FAQ about adenoidectomy

What are adenoids? Adenoid tissue, which is located in the back of the nose, is similar to tonsil tissue. The adenoids are part of part of the immune system, but contrary to common belief, they do not serve as a “filter” for disease. Although the exact function of the adenoid is unknown, it is thought to be important only in very young children while their immune systems are still developing. Studies have shown consistently that children who have had their adenoids removed experience no ill effects.

When is adenoidectomy (adenoid removal) recommended? Like the tonsils, the adenoids can become chronically infected and be a cause of recurrent ear and sinus infections. Adenoid tissue can also become enlarged, resulting in nasal obstruction. Adenoidectomy is typically recommended for three conditions: recurrent ear infections, recurrent sinus infections and nasal obstruction. The goal of the adenoidectomy is to make your child healthier.

For recurrent ear infections in children older than 2-3 years, adenoidectomy is recommended as the primary treatment. Adenoid removal is also recommended for children requiring placement of a second set of ear tubes. Removal of the adenoid tissue helps improve “popping the ears” (Eustachian tube function) and reduces bacterial contamination of the middle ear due to a reflux into the Eustachian tube.

Chronic infection of the adenoid can also be responsible for **recurrent and chronic sinus infections**. By removing the adenoid tissue, children with recurrent sinus infections requiring antibiotics, or chronic thick yellow-green nasal drainage, will generally experience fewer of these problems.

Nasal obstruction and snoring can also result from enlargement of the adenoid. Adenoidectomy improves the nasal airway and nasal drainage by removing the obstruction from the back of the nose.

Are there any risks with adenoidectomy? Overall, adenoidectomy is a very safe procedure with few, if any, problems. The most common issue following adenoidectomy is **discomfort**. Children usually experience mild ear pain, neck pain or headache as opposed to sore throat. Typically this pain will last for a couple of days and is relieved with Motrin or Advil, generic ibuprofen or Tylenol (acetaminophen). Occasionally, narcotic pain medication may be prescribed for the discomfort. **Fever** and **bad breath** are also common after surgery but don’t necessarily signal an infection. Fever as high 102° F may occur for several days following surgery. Give your child Motrin, Advil or Tylenol for comfort when he or she has a fever. **Bleeding** and **voice changes** are very rare complications after adenoid surgery. Children with cleft palate are most at risk for nasal speech following adenoidectomy.

ENT CARE for kids

Postoperative tonsillectomy and adenoidectomy instructions

Although tonsillectomy is a day surgery procedure, recovery can be more difficult for some. Typical recuperation is from five to seven days, but recovery can be longer for older children, teenagers and young adults. Full healing can be expected by seven to 10 days, at which time the patient can resume his or her normal diet and activities.

Pain management following surgery is important, and pain is treated most effectively prior to it first beginning. In addition to **throat pain**, your child may experience **ear pain**, **headache** and **neck pain**. Excessive fussiness and refusal to swallow or take liquids are also signs of pain. Pain following surgery is typically the worst on the second and third days. Worsening pain may also be experienced for a day or two at a week following surgery; increased pain at this time is normal and usually occurs when the scabs from the surgical site come off. Additional pain medication should be given as needed if this occurs.

Make sure your child is adequately **hydrated** following surgery because having enough fluids in their system will lessen the pain and speed the recovery process. Mild dehydration increases the discomfort experienced following surgery. Encourage your child to drink fluids as much as possible. Sport drinks such as Gatorade help replace fluids and nutrients if your child does not want solid food. It's best to give your child food and liquids after you give them their pain medication.

A normal diet following surgery is fine so long as it does not cause discomfort. Softer foods such as macaroni, mashed potatoes, popsicles, pudding, or ice cream are also good choices during recovery. Salty or acidic foods may cause increased discomfort and should be avoided. Corn chips (Doritos), peanuts and popcorn should not be eaten for the first week following surgery. After a week, you can begin giving your child his or her normal diet.

Your child should be encouraged to rest for one week following surgery but he or she may feel like being active sooner. However, don't allow your child to engage in prolonged and strenuous physical activity for the first 7 to 10 days after surgery. Typically, your child may be absent from school or daycare for seven days. However, your child may return to school or daycare earlier if he or she has no fever, is back to his or her normal diet and no longer has pain.

Fever following surgery is common and may be as high as 102° F periodically for several days. Increased temperature does not indicate infection, but may make discomfort worse. Give the prescription pain medication (which contains acetaminophen) or ibuprofen (Motrin or Advil) as needed for relief. Sustained fever over 103°F that is not reduced with medication may be a sign of an infection, so please contact the office.

Nausea and vomiting following surgery is rare, but may happen. After the first hour or two following surgery, there should be no blood in the vomit. If vomiting occurs, first stop giving your child food and let him or her sip fluids with electrolytes such as Gatorade or Pedialyte. Should the vomiting persist, medication can be prescribed for this problem. Prolonged vomiting along with poor fluid intake may lead to dehydration. Signs of dehydration include decreased urination or dry diaper, dry mouth and lack of tears with crying.

Bleeding, should it occur, is most common in the first 24 hours following surgery or about a week postoperatively when the scabs fall off. A small amount of bleeding (1 to 2 tablespoons) can be normal as the scabs separate. Brisk bleeding or vomiting blood requires immediate medical attention. Call the doctor immediately and take your child to the Emergency Department.

Other problems such as **bad breath** and **voice changes** should go away as your child recovers.