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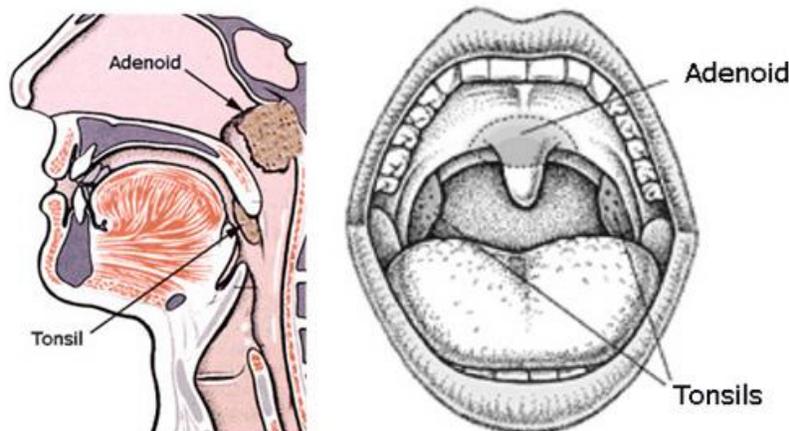
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PATIENT EDUCATION ON ADENOIDECTOMY

The adenoid pad sits in the back of the nose, correctly described as the nasopharynx. This area is not seen on the routine exam. It is situated behind and above the soft palate and, as such, is seen either on an x-ray, CAT scan, or direct visualization with nasal endoscopy. The removal of the adenoid tissue is recommended for any of the following reasons: chronic sinusitis not resolved with extended antibiotics, chronic ear infections resulting in more than one set of tubes, and nasal obstruction.



If adenoid surgery is recommended, it may be done alone or in combination with other surgical procedures, most commonly with tonsillectomy or tube placement. This handout will discuss only adenoid issues.

Adenoid surgery is outpatient, requires a general anesthetic and usually takes about 15 minutes to perform. The risks involved, as with any surgery, include the anesthetic, bleeding, and infection. In the otherwise healthy child, it is very unlikely to have complications. Your child may experience mild nasal bleeding afterward (i.e. blood-tinged mucus in the nose). However, they should be back to themselves in one to two days after surgery. There may be a mild sore

throat, but nothing beyond Tylenol products should be needed. There are no diet restrictions. You may be given a prescription for an antibiotic after surgery.

If the adenoids are very large, you should anticipate a voice change. This is not a vocal cord issue but, instead, a nasal one. We all use our noses in speech to different degrees. Those with large, obstructing adenoids usually use their noses much less, and when the adenoids are removed, the obstruction is gone. The voice may seem significantly different in few patients, but this settles down considerably in three to four weeks after surgery, once the patient adapts to the absence of the tissue. This change does not in any way impact the vocal cord change that occurs in puberty. Adenoid tissue can re-grow, but if this occurs it typically does not impact the patient significantly.

If the patient has significant allergies, removal of the adenoids may not completely relieve the nasal obstruction issues. If the patient is on allergy medication prior to surgery, we will discuss with you what changes, if any, will occur to their regimen.

If any additional questions exist about this procedure, please call the office.

ACTIVITY: ***Normal activity is expected after two to four days.**
***No strenuous activity for one week including sports, recess and physical education classes.**

DIET: ***Continue with a normal diet as tolerated.**
***If nausea and vomiting occur, stay on clear liquids until your condition is improved.**

MEDICATION: ***Pain is usually controlled with Tylenol products.**

ADDITIONAL INSTRUCTIONS:
***Children should be kept home for one to two days to observe bleeding.**
***Scant bloody nasal discharge is not unusual.**
***You may notice a foul smelling odor from your child's nose or mouth. This is normal and not an indication of infection.**
***If there is difficulty breathing, excessive bleeding, temperature over 101.5° by mouth or unusual or severe pain, the doctor should be contacted.**

***To speak with our office, please call (630) 981-0032 between 8am-4pm (Mon-Fri)**
***For prescription refills please call during office hours with your pharmacy number available**
***For after hours Emergencies, a doctor on call may be reached at (630) 981-0032, or go to your nearest Emergency Room**