



PEDIATRIC AND ADULT EAR, NOSE & THROAT

We recommend that you read this handout carefully in order to prepare yourself or family members for the proposed procedure. In doing so, you will benefit both the outcome and safety of the procedure. *If you still have any questions or concerns, we strongly encourage you to contact our office prior to your procedure so that we may clarify any pertinent issues. "An educated patient is the best patient."*

Adenoidectomy

Definition

Adenoid = an enlarged mass of lymphoid tissue at the back of the pharynx, characteristically obstructing the nasal and ear passages and inducing mouth breathing, nasality, and postnasal discharge

-ectomy = surgical removal

This procedure involves removal of adenoids, which are clumps of lymph tissue in the back of the nose.

Purpose of Procedure

There are several reasons why this procedure is done. These include chronic nasal discharge, mouth breathing, sleep disturbance, and recurrent ear infections.

Preparation

As with any procedure in which anesthesia is administered, you will be asked not to eat or drink anything after midnight on the evening prior to your surgery. If you are on medications that must be taken, you will have discussed this with us and/or the anesthesiologist and instructions will have been given to you. The procedure will not be performed if you are currently taking, or have recently taken any medication that may interfere with your ability to clot your blood ("blood thinners, aspirin, anti inflammatory medicines, etc..."). ***Please refer to the attached list and tell us if you took any of these within the past 10 days.*** If your new medication is not on the list, alert us immediately so that we may ensure optimal procedure safety. We will have reviewed all of your current medications with you during the pre-operative / pre-procedure consultation. You are obligated to inform us if anything has changed (medication or otherwise) since your previous visit.

Procedure

The operation involves placing an instrument between the upper teeth and the tongue to hold the tongue out of the way and hold the mouth open. Several different types of instruments can be used to remove the adenoids. Bleeding is controlled by various means such as irrigation, electrical cautery, or medication.

Post Procedure

Following the operation, fluid intake is very important. Maintaining regular doses of pain medication will make swallowing the fluids easier. Post-operative pain medications may include a codeine type medication that may cause drowsiness. An antibiotic may be prescribed. A soft food diet may be resumed as the patient desires.



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An adequate fluid intake will be indicated by light colored urine. A suppository may be prescribed to control nausea or vomiting. An ice pack should be used around the neck to help with discomfort and swelling.

Missing a few days of school is not unusual. A note should be sent to teacher restricting any type of vigorous activity for 1 week.

Expectations of Outcome

This operation should remove one cause of nasal obstruction and reduce the chances of ear or sinus infections. Breathing may be noticeably quieter following this operation.

Possible Complications of the Procedure

Adenoidectomy is a safe procedure, however, there are uncommon risks to the procedure. While we have discussed these and possibly others in your consultation, we would like you to have a list so that you may ask questions if you are still concerned. It is important that every patient be made aware of possible outcomes that may include, but are not limited to:

- Anesthesia complications: There is always a small risk with general anesthesia. This risk is increased if there is any family history of trouble with anesthesia. The risks can range from nausea and vomiting to very rare life threatening problems. You can discuss any questions with your anesthesiologist.
- Bleeding: Bleeding may occur within 7 to 10 days. This may be minor. If the bleeding does not stop you will need to return to the hospital for evaluation and treatment.
- Voice change: If hypernasal speech is present, it is usually temporary.

We provide this literature for patients and family members. It is intended to be an educational supplement that highlights some of the important points of what we have previously discussed in the office. Alternative treatments, the purpose of the procedure/surgery, and the points in this handout have been covered in our face-to-face consultation(s).