

Adenoids and Adenoidectomy

What Are Adenoids?

Adenoids are a patch of tissue that sits at the very back of the nasal passage. Like tonsils, adenoids help keep the body healthy by trapping harmful bacteria and viruses that we breathe in or swallow.

Adenoids (AD-eh-noyds) do important work as infection fighters for babies and young children. But they become less important as a child gets older and the body develops other ways to fight germs. In kids, adenoids usually begin to shrink after about 5 years of age and often practically disappear by the teen years.

What Are Enlarged Adenoids?

Because adenoids trap germs that enter the body, adenoid tissue sometimes temporarily swells (becomes enlarged) as it tries to fight an infection. Allergies also can make them get bigger.

The swelling sometimes gets better. But sometimes, adenoids can get infected (this is called **adenoiditis**). If this happens a lot, a doctor might recommend they be removed. Often, tonsils and adenoids are surgically removed at the same time.

What Are the Signs & Symptoms of Enlarged Adenoids?

Kids with enlarged adenoids might:

- have trouble breathing through the nose
- breathe through the mouth (which can lead to dry lips and mouth)
- talk as if the nostrils are pinched
- have noisy breathing ("Darth Vader" breathing)
- have bad breath
- snore
- stop breathing for a few seconds during sleep (obstructive sleep apnea), which can lead to disturbed sleep. This in turn can cause learning, behavioral, growth, and heart problems, and sometimes bedwetting.
- have frequent or chronic (long-lasting) nose or sinus infections
- have ear infections, middle ear fluid, and hearing loss

How Are Enlarged Adenoids Diagnosed?

The doctor may ask about and then check your child's ears, nose, and throat, and feel the neck along the jaw. To get a really close look, the doctor might order X-rays or look into the nasal passage with a tiny telescope.

For a suspected infection, the doctor may prescribe different types of medicine, like pills or liquids. Nasal steroids (a liquid that is sprayed into the nose) might be prescribed to help reduce swelling in the adenoids.

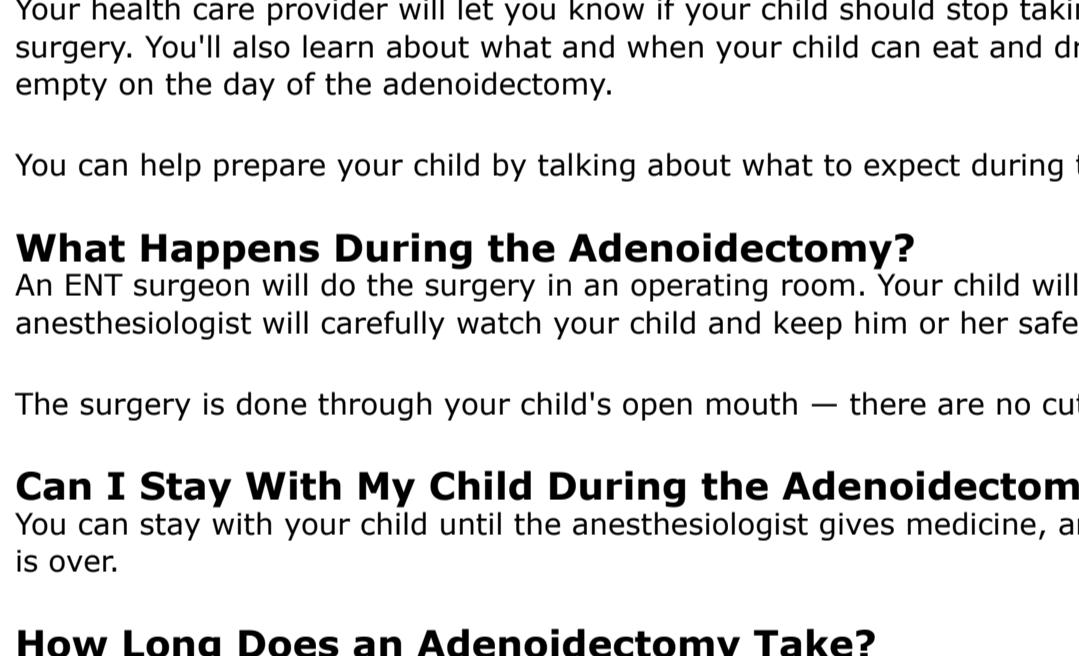
What Is an Adenoidectomy?

