

Adenoidectomy

What is it? Adenoidectomy is a common surgical procedure done to treat problems related to adenoids that are too large or are frequently infected. Adenoidectomy is commonly done in combination with ear tube placement (ETT).

About the anesthetic: This procedure is performed in the operating room with the patient asleep (general anesthetic). In young children, the child is allowed to breathe anesthetic gas out of a mask until they fall asleep (this usually takes about 30 seconds), then an IV catheter is placed and a breathing tube is placed in the throat. Some sedation is sometimes given prior to going to the operating room if the child has a lot of anxiety or will not easily separate from the parents. In older children, the IV catheter may be placed prior to the child going to sleep at the discretion of the anesthesiologist. A member of the anesthesia department administers all anesthetics, and all of the routine monitoring equipment is used to assure safety. You will meet with a member of the anesthesia department prior to going to the OR and they will give you more details about the anesthetic and talk to you about risks. Parents should remain in the waiting room while the child is in the operating room. Your doctor will talk to you after the procedure is finished.

About the surgery: The adenoids are removed through the mouth...there are no incisions on the face or neck. The operation usually takes less than thirty minutes. After the procedure, the child is allowed to awaken and is monitored in the recovery room for about an hour. Parents are not allowed in the operating room. However, the parents may be asked to sit with the child as he/she awakens in the recovery room. Most children can be discharged to home on the same day as surgery.

What about bleeding? Bleeding is extremely unlikely after adenoidectomy. It is not considered a significant risk of this surgery.

What can my child eat and drink after surgery? There are no specific diet restrictions after adenoidectomy. Your child will experience a relatively mild sore throat for a couple days after surgery. During this time, the patient will likely not be interested in his/her normal diet. We recommend adequate hydration during the first couple days after surgery and your child can resume a normal diet as quickly as he/she can tolerate it.

Pain management: Severe pain should not be encountered after adenoidectomy. Acetaminophen (Tylenol) should provide adequate pain relief in most circumstances. Your doctor may prescribe a narcotic pain reliever. This should only be used if plain acetaminophen is not adequate to control your child's pain.

When can my child resume normal activity? There are no specific activity restrictions after adenoidectomy.

Fever: It is not uncommon for a child to have a low grade fever for the first few days after adenoidectomy. This should be managed with acetaminophen. However, prolonged fevers, which are unresponsive to acetaminophen, or fevers over 101.5F should be reported to your doctor. If fever is accompanied by a stiff neck, this should always be reported to your doctor.

What about complications? It is not uncommon for the child to have a change in the quality of the voice immediately after surgery; this should correct in a short period of time. Infection is extremely uncommon after adenoidectomy.

A few words about adenoid regrowth: Although it is an uncommon occurrence, it is possible that adenoids can re-grow and cause problems in the years following adenoidectomy. This is more likely to occur if the

primary adenoidectomy is done at a very young age (~1 year old). If this problem arises, a revision adenoidectomy can be considered.