

Adenoidectomy

What are adenoids?

The adenoids are small pads of tissue found behind the back of the nose about the throat. They cannot be seen by looking in the mouth. Adenoids can become very large and block the Eustachian tubes (the tubes from the middle ears to the back of the nose) and cause ear infections. Large adenoids can block the nasal airway causing your child to breathe through his / her mouth and snore at night. Adenoids can become infected and carry germs (bacteria).

Why should the adenoids be removed?

- **Blocked-up nose:** Very large adenoids can block the nasal passages. This causes snoring and keeps your child from being able to breathe through his / her nose. Severe blocking may lead to more serious problems (such as apnea and heart problems). Removing the adenoids lets the child breathe normally through the nose.
- **Recurring ear infections:** Very large adenoids can block the Eustachian tube and lead to ear infections or the failure of ear infections to clear. If a child has surgery to place PE (pressure-equalizing) tubes in the eardrums at the same time the adenoids are taken out, it can help prevent recurring ear infections.

How long will it take to recover?

Most children are back to normal within 24 hours after surgery. Some children take a few days to recover. More snoring or nasal congestion is normal and is caused by temporary swelling in the back of the nose. Bad breath is also normal and is caused by the scabs that form after surgery. The snoring, congestion, and bad breath should be gone within 10 to 14 days after surgery. There should be no bleeding from the mouth or nose after surgery.

Discharge instructions after surgery

1. **Pain medication** – Most children have little pain after the operation. Most of the pain will be toward the back of the neck. Your child may have a sore throat or headache for a few days. Give regular doses of pain medication (use any acetaminophen medicine, such as Tylenol) 4 to 5 times a day for a week. If you child has severe pain, use the prescription pain medication as labeled. **DO NOT USE ASPIRIN OR IBUPROFEN** because these medicines increase the chance of bleeding. You can also have your child suck on ice chips or chew gum.
2. **Fever medication** – A fever between 99F (35.7C) and 101F (38.4C) is normal for a few days after surgery and can be treated with acetaminophen.
3. **Diet** – Begin giving your child cool, clear liquids as soon as he / she wants to drink. Popsicles are good. Gradually add foods that your child feels like eating until the diet is back to normal. Your child may feel sick to her stomach, throws

up, or feel tired and cranky. This should get better within a few hours. Occasionally nausea and vomiting are caused by the codeine in the prescribed pain medication.

4. **Activity** – It is best for your child to rest at home for the first 1 to 2 days after surgery. Normal activities can start as soon as your child feels up to it. There is no rule for the right time to go back to school, but a guideline is 2 to 4 days. Your child should not play rough or play contact sports until 14 days after the surgery.

5. **Other medications**

- For pain or fever over 102F (39C) give
- _____
- _____
- _____

6. **Additional instructions**

- _____
- _____
- _____

7. **Follow-up appointment after discharge**

Your child needs to be rechecked and has an appointment on

Call our office immediately if:

- There is any bleeding from the mouth or nose
- Your child's fever goes over 102F(39C)
- There are any signs of dehydration
- Your child has been vomiting more than 12 hours

Call our office – during office hours if:

- Your child's fever lasts more than 3 days
- You have other concerns or questions

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