

## Removing adenoids using heat and suction

*NICE 'HealthTech guidance' advises the NHS on when and how new procedures can be used in clinical practice.*

This leaflet is about when and how heat and suction can be used in the NHS to remove a child's adenoids. It explains guidance (advice) from NICE (the National Institute for Health and Clinical Excellence).

This HealthTech guidance makes recommendations on the safety of a procedure and how well it works. An interventional procedure is a test, treatment or surgery that involves a cut or puncture of the skin, or an endoscope to look inside the body, or energy sources such as X-rays, heat or ultrasound. The guidance does not cover whether or not the NHS should fund a procedure. Decisions about funding are taken by local NHS bodies (primary care trusts and hospital trusts) after considering how well the procedure works and whether it represents value for money for the NHS.

This leaflet is written to help parents or carers whose children have been offered this procedure to decide whether to agree (consent) to it or not. It does not describe adenoid problems or the procedure in detail – a member of your child's healthcare team should also give you full information and advice about these. The leaflet includes some questions you may want to ask your child's doctor to help you reach a decision. Some sources of further information and support are on page 6.



Corporate member of  
Plain English Campaign.  
Committed to clearer communication.

197

### What has NICE said?

This procedure can be offered routinely as a treatment option for children who need their adenoids removing, provided that doctors are sure that:

- the child's parent or carer understands what is involved and agrees to the treatment, and
- the results of the procedure are monitored.

NICE has said that this procedure should only be carried out by surgeons trained in the technique because heat damage to surrounding tissues can, rarely, cause Grisel's syndrome.

*This procedure may not be the only way of removing a child's adenoids.*

*Your child's healthcare team should talk to you about whether it is suitable for your child and about any other treatment options available.*

### Removing adenoids using heat and suction

The medical name for this procedure is 'suction diathermy adenoidectomy'.

The procedure is not described in detail here – please talk to your child's specialist for a full description.

Adenoids are two small lumps of tissue at the back of the throat, near the tonsils. They normally help fight ear, nose and throat infections in young children. Adenoids are largest in young children and usually disappear by early adulthood.

An adenoidectomy is an operation to remove the adenoids. It is usually done if the adenoids become so enlarged that children cannot breathe through their noses properly, or if they are thought to be causing health problems such as 'glue ear'. Removal of the adenoids is often combined with tonsillectomy and/or grommet insertion. Procedures to remove a child's adenoids are always done with the child under a

general anaesthetic. The surgeon usually uses a cutting (curette) instrument to remove the adenoids from the back of the throat through the mouth. The procedure that NICE has looked at also involves accessing the adenoids through the mouth, but uses heat (generated by an electric current) and suction to destroy and then remove the adenoid tissue, with the aim of minimising bleeding.



### What does this mean for me?

NICE has said that this procedure is safe enough and works well enough for use in the NHS. If your child's doctor thinks this is a suitable treatment option for your child, he or she should still make sure you understand the benefits and risks before asking you to agree to it.

### You may want to ask the questions below

- What does the procedure involve?
- What are the benefits my child might get?
- How good are my child's chances of getting those benefits?  
Could having the procedure make my child feel worse?
- Are there alternative procedures?
- What are the risks of the procedure?
- Are the risks minor or serious? How likely are they to happen?
- What care will my child need after the operation?
- What happens if something goes wrong?
- What may happen if my child doesn't have the procedure?



Corporate member of  
Plain English Campaign  
Committed to clearer communication.

**197**

*You might decide to have this procedure, to have a different procedure, or not to have a procedure at all.*

## **Summary of possible benefits and risks**

Some of the benefits and risks seen in the studies considered by NICE are briefly described below. NICE looked at 5 studies on this procedure.

## **How well does the procedure work?**

In a study of 2252 patients who underwent adenoidectomy, the procedure was successful in 1721 of the 1812 patients treated by heat (diathermy) and suction. A study of 100 patients showed that more adenoid tissue was removed with the heat and suction procedure than with the traditional procedure. A study of 126 patients reported that both ways of removing the adenoids (suction diathermy and curette) resulted in reduced symptoms.

