

Further information


NHS 111  111


or Contact your GP


NHS website - www.nhs.uk


Useful Telephone Numbers

ENT Nurse Specialist (Monday to Friday, 9am - 5pm)


 Mobile: 07785 343359
or 07876 390290

ENT Admission Office (waiting list)  01438 286836 / 286835

Bluebell Ward, Lister Hospital
Stevenage  01438 284008

Children's Emergency Department
Lister Hospital  01438 284333

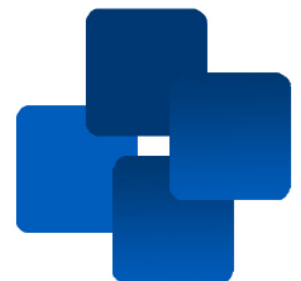
Urgent Care Centre, New QEII
Welwyn Garden City  01707 247549

Community Children's Nursing Team  01438 288370

Patient Information

Adenotonsillectomy

Children's Services



Adenoids

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

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. It can also cause obstructive sleep apnoea (OSA) particularly if the tonsils are also enlarged.

Tonsils

The tonsils also consist of lymphoid tissue and can be small, medium size or very large. They are found at the back of the mouth on either side.



Patients can have problems with their tonsils in two ways:

1. Recurrent tonsillitis
2. Obstructive sleep apnoea (OSA)

When a child has tonsillitis, they complain of a severe sore throat, a temperature and swollen glands.

When a child has OSA they gasp for breath or stop breathing briefly during the night, often multiple times. This can make the child very

tired and can affect mood and learning.

Adenotonsillectomy

What is the procedure?

Surgical removal of the tonsils and adenoids is known as adenotonsillectomy.

Adenotonsillectomy benefits

The main reason for an adenotonsillectomy is to treat OSA or if a child has sleep disordered breathing (disturbed and disrupted sleep due to enlarged tonsils and adenoids).

It is also a good treatment to prevent future episodes of tonsillitis, to treat nasal blockage due to enlarged adenoids, and to improve the middle ear function and help grommets to work better.

What are the alternatives, including no treatment?

It is not recommended to leave OSA untreated as it leads to broken and disturbed sleep and therefore poor concentration and behaviour with effects on education and development.

Over time untreated OSA can lead to a strain on the heart.

Children can sometimes grow out of tonsillitis and also the adenoids may shrink naturally over the age of 9 or 10, so occasionally there is a role for watching and waiting.

Procedure and anaesthetic

Adenoids and tonsils are removed through the child's mouth. It is sometimes performed in conjunction with insertion of grommets into the ears. The procedure takes about 45-60 minutes and is performed under general anaesthesia (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 a few hours.

The procedure is often performed as a day case, and you will be allowed home the same day. Sometimes we advise that the child (and a parent) stay overnight for observation.

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. Offer foods that need chewing, for example, toast, crisps and apples. Encourage your child to drink water after eating and to clean their teeth. This helps to keep the mouth and throat clean, and helps reduce bad breath.

Risks and complications

Occasionally bleeding can occur. If this happens then a further operation may be required.

Bleeding may occur immediately post-operatively or up to two

weeks after leaving hospital. This could indicate an infection where admission to hospital may be required. It is also very important to encourage your child to eat and drink as soon as possible to minimise the risk of bleeding.

If your child has bleeding from the mouth or nose, go immediately to your local Emergency Department.

In this Trust, the post-tonsillectomy bleeding rate is less than 5%.

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

Care at home and time off school

- We advise sleeping in the same room as your child for at least the first night.
- We advise 2 weeks at home to recover before going back to school.

Post-operative care and advice

The operation will result in a sore throat and often earache. This will normally resolve within 3-4 days with pain relieving medicines.

Your child has been given pain relief and can next have:

Paracetamol at hrs and/or

Ibuprofen athrs