

Adenoidectomy is the removal of the adenoid tissue from the back of the nose. Adenoid tissue helps fight infection that may enter the body through the nose. Sometimes in children the adenoid tissue becomes a source of infection or interferes with breathing. Enlarged adenoids can aggravate and/or mimic the symptoms of sinusitis. Enlarged adenoids can also contribute to problems with ear infections because of close proximity to the Eustachian tube openings. The growth of your child's facial structures can also be affected by enlarged adenoids because of chronic mouth breathing. This in turn can lead to dental problems.

What to expect the day of surgery?

Your child should not eat or drink anything usually for at least 8 hours prior to surgery. Please clarify this information with the surgery scheduler.

Your child will receive general anesthesia for the procedure. First, they will breathe the anesthetic by way of a mask. After your child is asleep, a breathing tube will be inserted by the anesthesiologist allowing the surgeon to work through your child's mouth. An IV will also be started after your child is sleeping.

Once the procedure is completed, your child will be taken to the recovery room where he/she will wake up and be monitored by a nurse. Most children are groggy and some become nauseated after general anesthesia. This is perfectly normal and will subside.

Important information following surgery:

Pain Control: Pain is normal following surgery. Usually children complain of a sore throat and earache after an adenoidectomy. Some children will complain about a sore tongue and/or neck discomfort. Pain is usually well controlled with Tylenol, Ibuprofen or a narcotic, depending on your child's age.

Eating: Because swallowing may be painful after surgery, your child's intake of food and liquids may start out poorly. Encourage your child to drink fluids the first few days following surgery. You may feed your child as tolerated as soon as possible. Start with softer foods first and progress to more regular foods when your child feels up to it.

Fever: A low-grade fever is normal following surgery. Regular Tylenol or Ibuprofen will likely help with this. Increase fluid intake if your child is starting to have fever. If your child's fever is above 102 and does not improve with Tylenol, please call our office.

Voice: You may notice a change in your child's voice following surgery. This change will usually return to normal within several weeks following surgery. In some cases, hyper nasal speech will persist and may require speech therapy to correct.

Activity: Travel by airplane or far away from a medical facility is not recommended for 3 weeks after surgery. Symptoms: Congestion, postnasal drip, foul smelling breath and cough are all normal for the first 7 to 10 days after an adenoidectomy. Coughing can be controlled with an OTC cough suppressant. If cough persists, please consult your child's primary care physician to rule out the possibility of a post anesthesia lung infection.

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Infection: Infection can occur after an adenoidectomy. This is rare. Your child may be placed on antibiotics postoperatively to help prevent infection.

Bleeding: Bleeding can occur within the first 2 weeks following an adenoidectomy. This is very rare. Please contact our office immediately at 210-733-4368 if you notice bright red blood coming out of your child's nose. If you are unable to reach our office, please proceed to the nearest Children's Emergency Room at Methodist Children's Hospital, Medical Center or NC Baptist Hospital in Stone Oak.

If you have any questions and/or concerns, please call our office immediately.



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