

**Activity:**

Most children rest at home for several days after surgery. In order to decrease the risk of bleeding during the healing period, activity should be limited for 5-7 days. Children should be restricted to quieter activities. Playing in large groups, contact sports, and rough horseplay should be avoided. Older children and adults are asked to refrain from strenuous exertion, such as heavy lifting, exercising, and singing. Generally, children may return to school when they are eating and drinking normally, off all narcotic pain medication, and sleeping through the night. This, on average, takes 3 days, depending on recovery, unless otherwise instructed by your physician. All products containing aspirin or ibuprofen should be avoided in order to decrease the risk of bleeding.

**Risks:**

All surgery has potential risks. The primary risk associated with adenoidectomy is the need for general anesthesia. There is the potential for bleeding during surgery and during the post-operative healing period. This bleeding risk is small, but if it would occur, the patient may need to return to the operating room for control of the bleeding. Adenoid tissue, in rare instances, may regrow and require re-excision.

**Nausea and Vomiting:**

Up to 50% of patients will experience nausea and/or vomiting from the general anesthesia. This usually occurs during the first 24-36 hours following surgery. Anti-nausea medications may be prescribed.

**Fever:**

A low grade fever is normal for several days after surgery and should be treated with acetaminophen or the acetaminophen/narcotic formulation, whichever your doctor has prescribed. The fever will usually resolve with good fluid intake. Please call the office if temperature is over 102 degrees.

**Pain**

People may experience throat and ear pain after surgery. The throat and ears share a common nerve supply, and stimulation of this nerve in the throat may feel like an earache. Some people also complain of jaw and neck pain. This is often from positioning in the operating room.

**Pain Control**

The patient should take acetaminophen and/or ibuprofen to control pain. Narcotic pain medication should be minimized and only used at the direction of your physician. Pain may be increased by dehydration, so fluid intake is very important. An ice collar to the neck, chewing gum, and a humidifier may also help to relieve pain. Distracting the child's attention from pain by games or other activities may also be helpful.

**Do not use aspirin for 2 weeks before or following surgery unless otherwise directed by your physician.**

**Breathing**

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

**Bleeding**

Bleeding may signal that the scabs have fallen off too early. If there is any bleeding noted from the nose or mouth, contact the office (402-397-0670) or the physician on call (after hours 402-354-2754). Emergency Room evaluation may be recommended.

**Follow-up:**

Your physician will request that you return for a post-operative evaluation following surgery.

If your ENT physician recommends surgery, you should hear from our surgery scheduler within 48 hours. For questions about surgery scheduling, call 402-397-0670, option 2. If you have a contracted deductible from your insurance carrier, it is your responsibility to pay ENT Specialists, PC the dollar amount unfulfilled seven days prior to your scheduled surgery date.

**What if I have a problem?**

If you or your child have difficulty during the post-operative period, please contact our office (402-397-0670) or after hours call (402-354-2754).

**Key Points:**

- Drink plenty of fluids after surgery to avoid dehydration, which is dangerous and can worsen the pain
- Consult with doctor about all medications you are taking or plan to take
- Use pain medication as instructed.
- Generally, no aspirin or aspirin-like medications.

**Call us for:**

- Bleeding
- Temperature over 102 degrees Fahrenheit
- Suspected dehydration
- Changes in mental status (abnormal behavior)

**For questions about surgery scheduling for Drs. Denman, Farrell, Goebel & Quinlan, please call (402) 397-0670 Option 2.**

**For questions about surgery scheduling for Dr. Sewell, please call (402) 397-0670 Option 3.**



# Adenoids and Adenoid Surgery

  
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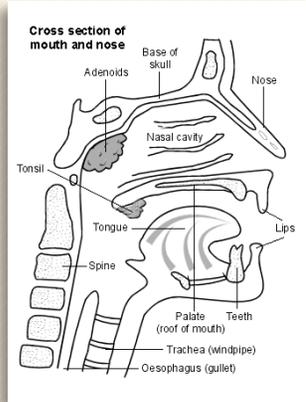
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## What are adenoids?

The adenoids are a pad of lymphatic tissue that look like tiny clusters of grapes, located in the passage that connects the nose and throat. Adenoids are also called pharyngeal tonsils, but they are separate from the tonsils in the throat. The adenoids cannot be seen by looking into the mouth.



Adenoids filter out bacteria and viruses entering through the nose and produce antibodies to help the body fight infections. Lymphatic tissue is found throughout the body and is important in the body's defense against infection. There is a large amount of lymphatic tissue in the upper respiratory tract,

and the body will tolerate the removal of a small amount of this tissue, such as the adenoids, with no adverse effect.

