

Adenoidectomy

What is the adenoid?

- The adenoid is lymphoid (immune system) tissue in the throat behind the nose. It can often be quite large in young children but tends to regress and shrink by adolescence and young adulthood.
- A large adenoid may cause problems with nasal breathing, snoring and even obstruct breathing at night. Nasal blockage from a large adenoid may cause pooling of secretions, frequent or prolonged nasal infections and is the primary culprit in sinusitis in young children.
- Chronic infections of the nose and adenoid may coincide with chronic or repeated ear infections

What are signs of adenoid enlargement?

- Adenoid enlargement should be suspected when there are recurrent or prolonged nasal or ear infections, loud snoring, mouth breathing or obstructed breathing at night.
- Excessive sleepiness or poor daytime function and behavioral issues

Testing and diagnosis

- Often clinical diagnosis is sufficient based on your child's history and physical exam
- Alternately a small flexible endoscope can be used to examine the adenoid in clinic
- X-rays can provide a rough idea of the size of the adenoid relative to the back of the nose and throat

Treatment

- Removal of the adenoids when indicated can vastly improve nasal breathing, decrease the severity and frequency of nasal and ear infections, and can help cure snoring and sleep apnea. You may notice a significant difference in your child's behavior and mood.
- Removal of the adenoid is often performed with other procedures such as placement of ear tubes and tonsillectomy.
- The adenoid is typically removed through the mouth and involves no external incisions
- Depending on your child's age, medical history and other planned procedures, removal of the adenoid may be performed on an outpatient basis or with overnight admission.

What should we expect after adenoidectomy?

- Throat pain is usually minimal after this surgery. Tylenol (acetaminophen) and/or Motrin (ibuprofen) usually provide sufficient pain relief. You will be provided with the weight based dosages for your child and instructed to try alternating acetaminophen and ibuprofen so that one or the other may be taken every three hours for 48 to 72 hours after surgery.
- Your child should be able to tolerate a clear liquid diet immediately after surgery, and should progress to a normal diet once he/she feels ready.
- Occasionally a low grade fever (99 - 101 F) can develop after surgery. Fever and overall recovery may be worsened by dehydration.

- Your child should rest at home for the first two days. Vigorous physical activity should be avoided for the first three to four days. Some slight bleeding can result if the child becomes overactive too soon. After three to four days, your child's activity level can gradually be increased to normal.
- Neck pain and earaches are common up to seven days following surgery. These usually respond to ibuprofen.
- Bad breath is very common following surgery, but it usually resolves after about two to three weeks.

What are some reasons we should contact our doctor after surgery?

- A low-grade fever (99 - 101F) is common after surgery. Call your physician if your child develops a fever greater than 102F or a fever that does not respond to acetaminophen or ibuprofen.
- Slight bleeding from the nose can occur if your child advances activity too quickly. If this bleeding is severe, soaking through tissues or failing to stop, call your doctor.
- Neck pain and earaches are common about five to seven days following surgery. If the neck pain is very severe, limits the ability of your child to move his head freely or does not get better in 48 to 72 hours after Motrin or Advil (ibuprofen) use, please notify your doctor.