As well as looking at these studies, NICE also asked expert advisers for their views. These advisers are clinical specialists in this field of medicine. The advisers said that success factors are reduced blood loss (especially important in small children), complete removal of adenoid tissue and relief of symptoms (for example, infection and sleep apnoea, which is when breathing is interrupted during sleep).

## **Risks and possible problems**

In the study of 2522 patients, the average blood loss after the heat and suction technique was 4.31 ml (359 patients), compared with an average 24 ml (139 patients) after the standard curette technique.

Two studies looked at bleeding after the procedure. In 1 study there was no bleeding reported in the 77 patients who had the heat and suction technique, whereas 7 out of the 72 patients who had the standard technique had bleeding.

In a study of 276 patients, a similar number of patients from each group had neck stiffness after the procedure (8 out of 93 patients who had the



Corporate member of  
Plain English Campaign.  
Committed to clearer communication.

**197**

heat and suction technique and 8 out of 84 patients who had the standard curette technique).

In a study of 1206 patients a rare neck condition, Grisel's syndrome, was reported in 1 patient. There was also a case report of this occurring in another child. The condition resolved after 3 weeks in 1 patient but the other patient had a reduced range of neck movement at 9-month follow-up. One child developed a different neck problem but it got better after 4 weeks of medical treatment.

Two studies reported problems with the soft palate of the mouth after the procedure (not closing properly during speech and swallowing). In 1 study this happened in 16 out of 1206 patients. This resolved within 6 months in all but 1 patient. In another study this happened in 3 out of 68 patients who had the heat and suction technique and in 4 out of 58 patients who had the standard curette technique. This resolved in all patients within 4 weeks. As well as looking at these studies, NICE also asked expert advisers for their views. These advisers are clinical specialists in this field of medicine. The advisers said that possible problems include Grisel's syndrome (affecting the bones in the neck), heat damage, burns, scarring and infection.

### More information about adenoids

NHS Choices ([www.nhs.uk](http://www.nhs.uk)) may be a good place to find out more. Your local patient advice and liaison service (usually known as PALS) may also be able to give you further information and support.



Corporate member of  
Plain English Campaign.  
Committed to clearer communication.

**197**

## About NICE

NICE produces guidance (advice) for the NHS about preventing, diagnosing and treating different medical conditions. The guidance is written by independent experts including healthcare professionals and people representing patients and carers. They consider how well an interventional procedure works and how safe it is, and ask the opinions of expert advisers. This guidance applies to the whole of the NHS in England, Wales, Scotland and Northern Ireland. Staff working in the NHS are expected to follow this guidance.

*To find out more about NICE, its work and how it reaches decisions, see [www.nice.org.uk/aboutguidance](http://www.nice.org.uk/aboutguidance)*

*This leaflet is about 'suction diathermy adenoidectomy'. This leaflet and the full guidance aimed at healthcare professionals are available at [www.nice.org.uk/HTG209](http://www.nice.org.uk/HTG209)*

*You can order printed copies of this leaflet from NICE publications (phone 0845 003 7783 or email [publications@nice.org.uk](mailto:publications@nice.org.uk) and quote reference N2065). The NICE website has a screen reader service called Browsealoud, which allows you to listen to our guidance. Click on the Browsealoud logo on the NICE website to use this service.*

*We encourage voluntary organisations, NHS organisations and clinicians to use text from this booklet in their own information about this procedure.*



Corporate member of  
Plain English Campaign.  
Committed to clearer communication.

**197**

**National Institute for Health and Clinical Excellence**

MidCity Place, 71 High Holborn, London, WC1V 6NA; [www.nice.org.uk](http://www.nice.org.uk)

ISBN 978-1-4731-8106-9

N2065 1P Dec 09

© National Institute for Health and Clinical Excellence, 2009. All rights reserved. This material may be freely reproduced for educational and not-for-profit purposes. No reproduction by or for commercial organisations, or for commercial purposes, is allowed without the express written permission of NICE.



Corporate member of  
Plain English Campaign.  
Committed to clearer communication.

**197**