An adenoidectomy (ad-eh-noy-DEK-teh-me) is the surgical removal of the adenoids. It's one of the most common surgical procedures done on children, along with the removal of tonsils.

If swollen adenoids bother your child and don't respond to medicine, a health care provider may recommend an adenoidectomy.

What Happens Before the Adenoidectomy?

A child with obstructive sleep apnea might need an X-ray or a sleep study (polysomnogram) before the procedure. This lets doctors see how much nasal blockage there is. An ear, nose, and throat (ENT) doctor might look inside the nose with a light or a camera.



Your health care provider will let you know if your child should stop taking any medicines in the week or two before the surgery. You'll also learn about what and when your child can eat and drink before the surgery, since the stomach must be empty on the day of the adenoidectomy.

You can help prepare your child by talking about what to expect during the adenoidectomy.

What Happens During the Adenoidectomy?

An ENT surgeon will do the surgery in an operating room. Your child will get general anesthesia. This means an anesthesiologist will carefully watch your child and keep him or her safely and comfortably asleep during the procedure.

The surgery is done through your child's open mouth — there are no cuts through the skin and no visible scars.

Can I Stay With My Child During the Adenoidectomy?

You can stay with your child until the anesthesiologist gives medicine, and then you will go to a waiting area until the surgery is over.

How Long Does an Adenoidectomy Take?

An adenoidectomy usually takes about 20 to 30 minutes, though it can take a little longer.

What Happens After the Adenoidectomy?

Your child will wake up in the recovery area. In most cases, kids can go home the same day as the procedure. Some may need to stay overnight for observation.

The typical recovery after an adenoidectomy often involves a few days of mild pain and discomfort, which may include sore throat, runny nose, noisy breathing, or bad breath.

In less than a week after surgery, everything should return to normal and the problems caused by the adenoids should be gone. There are no stitches to worry about, and the adenoid area will heal on its own.

Are There Any Risks From Adenoidectomy?

Most kids have no serious side effects or problems from an adenoidectomy. But there are risks with any surgery, including infection, bleeding, and problems with anesthesia. Talk to your child's doctor before the procedure about its risks and benefits.

How Can I Help My Child Feel Better?

- Give your child pain medicine as directed by your health care provider.
- Offer plenty to drink. Most children can eat and drink normally within a few hours after surgery, but you can start with soft foods like pudding, soup, gelatin, or mashed potatoes.
- Kids should take it easy for a few days after the surgery. They should avoid nose blowing for a week after surgery, as well as any rough playing or contact sports.
- If your child's nose is stuffy, a cool-mist humidifier might help to soothe it. Clean the humidifier daily to prevent mold growth.

When Should I Call the Doctor?

Call the doctor if your child:

- develops a fever
- vomits after the first day or after taking medicine
- has neck pain or neck stiffness that doesn't go away with pain medicine
- has trouble turning the neck
- refuses to drink
- isn't peeing at least once every 8 hours

Get medical care **right away** if your child:

- has blood dripping out of the nose or coating the tongue for more than 10 minutes
- has bleeding after the first day
- vomits blood or something that looks like coffee grounds

What Else Should I Know?

Even though the adenoids are part of the immune system, removing them doesn't affect a child's ability to fight infections. The immune system has many other ways to fight germs.

Reviewed by: Patrick C. Barth, MD

Date reviewed: June 2019

Note: All information on KidsHealth® is for educational purposes only. For specific medical advice, diagnoses, and treatment, consult your doctor.

© 1995-2022 The Nemours Foundation. All rights reserved.

Images provided by The Nemours Foundation, iStock, Getty Images, Veer, Shutterstock, and Clipart.com.

Nemours.