Adenoidecctomy

Patient Information

Introduction
Adenoidecctomy (removal of the adenoids) has been performed for many years and many methods exist for their removal including electrocautery, coblation, and various shavers. Each technique is surgeon and patient dependent. Adenoids may be removed for infectious reasons (adenoiditis), sleep disturbance (obstructive sleep apnea), nasal obstruction (adenoid hypertrophy), or in conjunction with ear tube placement.

How can I prepare my child for surgery?
The operation requires general anesthesia by an anesthesiologist which is initially administered by a mask. One parent may accompany the child in the operating room. It is important to discuss the surgery and hospital with your child as this may otherwise be frightening. When your child wakes up from surgery you will be allowed to visit in the recovery room. There are many excellent books available that may help prepare your child for the operating room. One recommendation is “Curious George Goes to the Hospital” by Margaret Rey.

Avoid aspirin or NSAIDS (Ibuprofen, Advil, Motrin, Aleve, Naprosyn, etc.) for 7 – 10 days prior to surgery. If your child has any pain or headache during this period, please use acetaminophen (Tylenol).

What are the possible risks and complications of adenoidectomy?

Bleeding. Bleeding is the most serious complication and occurs in less than 1% of cases. This may be managed in the office, or in some instances requires re-admission to the hospital for observation or a return to the operating room for control of bleeding. Bleeding tends to occur 5 – 10 days after the operation when the scab falls off.

Infection. Any surgical endeavor carries the risk of infection due to manipulation of the native tissues. The mouth is normally colonized with bacteria. If an infection develops after surgery it will be treated with appropriate antibiotics.

Pain. Any surgical endeavor carries the risk of pain. Mild pain or discomfort occurs to some degree in most patients undergoing adenoidecctomy. The duration and severity of pain varies among patients. Patients may also complain of an earache or neck pain/stiffness due to irritation of the neck muscles/ligaments or Eustachian tube. However, if the pain is out of proportion to what you expect, please contact your surgeon. Pain medication will be prescribed post-operatively.

Change in Voice. There may be a change in voice which is often described as squeaky or high-pitched. This is usually temporary and tends to go away within 6 weeks.

Velopharyngeal Insufficiency (VPI). Reflux of food out of the nose during swallowing may occur. If VPI does occur it is most often temporary, but in extremely rare instances permanent VPI has been reported. Regrowth of the Adenoids. Although rare (less than 5%), potential regrowth of adenoid tissue exists. While adenoid regrowth has been reported, it is extremely rare for this new adenoid tissue to cause additional problems.

Anesthesia Risks. Adenoidecctomy is performed under general anesthesia and carries its associated risks. Adverse reactions to general anesthesia should be discussed with the anesthesiologist.
Post-Operative Care Instructions

- During the first post-operative week patients may experience mild throat, ear, or neck pain/discomfort. This is quite normal and may fluctuate. Pain may get worse before it gets better. Progressive recovery can be expected in 3 - 5 days. However, if the pain is out of proportion to what you expect, please contact your surgeon.
- During the first 24 hours some tongue and uvula swelling and numbness may occur. This slowly resolves.
- Allow sufficient time to recuperate and increase activities during the first post-operative week as tolerated. It is not unusual to miss a few days of school or work.
- Take pain medication as prescribed. DO NOT TAKE ASPIRIN OR NSAIDS (Ibuprofen, Advil, Motrin, Aleve, Naprosyn, etc.), AS THESE INCREASE THE RISK OF BLEEDING. Codeine (or other opiates) may cause nausea, vomiting, and constipation. If so, many patients will use regular acetaminophen (Tylenol) with some relief.
- Drink plenty of fluids (water, juice, dairy products, broth, ice pops, etc). Avoid citrus drinks (orange, lemonade, grapefruit, etc.), hot beverages (i.e. coffee), or carbonated beverages (soda) as these may cause discomfort and irritate the healing process.
- Advance your diet as tolerated. Start with soft foods and advance to more solid foods when ready.
- Good oral hygiene is important. Brush your teeth 3 times per day. DO NOT GARGLE.
- Do not be alarmed by the presence of blood-tinged mucus or saliva, which is normal. However, IF THERE IS PERSISTENT BLEEDING FROM THE THROAT OR NOSE, CONTACT OUR OFFICE IMMEDIATELY.
- Note any elevation in temperature. CALL OUR OFFICE IF OVER 101.5°F.
- There may be some increase in mucus production in the nose. This is part of the normal recovery process. If there is a significant amount of mucus or crusting you may use nasal saline spray (any brand) 2 to 3 sprays gently into each nostril 3 times per day.
- It is not unusual to develop temporary bad breath after surgery. This is due to mucus dripping into the mouth and throat as the surgical site heals. Maintain good oral hygiene and this will resolve as healing progresses.
- It is not unusual for the nose to remain congested or for snoring to persist immediately after surgery. This is part of the normal recovery process. As swelling resolves and healing occurs, the nasal passage ways will become more open.
- Please schedule your post-operative visit for approximately 2 to 3 weeks after the operation, or as otherwise recommended by your surgeon. This is important so that we may evaluate your progress.
- Please call the office (973-644-0808) at any time if you have any questions or concerns.

**In the event that you experience a medical emergency or are unable to contact the office, please go to the nearest Emergency Room.**