INSTRUCTIONS FOR CARE AFTER ADENOIDECTOMY

ADENOIDECTOMY (Removal of the adenoids)
The adenoids are located behind the nose and hidden from view by the palate (roof of the mouth). The primary purpose of the adenoids is to trap and destroy viruses and bacteria. Some children are prone to chronic infection or enlargement of the adenoids resulting in frequent ear infections, chronic sinusitis, snoring, and nasal airway obstruction. Removing the adenoids does not result in any problems with the immune system. In fact, removing the adenoids can sometimes result in a healthier child.

GENERAL INSTRUCTIONS:
ACTIVITY: Rest is recommended for the first 2 to 3 days. Strenuous exercise should be avoided until 14 days after surgery. Out of town travel is not recommended for 2 weeks following surgery. Children may return to school after the pain subsides, this can vary greatly, usually 3-7 days.

DIET: Drinking is very important to insure healing. Children should drink enough to avoid dehydration-usually several ounces of fluids per hour while awake. Avoidance of foods with adenoidectomy is usually not required and your child may eat what they like. If there is trouble swallowing, a soft diet should be used.

MEDICATIONS: Most children will require pain medicine intermittently for the first 3 -7 days after surgery. Liquid Tylenol (acetaminophen), or liquid Advil or Motrin (ibuprofen) can be given as directed on the label. Rarely, the pain may be persistent through the entire 14 day healing process. Pain is usually worse between the 3rd and 7th days. Taking the medicine 30 minutes prior to eating may help your child be more comfortable while swallowing. An antibiotic is sometimes prescribed after surgery. Nausea may occur if medicines are given on an empty stomach.

BAD BREATH: A foul odor is a temporary process and does not mean an infection is present. Teeth brushing is allowed and recommended but will not affect this odor. The odor is usually most prominent between the 3rd and 7th days.

HEADACHES / NECK STIFFNESS: Neck pain and stiffness can occur with irritation of neck ligaments in the back of the throat. Pain is usually worse between the 3rd and 7th days. Ibuprofen is usually more effective than acetaminophen for these symptoms.

EARACHES: Many children have earaches following adenoidectomy. Pain is secondary to healing around the adenoid area and usually responds well to Ibuprofen.

FEVER: Low-grade fever is common, and is usually associated with the healing process. Fevers over 102.5 can be seen in some children, and are usually a sign that the child has not been drinking enough fluids. If this occurs, dress your child in light clothing, give Ibuprofen or Acetaminophen and encourage liquid intake.

WHEN SHOULD I CALL THE OFFICE???
A. Fever over 102.5 degrees that is persistent or does not respond to medication
B. Signs of dehydration: dry mucous membranes, little or no urination, lack of tears, weakness, and excessive sleepiness.
C. Severe pain, unaffected by prescribed medication.
D. Nausea and vomiting which is persistent or contains dark blood.
E. Bright red bleeding from the nose or mouth (blood tinged mucous is usually of no consequence).