Mr Glenn Watson

M.B., B.S., B.Sc. (Hons), F.R.A.C.S.

Ear, Nose and Throat – Head and Neck Surgeon

ADENOIDECTOMY SURGERY
A guide for Mr Watson's patients

During your consultation with Mr Watson, the contents of this pamphlet will be discussed. Reading this pamphlet in your own time will allow you to further understand your condition and the option of removal of adenoids, as well as the risks and benefits of this procedure. If, after reading this pamphlet (also obtainable from Mr Watson's website), you do not understand all of the risks of your impending operation, please make another appointment with Mr Watson so your questions may be further discussed and clarified prior to proceeding.

1	**ADENOIDECTOMY PROCEDURES** Adenoidectomy is the removal of adenoidal tissue from the back of the nose

2	**SMD** SMD is sub-mucosal diathermy of the inferior turbinates. This is diathermy or cauterisation to reduce the size of swollen turbinate bones (humidifying scrolls)

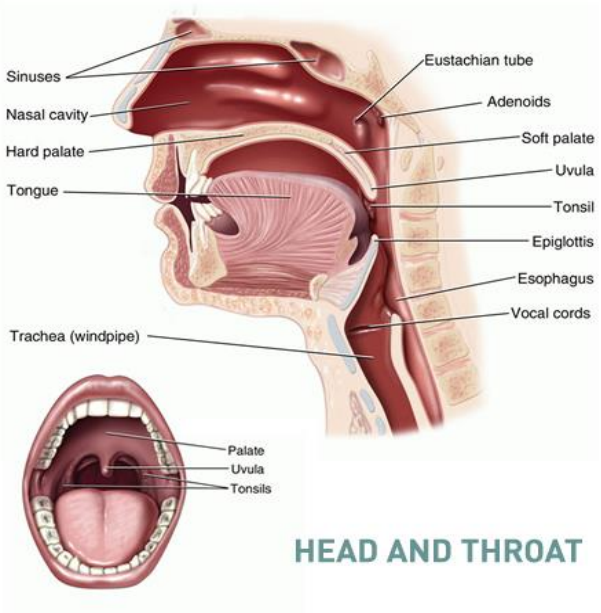
3	**OUTFRACTURE OF TURBINATES** This procedure is to push the turbinates outwards making more air space through the nose.

Adenoidectomy is the removal of adenoid tissue of which is in the back of the nose. The nose is designed for breathing and it is normal to breathe through the nose rather than the mouth. From the nostrils two tunnels run to the back of the nose to an area called the posterior nasal space. The posterior nasal space then communicates with the back of the throat and in this way breathing via the nostrils allows air to pass through the nose tunnels and down the back of the throat to the airway and lungs.

In children the posterior nasal space has adenoidal tissue. As the child grows the space enlarges and therefore the adenoidal tissue becomes smaller. As adults, it is unusual to have persistent adenoidal tissue. In children the nose can easily block and often this is related to the adenoidal tissue and the tonsils. When the nose is blocked, the patient is then forced to either breathe through the mouth or alternatively is forced to breathe through a reduced airway of the nose. This results in snoring,

disturbed sleep, mouth breathing and the retention of mucous in the nose.

Children with this problem, therefore, often have a runny, mucky nose. The inferior turbinates are humidifying scrolls which come off the wall of the inside of the nose. They are natural anatomy of the inside of the nose. However they can swell up enormously. When these swell up, they further block the nasal cavity.



The aim of removing adenoids and cauterising inferior turbinates is to improve the airflow through the nasal cavity by reducing the bulk of these tissues.

In this way, there is an improved airflow through the nose and as a result the child breathes better, has less snoring and less mucous within the nasal cavity.

The Surgery

The surgery is done under a general anaesthetic (patient asleep). It is generally done as a day case. Cauterisation of the inferior turbinates is done via the nose. A small insulated needle is inserted into the turbinates and then a current applied which causes a burn inside the bulk of the turbinates. This causes scarring. The scarring generally cannot be seen as it is on the inside of the nose. Scar tissue, as seen in burn patients, undergoes contraction. In this circumstance we utilise this occurrence as the scar tissue shrinks down the tissue and therefore provides more airway.

The removal of the adenoids from the posterior nasal space is done via the mouth. The tissue is curetted out of the posterior nasal space and so removing a mass of obstructing tissue.

