

## **GENERAL INSTRUCTIONS FOR ADENOIDECTOMY**

### **INTRODUCTION:**

The adenoids are tonsil-like tissue located in the nasopharynx (back of nose and top of throat). Chronic infection in the adenoids may result in post nasal drainage, bad breath, cough, runny nose and/or sinus infections. Enlarged adenoids block the back of the nose and may cause nasal obstruction, snoring, mouth breathing and possibly dental/orthodontic abnormalities. Enlarged and chronically infected adenoids can also cause ear problems by (1) blocking the eustachian tube leading to middle ear fluid with or without hearing loss or by (2) spreading bacterial infection down the eustachian tube into the middle ear leading to recurrent ear infections.

The adenoids are removed surgically under general anesthesia. The procedure takes approximately 30 minutes. The operation is performed through the mouth by gently lifting the soft palate and scraping the adenoid tissue from its location at the back of the nose and the top of the throat. Bleeding is minimal and is controlled with an electric cautery. There is no visible scar. After the procedure is completed, your child will be taken to the recovery room for 15 to 30 minutes. Once fully awake, he/she will return to Outpatient Surgery. Your child can go home after 1 to 2 hours.

### **ADVANCE PREPARATION:**

Dr. Benke will give you a prescription for pain medicine and anti-nausea medication to use after surgery. Your child will also be given a 1 month post op appointment time. Please do not give your child any Ibuprofen or Children's Advil/Motrin for 7 days prior to surgery. Pre-registration needs to be done at least 3 days prior to your scheduled procedure. If your surgery is at Texas Health Cleburne, contact them at (817) 556-4251. If your surgery is at the Cleburne Surgical Center, you can contact them at 817-645-0811. The surgery facility will contact you with your arrival time.

### **DAY OF SURGERY:**

Dress your child in comfortable clothing that is easy to take off/put on. Do not give your child anything to eat or drink on the morning of surgery; however, bring a bottle or sippee cup with juice for after the operation. If your child has a fever (Temp = 101), productive cough or thick green nasal drainage on the morning of surgery, contact the surgery facility as soon as possible after 6:00 a.m. The operation may need to be rescheduled.

### **AT HOME:**

1. There may be some bloody drainage from the nose—this is normal and may last 24 to 48 hours. Gently clean the outside of the nose with a warm wash cloth.
2. Some blood may ooze into the throat, be swallowed and cause nausea/vomiting. Use the anti-nausea medicine as prescribed (Phenergan suppositories).
3. Discomfort is generally not severe and is relieved with use of the pain medicine. Use the pain medicine as prescribed.
4. A low grade fever is common on the day of surgery. The pain medicine contains Tylenol with a narcotic and should be sufficient to reduce the fever. If pain is not severe, use Tylenol alone for fever. Call the office if Temp = 102 or higher.
5. Bad breath is common and may last 10 to 14 days. It is related to the healing process.
6. Ear pain and stiffness in the neck may occur. This is also related to the healing process and will resolve in 10 to 14 days. Use Tylenol as needed.
7. Your child's voice may sound "different" for 10 to 14 days. This is due to swelling in the throat

muscles and will resolve as the swelling goes down and the muscles begin to work naturally again.

8. **DIET: FLUIDS ARE VERY IMPORTANT** to maintain adequate hydration and ensure rapid healing without complications. Mild, non-acidic juices (apple and apricot), soft puddings, and mashed foods are helpful to maintain adequate nutrition. Hot, spicy rough, and scratchy foods such as fresh fruits, toast, crackers, and potato chips should be avoided since they may scratch your child's healing throat and cause bleeding.
9. **ACTIVITY:** Rest for 3 days with no activity to elevate heart rate. Your child may return to school on Monday if surgery is done on a Friday, but should not participate in P.E. activities for 1 week after surgery. After that, advance activity as tolerated.