

WHAT YOU NEED TO KNOW: ADENOIDECTOMY



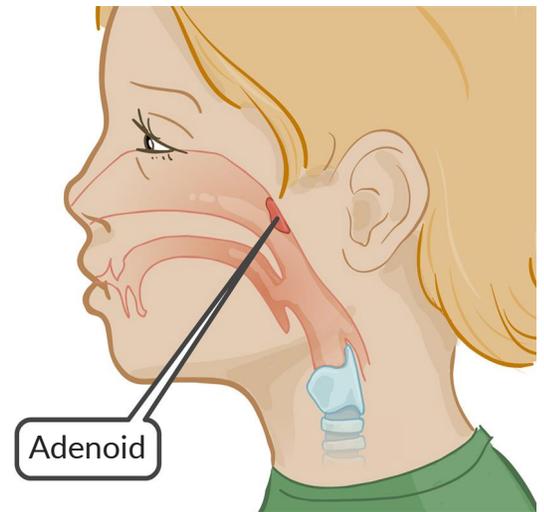
What is an adenoidectomy?

An adenoidectomy is a surgery to remove the adenoids – a mass of soft tissue behind the nasal cavity. Adenoids are the same tissue type as tonsils. During this surgery, your child or youth will be put to sleep using general anesthesia and the adenoids will be removed through the mouth.

Why does my child or youth need this surgery?

Your child might need to have their adenoids removed if they have:

- difficulty breathing at night (obstructive sleep apnea)
- a blockage of the back of the nose from enlarge adenoids
- multiple sets of ear tubes
- recurrent chronic infection of the adenoids
- chronic sinusitis



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How to prepare for surgery

You should start preparing at least one week before your child's scheduled surgery date. Follow the instructions below and carefully read the *Preparing for surgery* booklet for more detailed information.

1. Make sure your child does not take ibuprofen or anti-inflammatory medications for one week before surgery. Do not give:
 - Advil® or Motrin®
 - Aspirin®, Aleve® (ASA) or Pepto-Bismol®
 - Naprosyn®
 - Gingko
 - St. John's Wort
 - Garlic and ginseng supplements
2. Give acetaminophen (Tylenol® or Tempra®) and over-the-counter cold medications or antibiotics as needed or prescribed.
3. Tell your doctor if your child bruises easily, or if anyone in your family has had problems with anesthetic or bleeding tendencies.



4. Make travel plans as necessary. If you live outside of Ottawa, you'll have to plan ahead. Visit www.cheo.on.ca for a list of accommodations near CHEO.
5. Follow the diet and fasting instructions outlined in the *Preparing for surgery* booklet.

What happens during surgery?

On the day of the surgery you will meet with your child's surgeon, anesthesia and nursing team. They will ensure your child is well enough to participate in the surgery and confirm you have followed the preparation instructions.

During the surgery, your child will be given a general anesthetic to put them to sleep. The surgery itself takes about 20 minutes, during which the adenoids are removed using cautery and suction. Adenoidectomies might be outpatient procedures, or your child might need to stay overnight for observation.

What are the risks?

Your child or youth's surgeon will recommend surgery because the benefits outweigh the risks. Risks include:

- infection
- risks from general anesthesia
- loosening or chipping of teeth
- bleeding
- dehydration from poor oral intake
- velopharyngeal insufficiency (air leakage and/or liquid leaking out of the nose while speaking/eating)
- stiff neck
- difficulty breathing after surgery
- adenoid regrowth
- burns or cracks on the lips

How to take care of your child or youth after surgery

It takes most children 5-7 days to recover after adenoidectomy.



Breathing

It is normal for children to snore and breathe through their mouth after adenoidectomy. They may also talk a little differently. You may also notice that your child has bad breath. This is caused by the healing process in that part of the body. Their voice might also be higher pitch for a few weeks after surgery.



Pain

Many children experience headaches, throat pain, neck/jaw pain or ear pain after surgery. Pain medication may be needed for as long as 7-10 days. They may also complain of mild neck stiffness. If neck stiffness is severe and lasts more than 2-3 days after surgery, contact your surgeon.



Fever

A low grade fever is normal for a few days after the surgery. Give acetaminophen (Tylenol®) as needed. Call your surgeon's office or go to CHEO's Emergency Department if their temperature is 39°C (102°F) by mouth, or higher.



Nausea and vomiting

Your child might have nausea and vomiting after general anesthetic. This should get better within a few hours. Call your surgeon's office or go to CHEO's Emergency Department if nausea and vomiting lasts for more than 12-24 hours.



Diet

It's important your child drinks plenty of fluids, even if they are in pain and don't feel like drinking. Start giving clear liquids, then a soft diet then a normal diet, as soon as the same day as surgery.



Medication

- Give Tylenol® every 4-6 hours. Do not give more than five doses every 24 hours.
- Give other medications only as prescribed by your surgeon. Celecoxib or other pain medication may be prescribed.
- Give anti-nausea medication, like Gravol® or stool softeners if required to help with nausea, abdominal pain and constipation.
- Avoid ibuprofen or anti-inflammatory medications like Advil for two weeks after surgery unless they are prescribed by the surgeon.



Activity

Children may return to school when they are eating and drinking normally, off all pain medication and sleeping through the night. They can resume light activities as soon as they feel ready. Your child should wait two weeks before taking part in more vigorous activities like team sports, swimming, gym class or recess. Your doctor will tell you about any other limits to activities.



Bleeding

There should not be any bleeding from the mouth after surgery but saliva striped or streaked with blood is normal. Children are at risk for bleeding for up to two weeks after surgery. If bleeding occurs, bring your child to the Emergency Department. If the bleeding is severe, call 911.

Your follow up appointment

If your child or youth requires a follow up appointment, you will be contacted by phone.

Contact information

General inquiries

CHEO ENT clinic nurse
Weekdays 8 a.m. - 4 p.m.
613-737-7600 ext. 2587

ENT on-call doctor
After hours (5 p.m. -8 p.m.) and weekends
613-737-7600 ext. 0 ask for the on-call ENT doctor

CHEO ENT clinic physicians (Drs. Vaccani, MacCormick, Bromwich, Schramm, Rourke)
Weekdays 8 a.m. - 4 p.m.
613-737-7600 ext. 2706

Emergency

In an emergency call Ontario Tele-Health (1-866-797-0000), go to an after hours clinic or to CHEO's Emergency Department.

Community ENT offices

Dr. Chow: 613-759-0417
Dr. Henry 613-562-9000
Dr. Matyas 613-727-3132
Dr. Scherer: 613-562-9000