

# ADENOIDECTOMY

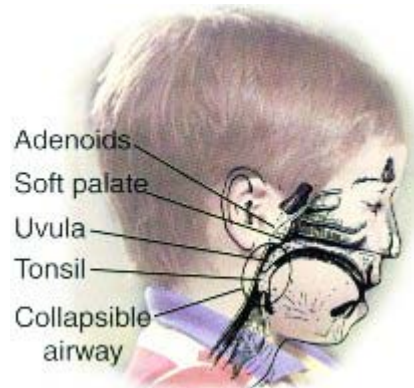
## CONNECTICUT PEDIATRIC OTOLARYNGOLOGY

### WHAT ARE ADENOIDS

Adenoids are tissue that is similar to the lymph nodes or "glands" found throughout our body. They are located high in the throat behind the nose and the roof of the mouth (soft palate) and are not visible through the mouth without special instruments.

The function of adenoids are to help fight infections by filtering bacteria and viruses inhaled and swallowed. However, they are often a major source of recurrent infections like sore throat, middle ear infections and sinusitis.

Children who have their adenoids removed do not have a greater incidence of infection following surgery.



### INDICATIONS FOR SURGERY

- **Chronic nasal congestion**  
Children with enlarged adenoids often have difficulties with continuous nasal congestion, frequent colds and "sinus-like infections". They may be more prone to post nasal drip causing chronic cough and upper respiratory concerns. Nasal obstruction and mouth breathing are common. Removing the adenoids can greatly improve these symptoms.
- **Obstructive Sleep Apnea**  
For some children, the adenoids become so enlarged that they are causing obstructive problems during your child's sleep. Common symptoms include snoring, very restless sleep (tossing and turning), frequent arousals, fatigue or hyperactivity during the day. A common cycle occurs...as your child slips into a deep sleep, the airway relaxes and obstructs, your child's oxygen saturation decreases, as a result your child's brain responds by arousing your child. Your child then moves and self arouses, and goes into a light sleep. This cycle continues all night, not allowing your child the deep sleep (REM sleep) they require. Some parents will hear pausing or gasping during this cycle. Lack of sleep has been shown to impact negatively on school performance, concentration and behavior.
- **Chronic Ear infections or Middle Ear Effusions (fluid in the ear)**  
Removing a child's adenoids can often help resolve long term problems with ear infections or middle ear effusions (fluid behind the eardrum). Adenoids often enlarge and cause obstruction of the eustachian tube (a small tube that connects the middle ear space to the back of the nose). This does not allow the middle ear space to drain and ventilate properly, which can lead to chronic ear issues. Tympanostomy tubes (ear tubes) are often used in this situation. Children over 2 years of age or children who require additional sets of tubes will often benefit from an adenoidectomy.

### RISKS

As with any surgery, there are some associated risks.

- Your child will receive general anesthesia for the procedure. There is a small risk of complication occurring due to the anesthesia.
- There is a very low risk of postoperative bleeding which would require a trip back to the hospital for evaluation.
- Mild discomfort for generally 1-3 days.
- Most children are feeling back to themselves within one to three days following the surgery. Some of the common complaints following the surgery may include ear pain, neck pain, congestion, fever, night terrors, nausea, very bad breath.

### WHAT TO EXPECT FOLLOWING SURGERY...

- **DIET:** There are no limitations in diet following the surgery. In fact, children who eat and drink well have a quicker, easier recovery. *They may eat or drink anything that they want... just as long as they eat and drink.* If your child is having postoperative pain, ensure that they are taking their pain medicine. This will make it easier for them to eat.
- **PAIN:** Your surgeon will discuss with you what pain medication your child will benefit from following surgery. Your child will be given a prescription for a narcotic pain medicine which is often effective in relieving pain. However, it may make some children feel nauseous or 'funny'. Your surgeon will discuss with you the use of other possible analgesics which may be helpful such as Tylenol and Ibuprofen.
- **ACTIVITY:** There are no limitations in activity. Children will self limit themselves. Most children will return to school and other extracurricular activities 2-3 days following the operation. However, they may return sooner if they are feeling up to it.
- **Common complaints following surgery...**
  - Fever, even up to 102. Ensure your child is receiving Tylenol. Please call us if your child has a persistent fever over 101.5 for more than 48 hours.
  - Horribly bad breath. This is very common following the surgery. It can last up to a couple of weeks. In some situations an antibiotic will be ordered for your child to help reduce the odor. You can also use breath mints or gum and ensure proper mouth care.

- Snoring. Some children may snore initially following surgery. This occurs due to swelling and usually resolves in the first week.
- Congestion and cold-like symptoms. This may continue for a couple of weeks following surgery.
- Voice changes. It is common for children to have a temporary change in their voice. It will return to normal with time.
- Stiff/sore neck. This may occur as a result of positioning during surgery. Warm soaks, Tylenol or Motrin and range of motion exercises of the head will help to reduce the discomfort.
- Pain or popping in the ears.
- Night terrors.

**SITUATIONS THAT NEED MEDICAL ATTENTION**

- **If your child has any bleeding (from the mouth or nose or vomiting blood), call our office. If the bleeding is excessive, go to the emergency room.**
- **If your child has not voided in 24 hours, please call us or go to the emergency room.**
- **If your child has a fever greater than 101.5 for more than 48 hours, please call us.**

**FOLLOW-UP**

- All the postoperative visits are scheduled with our nurse practitioners.
- We would like to see your child three to six weeks following the surgery for a postoperative check.
- Please call to schedule an appointment.

**If you ever have questions or concerns, we would be happy to talk to you or see your child at any time.**