



A general anaesthetic requires your child to be starved beforehand. On the day of the operation
..... (date) your child should not
have anything to eat (including chewing gum), or milk to
drink from (time).

They may have only water or weak squash up to
..... (time). If breastfeeding, the last breast feed can
be given at (time).

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

Adenoidectomy (removal of adenoids)

Information for parents

The aim of this leaflet is 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.

What is an adenoidectomy?

It is a surgical procedure 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?

The adenoids are removed 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. Adenoidectomy is usually reserved for more 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 they 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 to bring 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. If your child has any medical problems, for instance, allergies, please tell the surgeon and anaesthetist about these. 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 four 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 one week 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, e.g. *Calpol*, 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 the operation.

- Please 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 being relieved by regular doses of painkillers.

More information

Visit the Trust website at www.royalberkshire.nhs.uk

Contact us

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This document can be made available in other languages and formats upon request.

Paediatric Unit, March 2018
Review due: March 2020