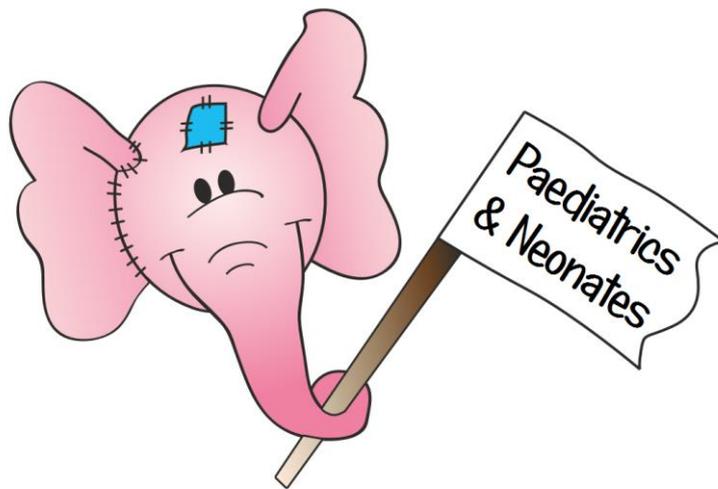


Operation to remove adenoids

Children's Ward

Parent/Carer Information Leaflet



Introduction

Your child is coming into hospital to have an operation to remove their adenoids. The medical name of this is an adenoidectomy. This leaflet gives information on what adenoids are and what the operation involves.

If you have any questions or concerns, please contact a member of the Children's Ward.

What are adenoids?

The adenoids are small lumps of tissue at the back of the nose. They are part of the immune system, which helps fight infection and protects the body from bacteria and viruses. They form a kind of barrier against infections.

Only young people have adenoids. They start to grow from birth and are biggest when children are approximately three to five years old.

By age seven to eight, they start to shrink and they are barely visible by the late teens. In adults, the adenoids have disappeared completely.

The adenoids disappear because although they may be helpful in young children, they are not an essential part of an adult's immune system.

Why does my child need the operation?

Your child's ear, nose and throat doctor may recommend removing adenoids for several reasons:

- Your child may be having breathing problems such as snoring, mouth breathing or sleep apnoea. Sleep apnoea is where there are pauses in breathing, or instances of shallow or infrequent breathing, during sleep.
- Sometimes adenoids can swell and press on the Eustachian tubes, causing middle ear infections. This may cause problems with your child's hearing. The Eustachian tubes are passages from the middle ear to the back of the throat.
- Swollen adenoids can also cause frequent occurrences of sinusitis.

The adenoids are taken out through the mouth. The operation is carried out using a general anaesthetic, meaning your child will be asleep.

What are the benefits of the operation?

Removal of enlarged adenoids may:

- improve night time breathing
- improve problems with hearing due to ear infections
- reduce episodes of sinusitis
- reduce school absence

What are the risks?

- Very rarely, bleeding may occur after the operation. If this happens on the day of surgery, another operation may be needed to stop it.
- Bleeding at home during the first 10 days after your child's operation is usually due to infection. If this happens, your child will need to come back to hospital for treatment and possibly another operation, if the bleeding does not stop.
- Capped, crowned or loose teeth are fragile and may be damaged or dislodged during the operation, if the surgeon is not aware of their presence. Therefore, please make sure you inform the nurses or doctors about these before your child's operation.

What is the alternative to removing adenoids?

Antibiotics, which are medicines that kill bacteria, may be used to treat infections. However, if these do not work to reduce the swelling, the hospital doctor may suggest that the adenoids are taken out.

What happens when I come for the operation?

You will have an appointment for the morning or the afternoon.

When you arrive at the Children's Ward, a nurse will ask you some questions and assess your child's:

- blood pressure
- heart rate
- breathing rate

The nurse will put a wrist band on each of your child's wrists and put a numbing cream on the back of their hands. This is used so that when the anaesthetist puts a cannula into their hand to give the anaesthetic, they will not feel this being put in. A cannula is a thin, plastic tube.

The surgeon will come and see you to explain the operation. If you want your child to have the operation, the nurse will ask you to sign a consent form.

The anaesthetist will come and see your child to check that they are well enough to have the operation.

The nurse will be able to give you a rough idea of the time your child will have the operation. We try to minimise delays as much as possible but sometimes these occur.

If you have any questions or worries, please ask the nurse who is looking after your child.

When it is time for your child's operation, one parent can go with them to the anaesthetic room and stay until they are asleep. On waking, a nurse will bring your child back to you on the ward, when the recovery team are happy with them.

During the recovery period on the ward, the nursing team will assess your child and offer them something to eat and drink, when it is safe to do so.

Your child may still have a cannula in when they come back to the ward. We recommend that this is kept in until your child goes home. This can be used to give your child medicine, if they need it. For example, some people feel sick or are sick after having a general anaesthetic. If your child feels sick, please tell the nurse and we can give them some anti-sickness medicine.

Will my child be in pain?

We will give your child pain relief while they are having their operation and they can have regular pain relief when they are back on the ward. If your child is in pain when you get home, we recommend getting simple pain control such as paracetamol, if suitable for your child (always read the label; do not exceed the recommended dose). Brand names of this include Calpol, Disprol and Medinol.

When can my child go home?

Your child may need to stay in hospital for at least six to eight hours after the operation, or one night depending on the consultant's advice. One parent is welcome to stay overnight with their child. Before they can go home, your child will need to have:

- Eaten an adequate amount of food and drink
- Had no bleeding
- Passed urine
- Stopped being sick
- A normal temperature
- The doctor's approval to go home

We recommend that your child does not travel home on public transport due to the risk of infection.

How do I care for my child after their operation?

The major risk after removal of adenoids is bleeding. Although this cannot always be prevented, you can help reduce the risk by following this advice:

School – your child will need to stay off school for at least ten days to feel completely well and minimise the risks.

Eating and drinking – we recommend your child eats a normal diet.

Please avoid people with coughs and colds, and smoky atmospheres, for the first week. If your child gets an infection, it will increase their risk of bleeding.

What do I do if my child becomes unwell?

If your child:

- has a high temperature
- has smelly breath
- is being sick
- is generally unwell

please contact either your GP or the Children's Ward for advice. If your child has any bleeding from their mouth or nose, however small, take them to your nearest Emergency Department (A&E) immediately.

Follow up

If your child needs to see their consultant again, we will give you an outpatient appointment. This will normally be approximately two to three months after surgery. Where applicable, your child's consultant may ask for a repeat sleep study, to assess for improvement after the operation.

Can I find out more?

You can find out more from the following weblink:

NHS Choices

<http://www.nhs.uk/conditions/adenoids-and-adenoidectomy/pages/introduction.aspx>

If you have any questions or if there is anything you do not understand about this leaflet, please contact:

Children's Ward on 01384 244271

Russells Hall Hospital switchboard number: 01384 456111

This leaflet can be downloaded or printed from:

<http://dudleygroup.nhs.uk/services-and-wards/c2-childrens-ward/>

If you have any feedback on this patient information leaflet, please email patient.information@dgh.nhs.uk

This leaflet can be made available in large print, audio version and in other languages, please call 0800 073 0510.

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Ulotka dostępna jest również w dużym druku, wersji audio lub w innym języku. W tym celu zadzwoń pod numer 0800 073 0510.

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Aceasta broșura poate fi pusă la dispoziție tipărită cu caractere mari, versiune audio sau în alte limbi, pentru acest lucru vă rugăm sunați la 0800 073 0510.

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