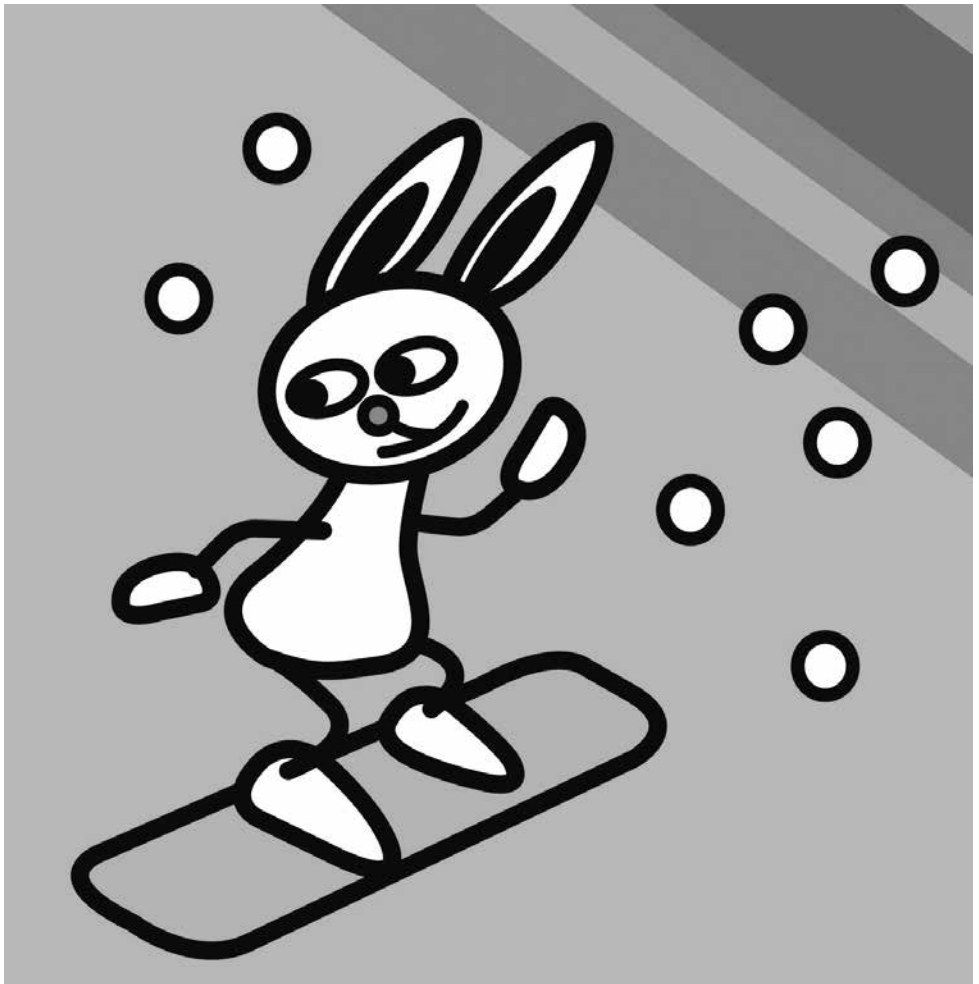


The Children's Hospital, Oxford

Adenoid surgery

Information for parents and carers



What are adenoids?

The adenoids are small lumps of lymphoid tissue which sit at the back of the nose. They grow during early childhood and shrink around the age of four. Along with other lymphoid tissue in the throat they provide some early protection against infection in young children.

The body has many ways of fighting infection and even if adenoids are removed in younger children the body will still be able to fight infection.

Sometimes, children have adenoids so big that they have a blocked nose, and have to breathe through their mouth. They snore at night. Some children even stop breathing for a few seconds while they are asleep. This process of periods of struggling to breathe, followed by waking briefly, may happen many times a night, and is called obstructive sleep apnoea.

Adenoids can also cause ear problems by stopping the eustachian tube which joins the nose to the ear from working properly. This may result in hearing loss and ear infections.

What are the benefits of the operation?

