

POST OPERATIVE INSTRUCTIONS

PEDIATRIC ADENOIDECTOMY

WHAT ARE ADENOIDS? The adenoids are a pad of tissue located behind the nose in the throat, and cannot be seen by looking into the mouth. Adenoids can become enlarged and block the eustachian tube or the nasal airway. Adenoids can also become a reservoir for bacteria.

REASONS FOR AN ADENOIDECTOMY:

1. Nasal Obstruction: Enlarged adenoids can block the nasal airway and lead to mouth breathing and snoring. An adenoidectomy restores the nasal airway and allows the child to breathe through the nose normally.
2. Chronic Otitis Media: Enlarged adenoids can block the eustachian tube or allow bacteria to enter the eustachian tube and lead to ear infections. Research studies have shown that an adenoidectomy may be effective in addition to PE tube insertion in the treatment of chronic otitis media.

PREOPERATIVE CARE: No aspirin products (including Pepto Bismol), or products containing Ginkgo Biloba and/or St. John's Wort should be given for two weeks before surgery or two weeks after surgery. No ibuprofen products (Children's Motrin, Children's Advil, etc.) or any anti-inflammatory medications (Naprosyn, Aleve, Celebrex, etc.) should be given one week prior to surgery. Acetaminophen (Tylenol, Tempra, Panadol) may be given as well as over-the-counter cold medications and antibiotics. Please notify your doctor if there is a family history of bleeding tendencies or if the child tends to bruise easily.

THE SURGERY: An adenoidectomy is performed on an outpatient basis under general anesthesia. The surgery takes 20-30 minutes, and the child remains at the hospital 1-2 hours afterward.

POSTOPERATIVE CARE: Most children are back to normal within 24 hours of surgery. Some children take a few days to recover. Snoring will continue or can develop along with nasal congestion and nasal drainage. This is due to swelling in the back of the nose where the adenoids were removed. Bad breath is also normal and is caused by scabs that form after surgery. All of these symptoms are usually gone within 10-14 days.

PAIN: Most children have little pain. Some children may experience a sore throat, headache, or ear pain for a few days, which is usually relieved with acetaminophen (Tylenol, Tempra, Panadol).

FEVER: A low grade fever is normal for a few days after surgery, and an acetaminophen (Tylenol, Tempra, Panadol) should be given. Please call the office if the temperature is over 102°F.

NAUSEA AND VOMITING: Some children may experience nausea, vomiting, or fatigue from the general anesthetic. This should resolve within a few hours. Please call the office if nausea and vomiting persist for more than 6-12 hours.

DIET: Begin with a clear liquid diet, progress to a light diet, and then to a normal diet as your child feels like eating. Your doctor will notify you of any restrictions.

FOLLOW-UP: The child will need to be seen **3 weeks** after the surgery. Call the office to make an appointment. If there are problems or questions before that time, call the office at **301-774-0074**.