

Adenoidectomy

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Adenoid tissue can be removed alone or in conjunction with a tonsillectomy . The indications for adenoidectomy are: /uni25CF OSA associated with postnasal obstruction; /uni25CF recurrent acute otitis media or prolonged serous otitis me - dia, usually longer than 3 months' duration; /uni25CF recurrent rhinosinusitis*; /uni25CF postnasal discharge*. Operative technique With the patient placed in a supine position with the neck in a neutral position, the adenoid tissue is removed with a guarded curette pressed against the roof of the nasopharynx before sweeping downwards to deliver the excised adenoid into the oropharynx (Figures 52.18 and 52.19). A postnasal swab is placed into the nasopharynx until all haemorrhage has ceased. A mirror can be used to guide the direction of the adenoid curette. Alternatively , suction monopolar diathermy or a coblator may be used to remove adenoid tissue. Reactionary or secondary haemorrhage during the recov - ery period may require a nasopharyngeal pack under a further anaesthetic. This can occasionally cause respiratory depression is required while in children and adults, and strict observation the pack is in place.

*Relative indications

Figure 52.18 St Clair Thomson adenoid curette. Figure 52.19 Curettage of the adenoid.

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