Adenoids are only removed if they are doing more harm than good. Removing the adenoids will help to solve these problems:

- obstructive sleep apnoea
- glue ear – when the middle ear becomes blocked by a sticky substance which affects your child's hearing.

Removing the adenoid may reduce the problem of a blocked nose and sinus problems when your child has a cold.

What are the risks of the operation?

This is a simple and safe operation. However, all operations carry some risks. These are:

- infection
- bleeding
- minor regurgitation (fluid coming out of the nose), especially if adenoids were large
- a change in the child's voice for a few days.
- the adenoid growing back (possible but uncommon).

The doctor will discuss these risks with you in more detail.

For information about the anaesthetic risks, please see page 6.

Are there any alternatives?

If your child is having difficulties breathing, or has developed glue ear, it is probably better to have their adenoids removed.

However, as your child will grow out of these problems, it is sometimes possible to wait and see if this improves. Your doctor might try a steroid nasal spray to reduce congestion in their nose and adenoids.

What happens during the operation?

The operation is carried out under general anaesthetic, normally as a day case, which means your child should be able to go home later that day. Your child will be asleep throughout the operation.

The adenoids are removed through the mouth and any bleeding is stopped before your child is woken up. Usually the adenoids are scraped away, or shrunk by diathermy (a method of removing tissue and stopping bleeding using heat). Your doctor will explain the details to you.

Consent

We will ask for your consent (agreement) for the operation to go ahead. If there is anything you are unsure about, or if you have any questions, please ask the doctor before signing the consent form.

Fasting instructions

Please make sure that you follow the fasting (starving) instructions, which should be included with your appointment letter.

Fasting is very important before an operation. If your child has anything in their stomach whilst they are under anaesthetic, it might come back up while they are asleep and get into their lungs.

Pain assessment

Your child's nurse will use a pain assessment tool to help assess your child's pain score after their operation. This is a chart which helps us to gauge how much pain your child may be feeling. You and your child will be introduced to this assessment tool either at their pre-assessment visit or on the ward before their operation. You can continue to use this assessment at home to help manage your child's pain if you wish.

Pregnancy statement

All girls aged 12 years and over will need to have a pregnancy test before their operation or procedure. This is in line with our hospital policy.

We need to make sure it is safe to proceed with the operation or procedure, because many treatments including anaesthetic, radiology (X-rays), surgery and some medicines carry a risk to an unborn child.

The pregnancy test is a simple urine test and the results will be available immediately. If the result is positive we will discuss this and work out a plan to support your child.

Anaesthetic risks

In modern anaesthesia, serious problems are uncommon. Risk cannot be removed completely, but modern equipment, training and drugs have made general anaesthesia a much safer procedure in recent years. Throughout the whole of life, a person is at least 100 times more likely to suffer serious injury or death in a road traffic accident than as a result of anaesthesia¹.

Most children recover quickly and are soon back to normal after their operation and anaesthetic. Some children may suffer side effects like sickness or a sore throat. These usually last only a short time and there are medicines available to treat them if necessary.

The exact likelihood of complications depends on your child's medical condition and on the nature of the surgery and anaesthesia your child needs. The anaesthetist can talk to you about this in detail before the operation.

In the anaesthetic room

A nurse and one parent or carer can accompany your child to the anaesthetic room. Your child may take a toy or comforter.

It may be possible to give the anaesthetic with your child sitting on your lap. Your child can either have anaesthetic gas to breathe or an injection through a cannula (a thin plastic tube that is placed under the skin, usually on the back of the hand). Local anaesthetic cream (EMLA or Ametop, sometimes known as 'magic cream'), can be put on their hand or arm before injections so they do not hurt as much. It works well for 9 out of 10 children.

If the anaesthetic is given by gas, it will take a little while for your child to be anaesthetised. They may become restless as the gases take effect.

If an injection is used, your child will normally go to sleep very quickly. Some parents may find this upsetting.

Your child will then be taken into the operating theatre to have the operation. The anaesthetist will be with them at all times.

After the operation

Your nurse will make regular checks of your child's pulse, temperature and wound. They will also make sure your child has adequate pain relief until they are discharged home.

