

# Children's Ear Nose & Throat Center

Sub-specialists of Dell Children's Medical Center of Central Texas

A member of the  Seton Healthcare Family

Phone (512) 324-2720 • Fax (512) 324-2724  
After Hours (512) 458-1121

## ADENOIDECTOMY

We appreciate the opportunity to care for your child. Please review this sheet as it will help you know what to expect for your child's surgery. Please do not hesitate to call us if you have any questions or concerns.

**WHAT ARE THE ADENOIDS?** The adenoids are a pad of tissue located behind the nose in the throat. They 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 ADENOIDECTOMY:

**Nasal Blockage:** Enlarged adenoids can block the nasal airway and lead to mouth breathing and snoring. This blockage can also lead to recurrent sinus infections. An adenoidectomy restores the nasal airway and allows normal breathing through the nose.

**Ear Infections:** Enlarged adenoids can block the eustachian tube which connects the ear to the nose or allow bacteria to enter the eustachian tube leading to ear infections. Research studies have shown that an adenoidectomy may be effective in addition to PE tube insertion in the treatment of ear infections.

### THE SURGERY

An adenoidectomy is usually performed under general anesthesia. The surgery takes 20-30 minutes and the child remains at the hospital for 1-2 hours afterward.

### PRE-OPERATIVE CARE

- Avoid aspirin products (including Pepto-Bismol) or products containing Ginkgo Biloba or St. John's Wort for two weeks prior to surgery.
- Acetaminophen (Tylenol) 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.

### POST-OPERATIVE INSTRUCTIONS

1. **Activity:** Your child should rest at home the day of the surgery. The postoperative course for this surgery is variable; most children will resume normal activities the next day (including returning to daycare or school), but some may experience generalized fatigue and want to rest a day or two after surgery.
2. **Breathing:** Most children will experience nasal congestion and sometimes nasal drainage after an adenoidectomy. This is a common and normal side effect of the procedure and can last up to two weeks, although it is usually significantly better after the first week post-operatively.

You should use normal saline spray 2-3 times per day to help with this. In cases of persistent congestion that interferes with your child's ability to eat or sleep, we will recommend a nasal decongestant to be used on a limited basis. Please call our office if this is the case and we will further assist you.

3. Pain: Many children will complain of a vague "headache", occipital pain (in the back of the head or base of the skull), ear pain or neck discomfort or stiffness. This is related to the location of the adenoids and will usually be relieved by Motrin (ibuprofen) or Tylenol (acetaminophen). A warm, moist heat compress and massage will also help with neck stiffness. Please let us know if this does not control your child's pain.

4. Fever: A low grade fever is normal for a few days after surgery and acetaminophen (Tylenol) should be given

5. Diet: Begin with a clear liquid diet, progress to a light diet, and then to a normal diet as your child feels like eating. Encouragement of fluids and nutritious foods will help them feel better and aid in the healing process. Some children experience nausea and vomiting from the general anesthetic. This should resolve within a few hours.

6. In some cases, the child's voice may sound nasal and/or liquid may come out of the nose when drinking. All of these symptoms usually resolve within 10-14 days. If it does not stop, please contact your physician.

**WHEN TO CALL OUR OFFICE** Please call the office or after hours number if your child:

- Has a temperature of over 102 F that does not come down with Motrin or Tylenol
- Has persistent vomiting or is unable to drink fluids
- Has bleeding from the nose or down the throat
- Has discomfort unrelieved by the pain reliever

**FOLLOW-UP** We do not need to see the child in our office for follow-up unless by parent request or there is a concern. If your child had any other procedure performed at the same time (e.g., ear tubes), you will need to schedule a follow-up appointment.