

Useful Telephone Numbers

- Bluebell ward, Lister Hospital
Tel: 01438 284008
- Children's Emergency Department, Lister Hospital
Tel: 01438 284333
- Children's Day Services, Lister Hospital
Tel: 01438 286315
- ENT Department, Lister Hospital
Tel: 01438 314333, Ext. 5113 / 4118
- ENT Admission Office (waiting list)
Tel: 01438 286836 or 01438 286835
- ENT Nurse Specialist (Monday to Friday, 8.30am - 6pm)
Tel: 01438 314333, bleep 1028
Mobile: 07785 343359 or 07876 390290

Useful ENT website: www.entuk.org

In an Emergency:

Dial 999 and request an ambulance or attend the nearest A&E of the following hospitals unless away from home

- **Lister Hospital A&E (SG1 4AB) - 01438 784732**
- **New QEII Urgent Care Centre, Welwyn Garden City - 01707 247549**
- **Luton and Dunstable**
- **Princess Alexandra Hospital, Harlow**

Lister Hospital
Coreys Mill Lane
Stevenage, Hertfordshire SG1 4AB
Tel: 01438 314333

www.enherts-tr.nhs.uk

Date of publication: October 2011

Author: Liza Delfin

Reference: ENT03

Version: 6 (Mar 2018)

Review Date: November 2019

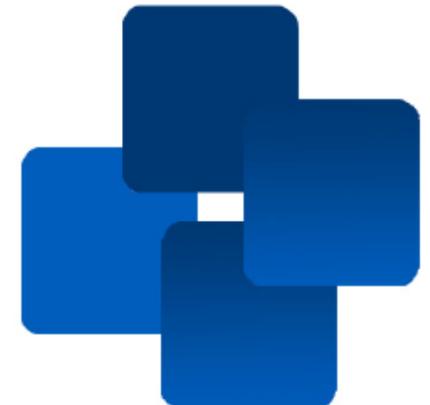
© East and North Hertfordshire NHS Trust

You can request this information in a different format or another language.

Patient Information

Adenoidectomy

Ear, Nose and Throat Department



Adenoidectomy

The adenoids are lymphoid tissue situated at the back of the nose. They gradually increase in size during childhood (2-5years) but disappear in the early teenage years.



© Healthwise, Incorporated

Indications

Adenoidectomy (removal of the adenoids) may be performed to reduce the frequency of middle ear infections (otitis media) causing decreased hearing. It allows better ventilation of the ears as it prevents the eustachian tube (tube from the back of the nose to the middle ear) from becoming blocked by the large adenoids.

If the adenoids are very large they can sometimes lead to nasal blockage. This results in the child snoring at night and constantly breathing through the mouth.

Procedure and anaesthetic

Adenoids are removed through the child's mouth. This procedure is often combined with grommet

insertion and/ or tonsillectomy. The operation takes about 30 minutes and is performed under a general anaesthetic when the child is asleep. After the operation your child will need time to wake up and will stay in the recovery area. They will be away from the ward for about an hour.

Risks and complications

Occasionally bleeding can occur. If this happens in the hours following surgery then a further operation may be required to control it. Rarely, bleeding may occur up to two weeks after leaving hospital. This could indicate an infection where admission to hospital may be required.

It has been shown that the risk of bleeding is reduced if your child is very quiet and allowed to rest for 24 hours after surgery.

During the operation, there is a very small chance that we may chip or knock out a tooth, especially if it is loose.

Time in hospital

This is a day case procedure.

Post-operative care and advice

The operation will result in a sore throat and often earache. The pain is often worst at 3-4 days

and may last up to a week. Please give your child regular pain relieving medicines.

Your child has been given pain relief and can next have

Paracetamol at hrs and/or

Ibuprofen athrs

Diet and oral hygiene

It is important for your child to eat and drink normally as this encourages healing and reduces the risk of infection.

Encourage your child to drink water after eating, and clean their teeth. This helps to keep the mouth and throat clean, and helps reduce bad breath.

Care at home and time off school

Your child may feel tired for the first few days. We advise that your child takes plenty of rest and sleep and gradually returns to normal levels of activity.

The risk of bleeding is increased if your child is very active. During the first night we strongly advise that you should check your child two or three times and offer drinks and painkillers at regular intervals. We advise sleeping in the same room as your child.

If your child has any fresh bleeding from their mouth or nose, return immediately to the Accident and Emergency department or call an ambulance.

Your child may vomit dark brown blood. This is not a problem unless the vomiting continues or the vomit is red which indicates fresh bleeding. The brown blood is usually old blood that has previously been swallowed during surgery.

Children should be kept off school with adult supervision for at least one week. In order to minimise the risk of infection they should avoid contact with people with infections, and avoid exposure to dust and smoky places. It is advisable to go outdoors in the fresh air when your child feels able.

Follow-up

A follow-up appointment is not necessary.