (which can be altered to appear dark red/brown).

If there is any bleeding, patients will need to be re-admitted to hospital for observation and treatment with intravenous fluids, antibiotics, and a nasal decongestant spray. Occasionally children who have a bleed need to go back to the operating theatre to stop the bleeding, and very rarely the bleeding can be difficult to control in which case it is treated by placing a

surgical pack into the back of the nose. The child is then monitored in the Intensive Care Unit for at least 24 hours before returning to the Operating Theatre to have the pack removed. The need for treatment with blood transfusion after Adenoidectomy is very rare indeed. If there are any objections regarding blood transfusions, based on religious beliefs or otherwise, please bring this to our attention.

Regrowth of Adenoids

Regrowth of the Adenoids may occur but is less likely with the Suction Monopolar Diathermy technique, occurring in 2–3 % of cases. A Revision Adenoidectomy can be carried out if required.

Damage to the Eustachian tube

Occasionally there can be damage to the Eustachian tube opening (the tube responsible for keeping the middle ear healthy) which can lead to middle ear problems.

Velopharyngeal Insufficiency

Dysfunction of the palate (roof of the mouth) can occur after surgery where the back part of the palate fails to shut off the back of the nose when it should – for instance, during swallowing and when making certain sounds while speaking. This can lead to fluid and/or food finding its way into the back of the nose on swallowing, and nasal escape of air while speaking (hypernasal speech).

It is common for this to occur temporarily, and it tends to settle within a few weeks. However there is a 1 chance in 1200 of persisting problems where there is an underlying problem of the structure and/or function of the palate. Rather than being a complication of the operation, removal of Adenoids "uncovers" a pre-existing problem of the palate. Treatment involves Speech Therapy and possibly further surgery by a Palate/Craniofacial Surgeon.

Nasopharyngeal Stenosis

Very rarely there can be significant scarring at the back of the nose where the Adenoids were removed from, resulting in ongoing nasal obstruction.

[Please note: If the Tonsils are also removed, please refer to the Adenotonsillectomy information sheet]