



## Adenoids FAQ

### **What are adenoids?**

Adenoid tissue, which is located in the back of the nose, is similar to tonsil tissue. The adenoids are part of the immune system, but contrary to common belief, they do not serve as a “filter” for disease. Although the exact function of the adenoid is unknown, it is thought to be functional only in very young children while their immune systems are still developing. Studies have shown consistently that children who have had their adenoids removed experience no ill effects, only benefits.

### **When is an adenoidectomy (adenoid removal) recommended?**

Like the tonsils, the adenoids can become chronically infected and be a cause of recurrent nasal and ear infections. Adenoid tissue can also become enlarged, resulting in nasal obstruction. The goal of an adenoidectomy is to make your child healthier.

### **Adenoidectomy is typically recommended for three conditions:**

**Recurrent ear infections** - For children 3 years and older, adenoidectomy is recommended as the primary treatment to address chronic ear infections. Adenoid removal is also recommended for children requiring placement of a second set of ear tubes.

**Recurrent sinus infections** - Removal of the adenoid tissue helps improve “popping the ears” (Eustachian tube function) and reduces bacterial contamination of the middle ear due to a reflux into the Eustachian tube. Chronic infection of the adenoid can also be responsible for recurrent and chronic sinus infections. By removing the adenoid tissue, children with recurrent sinus infections requiring antibiotics, or who have chronic thick yellow-green nasal drainage, will generally experience fewer of these problems.

**Nasal obstruction** - Enlargement of the adenoid can cause obstruction of the nasal cavities and snoring. An adenoidectomy improves the nasal airway and nasal drainage by removing the obstruction from the back of the nose.

### **Are there any risks with an adenoidectomy?**

Overall, an adenoidectomy is a very safe procedure with few, if any, problems. The most common issue following adenoidectomy is discomfort. Children usually experience mild ear pain, neck pain or headache as opposed to sore throat. Typically this pain will last for a couple of days and is relieved with Motrin or Advil (generic ibuprofen).

Narcotic pain medication may be prescribed for the discomfort, for use as needed. Fever and bad breath are also common after surgery but don't necessarily signal an infection. Fever as high 102° F may occur for several days following surgery. Give your child Motrin, Advil or Tylenol for comfort when he or she has a fever. Bleeding and voice changes are very rare complications after adenoid surgery. Children with cleft palate are most at risk for voice changes resulting in nasal speech following an adenoidectomy.