

## **Operative Instructions Adenoidectomy**

### **What are the Adenoids?**

The adenoid bed is a pad of lymphatic tissue located very high in the throat, behind the soft palate. They cannot be seen by looking into the mouth.

### **Most common reasons for Adenoidectomy:**

1. Upper airway obstruction: Enlarged adenoids can block the airway causing difficulty breathing, especially during sleep.
2. Recurrent infections: The adenoids can be a reservoir for bacteria and cause recurrent ear infections. They can also block the Eustachian tube (the tube that naturally drains the ear) and prevent the ear from draining.

### **Preoperative care:**

No aspirin or Pepto-Bismol for one week before. Please notify your doctor if there is any family history of bleeding or clotting problems, a history of bleeding or clotting problems with the patient or the patient is taking any blood thinners.

### **The Surgery:**

The surgery takes 30-60 minutes. The child usually remains at the hospital for 2-4 hours after surgery, until they are recovered from the anesthetic.

### **Postoperative Care:**

- Most children are back to normal within 24 hours of the surgery.
- Drinking- The most important part of recovery is to drink plenty of fluids. Some children are reluctant to drink because of pain. Offer and encourage fluids frequently such as juice, soft drinks, popsicles, Jell-O, pudding, yogurt and ice-cream. Please call the office if you are worried that your child is not drinking enough or if there are signs of dehydration (such as: urination less than 2-3 times per day, crying, but no tears). Occasionally, when drinking, children may have a small amount of the liquid come out the nose. This should resolve within a few weeks.
- Nausea/ Vomiting- Some children experience nausea and vomiting from the general anesthetic. This occasionally occurs during the first 24 hours after surgery and usually resolves on its own. In the first 24 hours, if vomiting occurs, there may be small amounts of fresh blood (bright red) mixed with old blood that is dark like coffee grounds. This is normal. If at any time after the first 24 hours, there is bright red vomit, black vomit, or if it appears like coffee grounds, this may be a sign of bleeding and swallowing the blood. If this occurs, please contact the office immediately.
- Eating- The sooner eating and chewing are resumed, the quicker the recovery. All food that is eaten must be somewhat soft, nothing with a crust or an edge. Foods to avoid would be things like toast, steak, raw vegetables, chips, pretzels, pizza, dry cereal, and dry crackers. Most children do not want to eat these foods anyway after surgery. Good foods to offer your child would be

things like soup, noodles, applesauce, mashed potatoes, and any of the liquids mentioned above. Many children are reluctant to eat because of pain. Make sure they are getting their pain medication as directed. As long as drinking is good, don't worry so much about eating.

- Fever- A low grade fever is normal for several days after surgery. Please call the office if the temperature is over 102°F.

- Activity- Most children rest at home for a day after surgery. Activity may be increased, as the child desires. Generally, children may return to school when they are eating and drinking normally, off pain medication, and sleeping through the night. This is 1-3 days for most children. Your child should not run, bike, swim or participate in gym class for 14 days after surgery. Please do not travel away from the Denver metro area for 2 weeks after surgery.

- Breathing- Snoring and mouth breathing are normal after surgery because of swelling. Normal breathing should resume 10-14 days after surgery.

- Bleeding- Immediately after the surgery, you may see some blood tinged saliva or nasal drainage, but it should be minimal. Once you are home there should be no bleeding. Although bleeding is unusual after the surgery, if any bleeding occurs, ask the child to rinse out the mouth with ice cold water and re-check. If there are no signs of bleeding, keep activity to a minimum and check again periodically. If the bleeding continues, call our office immediately. If you reach the answering service, have the on-call physician paged. If you do not receive a return call within 10-15 minutes, or if you are afraid to wait, you can go to the nearest emergency room. If you are alone with your child and do not feel safe driving please call 911.

- Pain- Most children experience a minimal amount of pain after surgery. Many children also complain of earache. The same nerve that goes to the throat goes to the ears and stimulation of this nerve may feel like an earache. The severity of pain may fluctuate during recovery from mild to very moderate; and may last up to 7 days. Dr. Dickey will recommend a liquid pain medicine for your child which should be given on a regular basis to not only treat the existing pain, but also to keep the child from developing pain, and to allow them to swallow easily to keep them hydrated.

- Brushing the teeth is acceptable (watch the back of the throat), but patients should not gargle or use mouthwash.