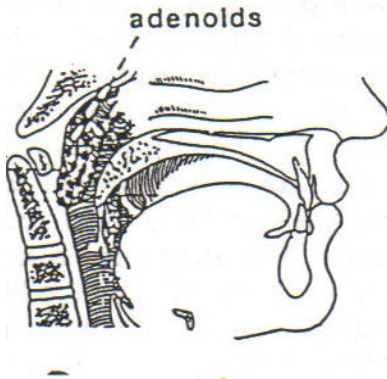


Adenoidectomy



Adenoids, like tonsils, are tissue made up of white blood cells which are the type of cells that help the body fight infection. The adenoids are behind the nose. Although experiments do show increased activity of the infection fighting cells in the adenoids during infection, this activity seems to be lost when the adenoids become large, or frequently infected. Studies have NOT shown any evidence that removal of the adenoids increases a person's risk for infection, other disease, or other health problems. (The adenoids usually absorb in the teen years and are thus absent in most adults.) Adenoids are usually removed when

they are enlarged and blocking the nasal passages or when they may be contributing to ear, sinus, or orthodontic problems. As with any surgery, there are some risks including a very small chance for bleeding, problems with anesthesia, or changes in the voice or swallowing. If you have questions about these **please call the office.**

Prior to Surgery

It is very important that the patient **avoid taking aspirin, Motrin, ibuprofen, Advil, Aleve or naproxen for two weeks before and a few days after surgery** as these thin the blood and increase the chance for bleeding after surgery. Tylenol (acetaminophen) may be taken as directed.

The Day of Surgery

On the day of surgery the patient should have nothing to eat or drink after midnight. CLEAR LIQUIDS THAT YOU CAN SEE THROUGH may be taken up to 6 hours prior to surgery, AFTER THAT NOTHING SHOULD BE TAKEN BY MOUTH, NOT EVEN WATER. Please check with your doctor to see if regular medication should be taken the morning of surgery. These should be taken with a minimal sip of water. **Failure to follow these directions may cause the anesthesiologist to cancel the surgery.**

You will need to arrive at the surgical facility well before the scheduled time of surgery. A day or two before surgery you will be called by someone from the surgical facility to tell you what time to arrive. After you arrive the nursing staff will take some information from you and someone from the anesthesia department will talk with you.

Parents, if the anesthesiologist allows, may go with their children to the operating room and stay with them while they go to sleep but not during the actual operation. If interested in this please request to do so as soon as you arrive to the surgical facility. Once in the operating room young children will go to sleep by breathing gas through a mask, they will then have an IV started. Older children and adults will usually have an IV started first, sometimes before going to the operating room. Once asleep, a breathing tube will be placed through the mouth. During surgery the patient will be kept completely asleep by breathing gas through this tube under the supervision of an anesthesiologist. Heart rhythm, blood pressure and oxygen levels will be closely monitored throughout the operation. The surgery is performed through the open mouth and takes about 30 minutes. The doctor will talk to you after surgery is done. **Please stay in the waiting room the whole time the patient is in surgery.** After surgery the patient will be in the recovery room for about 30 minutes. Parents *may* be able to sit with their child for part of this time. After this the family will stay with the patient in another recovery area for another 30 to 60 minutes. For some patients with certain medical conditions plans will be made ahead of time to stay overnight after surgery.

Once You Are Home

The patient should initially take liquids followed later in the day by more solid foods. A normal diet can usually be eaten later that day or certainly by the next day.

The patient will have some pain in the THROAT as well as in the EARS for a few days following surgery. **The "ear" pain** occurs because the adenoids sit straight in from the ears, not because there is a problem with the ears. The patient should take only Tylenol (acetaminophen) for pain. (follow label directions) The patient will also have **pain in the neck or a stiff neck for up to 10 days** after surgery since the adenoids sit on the neck muscles. As discussed above, do not take aspirin or aspirin like products such as Motrin, ibuprofen, Advil, Aleve, naproxen etc. for several days after surgery as this will thin the blood and increase the chance for, as well as the severity of, bleeding after surgery.

Strenuous activity should be avoided for 2 days after surgery as this will increase the risk of bleeding. It is ok to go to a movie, mall or be up and about the house during this time. The patient will usually miss school or work the day of and the day following surgery.

It is common to have some blood tinge in the saliva or nasal mucous after surgery. It is very unlikely for the patient to bleed significantly after surgery. Should any significant bleeding occur (spitting out clots or constant dripping) call the office day or night and your surgeon, or another Ear , Nose and Throat specialist, will return your call. In the unlikely event that you are unable to contact the doctor and if bleeding is significant then go to the emergency room.

Due to the bacteria in the throat there is always a low grade infection present during the healing phase of adenoidectomy. You will notice a fever (up to 101 or even 102) and quite foul breath for about ten days after surgery . Tylenol will help with the fever, (follow label directions). Although this will resolve on its own, if the patient is not allergic, he or she may be given a prescription for an antibiotic.

You may also notice some voice changes after surgery due to swelling and the removal of enlarged tissues. This will resolve on its own, usually in three to four weeks. If the voice seems abnormal for more than two months please call the office.

If you have questions or problems please call the office Please make an appointment now for your surgeon to check you in the office 3 to 4 weeks after surgery. There is no charge for this initial follow-up visit. Usually no further follow-up is needed.

Medications

___ Tylenol (acetamenophen) for pain follow label directions. Maximum dose of Tylenol for adults is 4000mg in 24 hours, for your child it is _____mg every 4 hours. Exceeding these doses may cause liver damage/failure. If you have questions on the dosing of Tylenol call the office or ask your pharmacist

___ Lortab elixir (Tylenol plus hydrocodone)_____ every 4 hours as needed for pain, may cause nausea or drowsiness

___ Norco (Tylenol plus hydrocodone) 1 or 2 tablets every 4 hours as needed for pain. May be crushed or broken in half to take. May cause nausea or drowsiness.

___ Amoxicillin _____ tsp tabs twice a day for 10 days

___ other medications as usual

Regretfully we cannot call in prescriptions for narcotics after hours or on weekends. You'll need to anticipate the need for refills or medication changes and call during business hours.

Ear Nose and Throat Center

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