



Adenoidectomy Perioperative Instructions

Introduction

This information provides instruction on how to prepare you or your child for adenoidectomy surgery and how to care for yourself or your child following adenoidectomy surgery. It includes symptoms to monitor, restrictions, and guidelines for diet and activity. The following information will help you or your child make a more comfortable and rapid recovery.

What information is needed before surgery?

Prior to surgery, you need to make your surgeon aware of the following information about you, your child or any other family members:

- A history of bleeding problems or bruising easily.
- A history of complications with anesthesia.
- Symptoms of upper respiratory infection (cold, runny nose, flu, croup or fever) within one week of surgery.
- Exposure to chicken pox or other illnesses within the previous two weeks or any current illnesses.
- Medications currently being taken, both prescription and over-the-counter.
- Any allergies or existing medical problems.

What about taking medications prior to surgery?

For two weeks before surgery and two weeks following surgery, it is important that the patient doesn't take any medications that contain aspirin, ibuprofen or naproxen. These medications interfere with blood clotting and may increase the risk of bleeding during or after surgery. Aspirin is in several over the counter medications, for example, Anacin, Pepto-Bismol and Alka-Seltzer Cold. Ibuprofen is in medications such as Advil, Motrin and PEDIAPROFEN. Naproxen sodium is found in Aleve.

Please consult your pharmacist about the content of medications or refer to the information provided with these and other medications.

For pain or fever, the patient should take acetaminophen (Tylenol) or the pain medication prescribed by your doctor, but not both. Acetaminophen does not increase the risk of bleeding.

What are the risks of surgery?

The risks of nasal surgery include, but are not limited to, problems related to:

- Bleeding
- Breathing
- Swallowing
- Anesthesia
- Dehydration
- Infection
- Voice Changes

Discuss the risks, benefits and alternatives to surgery with your doctor. Make sure that all your questions are answered before surgery.

What can be expected after surgery?

Generally, it takes 5-10 days to recover from adenoidectomy surgery. However, some patients may feel better in just a few days; others may take up to 14 days to recover.

Restrictions

Most patients rest at home for seven days after surgery. As a rule, the patient can return to school or work when he/she is eating and drinking normally, off pain medications and sleeping through the night. Even though you may be feeling well, the risk of bleeding may continue for longer than 14 days. During this time, avoid vigorous activity, straining or heavy lifting. In addition, gargling, throat clearing and vigorous nose blowing should be avoided or minimized. For 24 hours following anesthesia or ingestion of prescription pain medication, one should avoid:

- Rough physical play
- Using motorized or dangerous vehicles, toys or equipment
- Riding a bicycle
- Drinking alcoholic beverages
- Making important decisions or signing legal documents

Managing Symptoms

Nausea and vomiting- Some patients may experience nausea and/or vomiting from the general anesthetic during the first 24-36 hours following surgery. If promethazine (Phenergan) suppositories or oral ondansetron (Zofran) have been prescribed, use them as directed every six hours. Contact your surgeon if nausea or vomiting is experienced for more than 6-12 hours after anti-nausea medication is taken.

Fever-Patients may run a low-grade fever (99-101⁰ Fahrenheit) for several days following surgery. Your surgeon will recommend treatment with Tylenol. If the fever rises to 102⁰ or higher, contact your surgeon.

Pain- Most patients experience throat pain following adenoid surgery. Pain may affect how you eat, drink and/or sleep. Because the same nerve that goes to the throat goes to the ears, patients may also have an earache. The degree of pain may vary during recovery from mild to severe and may last up to 14 days following surgery.

Giving non-narcotic pain medication around-the-clock is the most effective way to control pain. Your surgeon will prescribe pain medication that should be administered every 4-6 hours for the first few days after surgery.

The patient's age and medical history will determine if acetaminophen with codeine or other narcotics may be safely used. The side effects of codeine and many similar narcotics include sedation, nausea, vomiting, constipation and stomach pain. Your surgeon will recommend a dosing schedule that minimizes side effects. **Because it is so important, again we mention that for two weeks following surgery, do not take or administer medications that contain aspirin or naproxen.** Again, ibuprofen may be started 24 hours after surgery.

Dehydration can worsen throat pain, so staying well hydrated will improve pain control. Other steps that can be taken to improve pain control include a humidifier in the bedroom or an ice collar loosely applied to the neck for short periods of time. Chewing gum may help both throat and ear pain. If you experience any complications from your pain medications, or any other medications prescribed by your surgeon, please contact your surgeon.

Breathing- Swelling in the throat may cause mouth breathing or snoring. Improvement in breathing is generally seen 10-14 days after surgery. In the unlikely event that breathing becomes difficult, or the patient becomes unresponsive, stops breathing, or turns blue, **CALL 911.**

Scabs- Scabs form over the sites where the adenoids were removed. The scabs are usually not seen. However, when the scabs are visible, they appear as a scab that covers the back of

the throat, are thick and white and commonly cause bad breath. Within 5-10 days following surgery, the scabs will break down and are swallowed.

Bleeding- Discuss the risks and management of bleeding with your surgeon. If you or your child experiences any bleeding from the nose or mouth, proceed immediately to the nearest hospital emergency room. Again, any bleeding requires immediate attention.

Drinking- It is very important that you drink plenty of fluids after an adenoidectomy. We encourage juice and non-caffeinated soft drinks. You may eat Popsicles or Jell-O.

If there are signs of dehydration (only two or three urinations per day or crying without tears) contact your surgeon. You may need to return to a medical facility for evaluation and fluids.

Small amounts of liquid may come out through the nose while drinking. This should stop within a few weeks after surgery. If this persists, contact your surgeon.

Eating- In general, for two weeks following surgery, the diet should be made up of liquids or soft foods such as noodles, soups, ice cream, yogurt, puddings, mashed potatoes, eggs, cooked cereals or very soft fruits or vegetables. Avoid sharp, hard, or rough foods like raw fruits or vegetables, popcorn and chips. Also, avoid highly seasoned foods, hot liquids or citrus-based foods or drinks.

You or your child may eat less for approximately one week after an adenoidectomy. This may result in a temporary weight loss, which is gained back after a normal diet is resumed. Do not be discouraged if you or your child is not eating normally for a few days after an adenoidectomy; if you are drinking well and keeping fluids down, there is no need to worry.

Voice- You may experience a change in voice after surgery, especially if the adenoids were significantly enlarged. If there is a voice change that persists for longer than three months, notify your surgeon.

Follow-up care

Your surgeon and his staff will arrange a follow-up appointment. If you have any questions or concerns before that time, contact your surgeon.

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