



PAEDIATRIC ENT SERVICES

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ADENOIDECTOMY

Adenoidectomy (removal of adenoid tissues) is usually done for obstruction of the space at the back of the nose (blocked nose, mouth breathing, obstructive sleep apnoea) or as part of the treatment of otitis media.

The adenoids may be assessed in the office pre-operatively, either by a flexible fiberoptic nasopharyngoscopy or by reviewing an Xray of the region. Careful review of the palate to exclude a submucous cleft palate is performed.

The operation is performed through the mouth. It is usually a straight forward procedure but is not regarded as a "simple" procedure because of the potential for bleeding into the airway. This may occur at the time of surgery, or up to 10 days later in less than 0.1% of patients. Generally, therefore, patients should not leave the Perth area for 1 day postoperatively. The procedure is performed under general anaesthetic, usually as day case surgery. Patients are treated with antibiotics post-op to prevent infection and reduce bad breath. Very rarely adenoidectomy may result in changes in the voice and in some cases where we believe this might be a possibility, then a partial adenoidectomy is performed.

Aspirin or Nurofen should not be used before or after the operation but Panadol is satisfactory. Often the child may go back to school 3 - 5 days after surgery if he or she is well. This operation is often done in conjunction with surgery (cautery) to the inferior turbinates.