PROCEDURE

# Adenoid removal

Adenoid removal is surgery to remove tissue behind the nose that is blocking breathing or contributing to ear and nasal problems.

**PURPOSE**
Improve airway obstruction or selected ear and nasal problems

**PROCEDURE TYPE**
Therapeutic surgery through the mouth

**WHERE IT IS DONE**
Operating theatre, usually as day surgery

**ANAESTHESIA**
General anaesthesia

**HOW LONG IT TAKES**
Usually 20 to 30 minutes

**PREPARATION**
Fasting and medication review before general anaesthesia

**RECOVERY**
Same day; no driving for 24 hours

**MAIN RISKS**
Bleeding, infection, dehydration, temporary voice change

**RESULTS**
Improvement over days to weeks; pathology later if needed

## Overview

Adenoid removal, or adenoidectomy , is an operation to remove the adenoids, a pad of immune tissue high at the back of the nose. Adenoids are largest in young children and usually shrink during adolescence. Removing them does not normally cause a meaningful reduction in the ability to fight infection.

The operation is most common in children and may be combined with tonsil removal or ear-tube placement. In adults, adenoid removal is less common and usually follows careful examination of the tissue.

## Why the procedure is performed

Enlarged or repeatedly inflamed adenoids can block nasal airflow or interfere with the tubes that ventilate the middle ears.

Surgery may be recommended for:

Benefits depend on the condition being treated. Breathing and sleep may improve when enlarged adenoids are a major source of blockage. Surgery may reduce future ear problems, but it cannot guarantee that fluid or infections will not return.

- Persistent nasal blockage or mouth breathing
- Snoring or sleep-disordered breathing linked to airway obstruction
- Repeated or long-lasting adenoid inflammation
- Ongoing middle-ear fluid or certain repeated ear infections
- Nasal or sinus problems that have not improved with other treatment

## Who should and should not have it

Adenoid removal may be suitable when symptoms persist, affect sleep or daily life, or continue despite non-surgical care. An ear, nose and throat specialist may examine the back of the nose with a small camera or use other tests.

Surgery may not be appropriate when symptoms are mild, likely to improve as the adenoids shrink, or mainly caused by another problem such as allergies or large tonsils.

The operation may be delayed because of a significant infection, breathing illness or another condition that makes general anaesthesia less safe. Bleeding disorders and medicines that affect clotting require review.

People with a cleft palate or a hidden gap in the soft-palate muscles need special assessment. Complete removal may prevent the palate from closing properly during speech, so partial removal or another approach may be considered.

In adults, new or unusual tissue behind the nose may need further investigation because other conditions can resemble enlarged adenoids.

## How to prepare

Follow the treating facility's instructions, as fasting times and medication plans vary.

You will be told when to stop food, milk and clear fluids. Fasting prevents stomach contents from entering the lungs during anaesthesia. If instructions are not followed, surgery may be

postponed.

Tell the team about:

Do not stop a prescribed blood thinner unless the treating team specifically tells you to.

Arrange for a responsible adult to provide transport home and remain available afterward. Bring requested consent forms, medication lists and comfort items for a child.

- All medicines, vitamins and supplements
- Anticoagulants like warfarin or apixaban , antiplatelet medicines and other medicines affecting bleeding
- Allergies or previous anaesthetic problems
- A personal or family history of unusual bleeding
- Loose teeth, dental appliances or removable orthodontic devices
- A new fever, cough, wheeze, vomiting or other illness

## What happens during the procedure

Adenoid removal is performed under general anaesthesia, so the patient is unconscious and does not feel the operation.

The surgeon reaches the adenoids through the mouth, without a cut on the face or skin. Instruments that cut, shave or use heat or radiofrequency energy may remove the tissue and control bleeding.

The surgeon checks for bleeding before the anaesthetic is stopped. Tissue may be sent to a laboratory, particularly if it looks unusual. Tonsil removal or ear-tube placement performed at the same time will lengthen the procedure and recovery.

## Recovery and what to expect afterward

Pain: A sore throat, ear discomfort, headache or neck soreness can occur, but pain is often milder than after tonsil removal. Use only recommended pain medicines. Temporary stuffiness, snoring, bad breath and a nasal-sounding voice are also common.

