

adenoidectomy

what are 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 an adenoidectomy

- **nasal obstruction:** Enlarged adenoids can block the nasal airway and lead to mouth breathing and snoring. An adenoidectomy restores the nasal airway and allows normal breathing through the nose.
- **chronic otitis media:** Enlarged adenoids can block the Eustachian tube or allow bacteria to end 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 medication (including Pepto Bismol) or products containing Gingko Biloba or S. John's Wort should be given for 2 weeks before surgery. No ibuprofen medications (Advil, Motrin) or anti-inflammatory medications (Aleve, Naprosyn) should be given for 1 week before surgery. None of these medications should or products should be given for 2 weeks *after* surgery except for ibuprofen (Advil, Motrin) which has no restrictions after surgery. Acetaminophen (Tylenol) may be given. Please notify the office nurse if there is a family history of bleeding tendencies or if your child tends to bruise easily.

the surgery

An adenoidectomy is usually performed under general anesthesia as an outpatient. The surgery takes 10-20 minutes and children remain at the hospital 1-2 hours afterwards.

postoperative care

Most children are back to normal within 24 hours of surgery. Some children take a few days to recover. Snoring and mouth breathing 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.



bleeding

There should not be any bleeding from the mouth or nose after surgery. If bleeding occurs, go to Dayton Children's Hospital emergency department, to be examined by the ENT doctor on call. Do not go to urgent care as there are no ENT doctors there.

nausea and vomiting

Some children have nausea and vomiting from the general anesthetic. This should stop within a few hours. Please call the office nurse if nausea and vomiting continues for more than 12-24 hours.

fever

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

pain

Most children have little pain after surgery. Some children have a sore throat, headache or ear pain for a few days which is usually relieved with acetaminophen (Tylenol). Starting 24 hours after surgery, ibuprofen (Advil, Motrin) may be given. Please call the office nurse if the pain is severe or is not relieved with acetaminophen (Tylenol) or ibuprofen (Advil, Motrin.)

diet

Begin with a clear liquid diet, progress to a light diet and then to a normal diet as your child feels like eating.

activities

Normal activities may be resumed as soon as your child feels up to it. Your doctor will notify you of any restrictions.

follow up

If your doctor recommends a postoperative appointment 4-6 weeks after surgery, call the office soon after surgery to schedule the appointment. Please call the office nurse with any questions or concerns.

Advanced Pediatric ENT

Ravindra Elluru, MD, PhD

Abigail Riedel, CPNP

937-641-4647

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