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**Post-Operative Instructions for Adenoidectomy**

- OTOLOGY
- ADULT & PEDIATRIC OTOLARYNGOLOGY
- VOICE DISORDERS
- HEAD & NECK SURGERY
- SNORING & OBSTRUCTIVE SLEEP APNEA SURGERY
- SWALLOWING DISORDERS
- ALLERGY

**What are Adenoids?**

The adenoids, also known as pharyngeal tonsils, are a pad of tissue located deep, behind the back of the nose in the upper throat. They cannot be visualized by looking into the mouth. Adenoids can become enlarged and block the eustachian tube or the nasal airway. Adenoids can also act as a reservoir for bacteria. They can contribute to chronic sinus and chronic ear infections.

**Reasons for Adenoidectomy:**

**a. Nasal Obstruction-** Enlarged adenoids can block the nasal airway and lead to mouth breathing and snoring. Adenoidectomy restores the nasal airway and allows the child to breathe through the nose properly.

**b. Chronic Otitis Media-** The adenoid pad can block the eustachian tube and/or allow bacteria to enter the eustachian tube and lead to ear infections or chronic ear fluid. Recent research studies have shown that adenoidectomy may be effective in addition to ear tube insertion in the treatment of ear infections.

**The Surgery:** Adenoidectomy is performed on an outpatient basis under general anesthesia. The surgery takes about 30 minutes and the child is observed in the recovery room for up to a few hours afterwards.

**Postoperative Care:** Most children are back to normal within 24 hours of the surgery. Some children take a few days to recover. Increased snoring or nasal congestion is normal and is caused by swelling in the back of the nose. Bad breath is also normal and is caused by the scabs that form after surgery. Snoring, congestion and bad breath should be gone within 1-2 weeks after surgery.

**Pain/Fever:** Most children have little postoperative pain. Some children may experience a sore throat or headache for a few days. Acetaminophen can be given every 4 hours as needed for pain. Acetaminophen with Codeine may occasionally be necessary for the first couple of days after surgery. It is best to avoid Ibuprofen (Motrin, Advil, etc.). Do not use aspirin. Low-grade fever is common for a few days after surgery. Please call the office if the temperature is over 102°F.

**Nausea and Vomiting:** Some children may experience nausea, vomiting or fatigue from the general anesthetic. This should resolve within a few hours. Please call the office if nausea and vomiting persist for more than 24 hours.

**Diet:** Begin with a clear liquid diet; progress to a light, soft diet for two to three days. Resume normal diet as the child is able to tolerate. Your doctor will notify you of any particular diet restrictions.

**Activity:** Normal activities may be resumed as soon as the child feels up to it. Avoid planned sports, and do not plan any traveling or swimming for two weeks.

**Bleeding:** There may be scant bloody streaks of mucous from the nose or mouth after surgery. However if there active fresh blood (more than a couple of spoonfuls), from either the mouth or nose, inform your surgeon and bring the child to the Emergency Room for evaluation.

**Follow-up:** Call to schedule a post-operative follow-up visit 2-5 weeks after surgery.