Your physician may suggest surgery for your child because of persistent or recurring enlargement or infections of the adenoids.

## What are the symptoms of enlarged or infected adenoids?

There are several symptoms associated with enlarged adenoids. You may notice that your child:

- Complains of difficulty breathing through the nose.
- Is breathing through the mouth.
- Talks as if nostrils are pinched, breathes noisily.
- Snores while sleeping.
- Stops breathing for a few seconds while sleeping (sleep apnea).
- Has recurrent ear infections.

See your physician if you suspect your child has enlarged or infected adenoids.

## Treatment of enlarged adenoids – is surgery necessary?

Surgery is no longer the standard treatment for adenoid problems. Your physician may wish to treat your child's infected adenoids with antibiotics as a first line of defense. If the adenoids are not infected, your physician may choose to wait. Enlarged adenoids are normal in some children. Your child's adenoids may eventually shrink on their

own. Your physician may suggest adenoid surgery if your child experiences one or more of the following or difficulty breathing:

- Sleep apnea
- Recurrent infections
- Distorted speech

## Preparing for surgery:

The following elements are important when preparing for surgery:

- Tell your surgeon if there is a family history of bleeding tendencies or if you or your child bruise easily.
- Tell your surgeon if the patient or patient's family has had any problems with anesthesia.
- If the patient is taking any medications, has sickle cell anemia, has a bleeding disorder, is pregnant, or has concerns about the transfusion of blood, the surgeon should be informed.
- A blood test may be required before surgery.
- A visit to the primary care doctor may be needed before surgery for a pre-operative physical.
- Follow all instructions given by your doctor.

Surgery can be a frightening experience for both children and their parents. You can help prepare your child for adenoid surgery by talking about what to expect.

1. Your child will receive general anesthesia. This means the surgery will be performed in an operating room so that an anesthesiologist can monitor your child.
2. The surgeon removes the adenoids through the mouth. There is no need to cut the skin.
3. The surgeon removes the adenoids and then cauterizes (seals) the wound to stop bleeding.

Simple, factual conversations are best. Reassure your child that you will be with them. Your presence is the most important thing in helping your child cope. Also, encourage the idea that the procedure will make him/her healthier. It may be helpful to talk about the surgery with a friend who has had an adenoidectomy.

## Preoperative care:

If you or your child (the patient) is taking any medication, continue to take it up to the night before surgery (unless otherwise directed). Bring medications to the pre-operative visit and on the day of surgery.

In general, no aspirin products (including Pepto Bismol and Aspergum) or products containing Ginkgo Biloba and/or St. John's Wort should be given for two weeks prior to surgery.

No ibuprofen products (Children's Motrin, Children's Advil, etc) or anti-inflammatory medications (Naprosyn, Aleve, Celebrex, etc) should be given for 5 days prior to surgery. Use of all of these medications is restricted for two weeks following surgery unless otherwise directed by your physician. Acetaminophen (Tylenol, Tempra, Panadol) may be given as well as over-the-counter cold medications and antibiotics. Please consult with your doctor about all medications.

Generally, after midnight prior to the operation, nothing may be taken by mouth (including chewing gum, mouthwashes, throat lozenges, toothpaste). Anything in the stomach may be vomited when anesthesia is induced, and this is dangerous.

## Adenoidectomy (Surgery)

The surgery is usually performed as an outpatient procedure, and the adenoids are removed through the mouth. There is no need to cut the skin. The patient will wake up in the recovery area, and if there are any problems with breathing or signs of bleeding, he/she may return to the operating room. In most cases, the total time in the hospital is 5 to 10 hours. Children under 3 years of age and children with chronic disease, such as seizure disorder or cerebral palsy, will often stay overnight.

## Post-operative Care:

Your child may have a mild sore throat or stiff neck for up to 4-7 days. Although postoperative bleeding with an adenoidectomy is very rare, if any bleeding is noticed, contact your physician or go to the Emergency Room immediately. Children can often return to school in 3 days following an adenoidectomy.

### Drinking:

The most important part of recovery is drinking plenty of fluids. Some children do not want to drink because of pain. Offer and encourage fluids frequently such as juice, soft drinks, popsicles, ice cream and jello. Signs of dehydration include urination less than 2-3 times per day and crying without tears. Please contact the office or physician on call if you should suspect dehydration or if your child will not drink. Call us immediately if the patient has not urinated for 12 hours or more. Some people will require intravenous fluid hydration in the Emergency Room or hospital.

### Eating:

There are no food restrictions after surgery; however, liquids and softer foods are easier to swallow if your child has a sore throat.