All correspondence to
Yarraville Specialist Centre
277 Somerville Road
Yarraville Vic 3013
Telephone: (03) 9314 9100
Fax: (03) 9314 9125

Provider No. 081077NT

w w w . g l e n n w a t s o n . c o m . a u

The Healthcare Centre
185a – 189 Princes Drive
Morwell Vic 3840
Telephone: (03) 5133 9966
Fax: (03) 5134 6635

Provider No. 4029504A

Possible Complications of this Surgery

All surgical procedures have possible complications. General problems of surgery include pain and discomfort, nausea and vomiting and possible reaction to anaesthetic medications provided. Other potential problems are associated with healing and infection, particularly in patients with other problems such as diabetes.

Specific Risks of Adenoid Surgery

The risks of adenoid surgery are low but the main risk is that of bleeding whether immediately after the removal of the adenoids or alternatively approximately up to a week or ten days after the operative procedure. Removal of the adenoidal tissue leaves a raw area in the back of the posterior nasal space which subsequently heals up.

The risk of bleeding from the adenoids is less than 1%, meaning there is a 99% chance that the child will have no problems from bleeding. If bleeding does occur, then the patient may need a return to the operating theatre to cease the bleeding. Very rarely are more detailed surgical procedures required to stop bleeding such as cauterising the bleeding tissue or alternatively the packing of the back of the nose.

With the removal of adenoidal tissue, there can be a change in the voice of a child. This is due to the fact that the mass of tissue that has been blocking the posterior nose changes the resonance of the voice in a similar way to a trumpet player changing the note by changing the volume of the trumpet. With the removal of adenoidal tissue the note can change and therefore the voice can become higher in its tone. This is usually not a problem to a child. Very rarely there can be some gas escape through the nose and the voice can be somewhat breathy in quality. This is called Velopharyngeal insufficiency. Once again this is due to the removal of the tissue from the back of the nose allowing air to escape up through the nose rather than via the mouth during speech. Sometimes this requires some speech therapy to improve this.

Specific Risks for Cauterisation of the Inferior Turbinates

When inferior turbinates are cauterised, they swell for approximately ten days to a fortnight. During this time, the nose may produce a lot of mucus and be blocked. As the scar tissue forms which takes a few weeks, the nose opens up to an improved airway. Very occasionally with the cauterisation of the turbinate, some bleeding can occur. Rarely there can be some inflammation and tissue damage around the nostril. This heals well without any consequence.

General Information

Discharge from hospital is usually done on the day of surgery. If you are an adult having this procedure then please arrange for someone to take you home after your operation. You will not be able to drive.

A salt water nasal spray may be prescribed along with an antibiotic to keep the nose clean and reduce infection. Occasionally a nasal cream can be supplied to apply around the nostrils to prevent excoriation of the nostrils due to the mucus in the nose. It is recommended for a child to be at home

for approximately 3 days after the operation. Any concerns are to be reported to Mr Watson.

If severe bleeding does occur, then call an ambulance so your child may be assessed in the emergency department.

Post Operative Information

- Generally rest at home for approximately 3 days.
- Adenoidectomy is usually not very painful, so simple pain relief such as Panadol is recommended, no Aspirin based medications. Nurofen can be used as an alternative to Panadol however Panadol is always a better first line drug.
- Some nasal discharge (sometimes blood stain) occurs. This is normal. If severe contact Mr Watson or attend the Emergency Department of your hospital.
- Usual diet as tolerated. Sometimes patients feel nauseated or vomit after an anaesthetic.
- A blocked nose is to be expected. The use of a salt water nasal spray (eg FLO) will help.
- After a SMD it may look like cotton wool is in the nose. There certainly is not despite this appearance.

Please read this entire document carefully and if there is anything which is not understood, then Mr Watson would like you to reschedule another appointment with him to discuss your concerns or questions.

All correspondence to
Yarraville Specialist Centre
277 Somerville Road
Yarraville Vic 3013
Telephone: (03) 9314 9100
Fax: (03) 9314 9125

Provider No. 081077NT

www.glennwatson.com.au

The Healthcare Centre
185a – 189 Princes Drive
Morwell Vic 3840
Telephone: (03) 5133 9966
Fax: (03) 5134 6635

Provider No. 4029504A