Eating and drinking: Begin with fluids and foods that are comfortable to swallow. Drinking is especially important to prevent dehydration. Follow the facility's dietary advice.

Activity: Start with quiet activity. Avoid strenuous exercise, rough play and swimming for the period specified by the surgical team. Most patients go home the same day, although some

need observation.

Driving: Do not drive for at least 24 hours after general anaesthesia, while taking medicines that cause sleepiness, or while unable to turn your head comfortably. A child must travel with an adult.

Work or school: Many children return within several days to a week once eating, sleeping and feeling well enough. Adults may need several days away from work. Recovery takes longer if the tonsils are also removed.

## Risks and possible complications

Possible risks include:

The adenoids are near the openings of the middle-ear tubes. Injury to these areas is possible but is not expected during routine surgery.

- Bleeding from the nose or mouth during or after surgery
- Infection
- Dehydration
- Anaesthetic reactions or breathing problems
- Injury to the lips, teeth, gums or nearby tissue
- Temporary voice changes or liquid coming through the nose
- Persistent speech changes if the soft palate does not close fully
- Continued symptoms from another contributing condition
- Regrowth of remaining adenoid tissue

## Results and follow up

Swelling and mucus may initially make breathing or snoring seem unchanged. Nasal breathing, sleep and related symptoms usually improve over days to weeks.

Ear symptoms can take longer to assess, particularly when middle-ear fluid was present. Ear tubes may improve hearing sooner by allowing fluid to drain.

Laboratory results, if tissue was tested, usually take several days or longer. Follow the team's instructions for receiving them. Keep all planned hearing, sleep or ear, nose and throat appointments, and contact the team if recovery is not progressing as expected.

## Alternatives

When symptoms are mild or benefit is uncertain, alternatives include:

The most relevant choice depends on whether the main concern is breathing, sleep, infection or middle-ear fluid.

- Watchful waiting: Avoids surgery, and adenoids may shrink with age, but symptoms can continue.
- Treatment for nasal inflammation or allergies: Saline rinses or prescribed nasal sprays may reduce swelling but may not relieve a large physical blockage.
- Antibiotics like amoxicillin or doxycycline for selected bacterial infections: Treat active infection but do not remove enlarged tissue or prevent every recurrence.
- Ear tubes: Ventilate the middle ear but do not treat nasal obstruction.
- Positive airway pressure: Supports breathing during sleep when surgery is unsuitable or delayed but must be used consistently.
- Tonsil surgery: May help when large tonsils contribute to obstruction, but it is not a direct substitute and usually causes more throat pain.

## When to call your healthcare team

Seek emergency help for:

Contact the surgical team promptly if the patient cannot keep fluids down, urinates much less than usual, has repeated vomiting, develops a fever above the facility's stated limit, or has worsening pain.

Mild bad breath, stuffiness, snoring and temporary voice changes can be normal. Contact the team if they persist beyond the expected recovery period.

- Difficulty breathing
- Heavy or continuing bright-red bleeding from the nose or mouth
- Vomiting a significant amount of fresh blood
- Severe weakness, collapse or unusual difficulty waking

## Common questions

Will I be asleep?

Yes. The operation is normally performed under general anaesthesia.

Can I drive home?

No. A responsible adult must provide transport. Do not drive for at least 24 hours or for the longer period specified by the facility.

How painful is it?

A sore throat, ear discomfort or neck soreness is common, but pain is generally less intense than after tonsil removal. It may be greater if both operations are performed together.

When will I know whether it worked?

Improvement may begin within days, but swelling can delay the full effect. Breathing, sleep and ear problems may need assessment over several weeks.

Can the adenoids grow back?

Remaining tissue may enlarge later. Repeat surgery is considered only if symptoms return and the tissue is contributing to them.

Will the voice change?

The voice may temporarily sound different as swelling settles and airflow changes. Persistent changes need assessment, especially when there is a known or hidden palate problem.

## Sources

- NHS. Adenoidectomy
- MedlinePlus Medical Encyclopedia. Adenoid removal
- American Academy of Otolaryngology-Head and Neck Surgery. Clinical Indicators: Adenoidectomy
- Royal Children's Hospital Melbourne. Day surgery: Adenoidectomy discharge care