Once your child is awake from the anaesthetic they can start drinking and, if they are not sick, they can start eating their normal diet.

The minimum recovery time before discharge is 2 hours. This is usually enough time for us to check that your child is recovering well. It also gives us time to check that your child is passing urine (having a wee) after the operation. In some circumstances your child may be allowed home before they have passed urine. If your child has not passed urine within 6 hours of the operation, please contact the ward for advice.

Your child cannot go home on public transport after a general anaesthetic. You will need to take them home by car. This will be more comfortable for them, and also quicker for you to return to the hospital if there are any complications on the journey home. You should bring loose fitting clothes for them to wear on the journey home.

Occasionally, the anaesthetic may leave your child feeling sick for the first 24 hours. The best treatment for this is rest and small, frequent amounts of fluid, toast or biscuits. If they are sick and this continues for longer than 24 hours, please contact your GP.

The hospital experience is strange and unsettling for some children, so do not be concerned if your child is more clingy, easily upset or has disturbed sleep. Just be patient and understanding.

Wound care and hygiene

Brushing your child's teeth

Your child can brush their teeth again straightaway. This will help to keep their mouth free of infection, and will help to keep their mouth fresh, especially if they are not eating very much.

Your child and you may be aware of a bad smell from their nose and mouth, which will last for a week after the operation, but will then clear completely. Your child may be given antibiotics to reduce this.

Sore throat and ears

Your child's throat may be a little sore after the operation. Eating food will help their throat to heal. Your child may also have sore ears, which is normal. This happens because their throat and ears have the same nerves. It does not mean that your child has an ear infection.

Please let us or your GP know if you are concerned about your child following the operation, in particular if you notice:

- any bleeding from your child's throat or nose
- new or increased pain not relieved with regular painkillers
- your child has a high temperature (this could be a sign of infection)
- your child is not drinking any fluids.

Getting back to normal

Your child should rest as much as possible for the first few days and stay away from people with coughs and colds. This is to prevent infection. Your child will need to have 1 week off school or nursery.

Follow-up care

Please make sure you have enough children's paracetamol and ibuprofen at home. We will give you a short supply of these to take home, but you may need to continue with more of your own supply when these run out. Please see our separate leaflet 'Pain relief after your child's day case surgery' for more information on how much and when to give pain relief.

Your child can continue to take paracetamol and ibuprofen for up to 5 days. After this, they should only need occasional doses. If they are still in pain after 5 days you should phone the Ward for advice.

Your nurse will tell you if your child will need a follow-up appointment in the Children's Outpatients department. The letter confirming the date and time will come by post.

Please speak to your child's consultant's secretary if this does not arrive within 1 month.

How to contact us if you have any concerns

If you have any worries or queries about your child once you get home, or you notice any signs of infection or bleeding, please telephone the Ward and ask to speak to one of the nurses.

You can also contact your GP.

Children's Day Care Ward: **01865 234 148/9**
(7.30am to 7.30pm, Monday to Friday)

Outside of these hours, you can contact:

Robin's Ward: **01865 231 254/5**

Melanie's Ward: **01865 234 054/55**

Tom's Ward: **01865 234 108/9**

Bellhouse Drayson: **01865 234 049**

Kamran's Ward: **01865 234 068/9**

Horton General Hospital Children's Ward: **01295 229 001/2**

All of these wards are 24 hours, 7 days a week.

Oxford University Hospitals Switchboard: **0300 304 7777**

Further information

You may find the information on the following websites helpful:

NHS Choices

www.nhs.uk/conditions/Adenoids-and-adenoidectomy

ENT UK

www.entuk.org/patient-information-leaflets-1

Reference

¹The Royal College of Anaesthetists (2014) Your child's general anaesthetic: information for parents and guardians of children London: www.rcoa.ac.uk/patientinfo

Please bring this leaflet with you on the day of your child's admission.

We hope that this information is useful to you and would welcome any comments about the care or information you have received.

If you have a specific requirement, need an interpreter, a document in Easy Read, another language, large print, Braille or audio version, please call **01865 221 473** or email **PALS@ouh.nhs.uk**

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