**Adenoids and Adenoidectomy**

**What are adenoids?**
Adenoids are pads of tissue located high in the throat at the back of your child’s nose. The adenoids are made up of the same kind of lymphoid tissue as the tonsils. Babies are born without adenoids. After your child is born, his or her adenoids begin to grow and continue growing until mid-childhood. They play a role in fighting infection as part of the body’s immune system. As your child gets older, his or her adenoids play a less important role in fighting infection. Children who have their tonsils or adenoids removed do not lose their resistance to infection.

**What is an adenoidectomy?**
An adenoidectomy is the removal of the adenoid tissue. This surgery usually takes about 20 to 30 minutes and is usually done as a day care procedure. Your child’s Otolaryngologist (ENT – Ear, Nose & Throat Doctor) will decide whether your child will need to stay overnight in the hospital.

**What happens during the adenoidectomy?**
- Your child will be given medicine to put him or her asleep for the adenoidectomy. This is called a general anesthetic.
- Your child’s ENT Doctor will use a small mirror to see past the back of your child’s mouth and then will use a special tool to melt and remove the adenoid tissue. This tool is referred to as suction cautery.

**Can the adenoids re-grow?**
There is a small chance that your child’s adenoids could regrow (especially if your child is under 2 years old).

**Why are adenoids removed?**
Adenoids can cause the following problems:

- **Blockage of the back of the nose**
  Your child’s adenoids may be large enough to get in the way of your child’s normal breathing. They can cause “mouth breathing”, snoring, or even sleep apnea (blockage of breathing during sleep). This could have an effect on growth, learning or behaviour. Large adenoids can also reduce your child’s sense of taste and smell.

- **Repeated ear infections or fluid build up in the ears**
  Your child’s adenoids may be so large or infected that they cause ear problems. These ear infections can include repeated ear infections or fluid build-up.

- **Repeated sinus infections**
  The adenoids may cause a build up of mucous or repeated sinus infections.

**Will my child ever outgrow the problem?**
Over time, probably, yes. The adenoids usually start to shrink in late childhood. However, if your child has any of the above problems, removing his or her adenoids may be helpful.
What can we expect after an adenoidectomy?

- **Feeling sick to his or her stomach**
  It is not uncommon for your child to feel sick to his or her stomach after the anesthetic. If your child throws up (vomits), do not give him or her anything to eat or drink for about 1 hour. After 1 hour, try sips of water or a popsicle. Go back to your child’s regular diet as soon as your child feels well enough to enjoy it.

- **Stuffed up nose**
  After adenoids are removed, the nose plugs up with mucous. The body makes the mucous to help the wound heal. It may seem as if the child has a cold.
  - Wipe the mucous gently.
  - Do not allow your child to blow his or her nose hard. The mucous may have a pinkish colour. This is normal.

- **Pain**
  Adenoidectomy is usually much less painful than a tonsillectomy. Some children may complain of pain in other areas, such as their ear, head or throat a few days after the adenoidectomy. This is probably what is called ‘referred pain’ and usually does not mean there is a problem with your child’s ears, neck, or head.
  - Offer your child acetaminophen (Tylenol®) about every 4 hours to ease the pain.

- **Bad breath**
  This is usually gone after 7 to 10 days.
  - Encourage your child to drink lots of fluid.
  - Brush your child’s teeth but do not gargle.

- **Voice change**
  Children with large adenoids tend to have a somewhat muffled voice. It can sound like your child’s nose is plugged when they speak. You are probably used to your child’s voice. You may notice a change after the adenoidectomy. That is, it may sound like too much air is coming through your child’s nose when he or she speaks. This change is almost always temporary. It can take weeks or sometimes months to return to normal.

- **Regurgitation**
  Some children may experience small amounts of fluid coming out of their nose when they drink. If this lasts longer than 6 weeks, please discuss at the follow up ENT visit.

When can my child return to activities?

- Your child can eat a normal diet once he or she is keeping down clear fluids.
- If your child feels well enough, he or she can return to school the day after surgery.
- Your child can play quietly if he or she feels well enough.
- Avoid tiring activities, sports and swimming for about 1 to 2 weeks. Please discuss activities with your ENT doctor.
- Use lukewarm water when your child is having a bath or shower for about 1 week.

Call the ENT Clinic Nurse if:

- Your child’s temperature goes above 38 degrees Celsius or 100 degrees Fahrenheit for more than 3 days.
- Your child throws up (vomits) for more than 24 hours after the surgery.
- Your child pees less than 2 times a day. Your child’s urine should be pale yellow, NOT dark yellow or brown. Small amounts of dark urine are an indication that your child is not drinking enough liquids.
- You are worried about your child.

Follow Up With the ENT Doctor:

Call the office at 604-875-2113 to make appointments:

- The appointment should be 6 to 12 weeks after the operation. (Sooner, if there are any problems).

Call if you need help or have a question

The ENT Clinic Nurse is happy to help you.

Please feel free to call her at: 604-875-2345, ext. 7053 or toll free in BC: 1-888-300-3088 ext. 7053.