



Adenoidectomy (removal of adenoids)

This leaflet is for parents and carers of children having surgery on their adenoids. It aims to answer some of the questions that you or your child may have about their operation. You will also have an opportunity to discuss any further concerns with us, on admission.

A general anaesthetic requires your child to be starved beforehand.

Morning admission:

Last food: 2.30am

Breastfeed: 4.30am

Water or weak squash until 7.30am

Afternoon admission:

Last food: 7.30am

Breastfeed: 9.30am

Water or weak squash until 12.30pm

Please be aware that milk and chewing gum is considered food.

If you do not follow these instructions your child's procedure may be delayed or even cancelled.

What is an adenoidectomy?

It is an operation to remove the adenoids. The adenoids are to be found behind the nasal passages. Enlarged adenoids can cause problems such as noisy breathing, snoring and disturbed sleep.

How is the procedure done?

It is done under a general anaesthetic, so your child will be asleep throughout the operation. Adenoids are removed through the mouth. Your child will be away from the ward for around 45-60 minutes.

Alternative treatments

The adenoids tend to shrink as children reach 7-9 years, and have usually completely disappeared by puberty so removal is not always necessary. Surgery is usually reserved for severe or chronic cases.

Risks of surgery

There are risks from all operations but adenoidectomy is usually straightforward. The commonest problem is bleeding. Fewer than 1 in 100 children having the operation will need emergency treatment (including further surgery) for the bleeding.

There is a slight chance of infection and occasionally teeth may be damaged during the procedure.

Every anaesthetic carries a risk, but this is small. The anaesthetic will be given by an anaesthetist (a specially trained doctor). After having an anaesthetic some children may feel or be sick. They may have a headache, sore throat, feel dizzy or be upset.

These side effects are usually not severe and are short-lived.

What shall I bring?

Some children find it reassuring if they can bring a familiar toy from home. A play specialist may be involved in your child's care, and will be able to provide a range of suitable toys and activities. A hospital gown will be provided to wear to theatre; however, children may want their own nightwear, slippers and dressing gown to change into.

What happens on admission?

The surgeon will explain the procedure to you on the ward, and can discuss any worries that you may have. An anaesthetist will also visit you to explain the anaesthetic. Your child may also have 'magic cream' (local anaesthetic) applied to the back of their hands so that the anaesthetic injection will be less painful.

One parent/carer will be able to accompany your child to the anaesthetic room and stay with them until they are asleep.

What happens after the operation?

After your child has had their operation they will be taken into the recovery room to wake up. Once they are sufficiently recovered, you may be able to accompany the nurse to collect them and bring them back to the ward. Children are given pain relief during their operation. If necessary, further pain relief will be given on the ward. It is possible that your child may vomit following surgery – medicine can be given to relieve this if the vomiting persists.

When can we go home?

Your child must remain on the ward for two hours following the operation. Your child should be comfortable and alert and must have had something to eat and drink before we will allow them to go home.

Advice after adenoidectomy

- When your child returns home they must rest for a few days. Keep out of contact with non-family members, avoid crowded areas and stay in a smoke-free zone for two weeks following surgery to reduce the chance of infection.
- We advise that they take one week off school and avoid activities such as swimming during this time.

- Your child may need regular Paracetamol, e.g. Calpol, after the operation. Follow the instructions on the bottle. It may be useful to give Paracetamol half an hour before meals to ease swallowing.
- Your child may snore and have nasal stuffiness for several weeks until the swelling settles.
- Stop your child from blowing their nose for the first few days (and only allow gentle blowing for 10 days after this).
- Your child's voice may sound different for a few weeks. This is normal and will recover.
- Please stay in the Reading area for 10 days in case your child develops any complications.
- Earache and bad breath are common for a few days after surgery.
- Avoid flying and foreign travel for three weeks after the operation.

Possible complications following adenoidectomy

Please contact Kempton DBU if your child has:

- Any bleeding from the nose.
- A high temperature (38.5°C +).
- Persistent pain which is not relieved by regular doses of painkillers.

Contact us

Pre-clerking nurse: 0118 322 7686
Lion Ward: 0118 3227519
Kempton Day Bed Unit: 0118 322 7512
ENT Department 0118 322 7139

Please ask if you need this information in another language or format.

RBFT Paediatric Unit, May 2026

Next review due: May 2028