

Adenoidectomy: Instructions After Surgery

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What should I expect after surgery?

While usually not as bad as the pain that follows tonsil removal, children will often have a **sore throat** for up to two weeks after adenoidectomy. This is often worse between day 5 and 10, when the "scab" in the back of the throat falls off.

It is very common for children who have had this surgery to have **ear pain**, since the same nerves go to the ears and the throat. You also may notice bad breath as the adenoid site heals over.

It is also common for children to have a "**whiny**" voice for several weeks to a month after the operation. This is because there is more room in the back of the throat, resulting in more airflow through the nose during speech. Eventually, most children compensate for this as the palate (the roof of the mouth) adjusts to make a seal during speech. If this persists for more than a month, call me for further evaluation.

What medication is necessary after adenoid surgery?

Antibiotics are not necessary, but pain control is important. One good option is acetaminophen (Tylenol®). Codeine can be added to Tylenol, but research does not show that this improves the pain relief significantly. More important, recent studies have shown that a small percentage of children (for genetic reasons) are prone to metabolizing codeine extremely quickly, resulting in the risk of serious side effects. These can even be life-threatening in very rare cases. While it may be possible in the future to screen for this gene, at present this is not done routinely, especially since codeine doesn't improve pain control very much.

Aspirin should not be used for two weeks before and after surgery as it can cause bleeding, as can dietary supplements containing fish oil, garlic or other herbs. In the past other "NSAID" drugs like ibuprofen (Motrin® or Advil®) were also avoided because of concerns about bleeding, but recent research has shown that they are safe and effective for pain relief after tonsil surgery. Currently I recommend Tylenol every four hours, or ibuprofen every six to eight hours. **The best approach** is to combine these drugs, **alternating** Tylenol and ibuprofen every three hours (so there will be **6 hours** between doses of Tylenol, and **6 hours** between doses of ibuprofen). In some older patients, I occasionally recommend pain relievers with narcotics, but these must be used carefully, and should not given to patients who are groggy or sleepy.

What should my child eat and drink after the surgery?

In general, patients who have had only adenoid removal do not have the significant problems with eating that children have after tonsillectomy. However, it is very important for your child to drink fluids, to **avoid becoming dehydrated**. Liquids with nutritional value (such as milk shakes) are better, since they also provide calories if a child isn't eating much. Drinks such as Gatorade or Pedialyte are better than water, since they provide needed nutrients. Some of these (such as Pedialyte) are available as ice pops, which may be better for a child recovering from surgery.

I do not restrict the type or temperature of liquids- find something they like and keep them drinking. If there is a concern that a child is becoming dehydrated (for example, if the urine becomes dark or reduced in quantity), contact my office. Rarely, admission to the hospital for intravenous fluids will be necessary.

What do I do in case of bleeding?

Bleeding (from the nose or the mouth) is rare after adenoidectomy. If you see this, call my office phone number at any time.

Can my child swim, go to school, or engage in other activities?

Once children are feeling better, there is no medical reason to restrict moderate activity. Extreme activities (such as weight lifting or strenuous competition) should be avoided as they may raise the blood pressure and cause bleeding during the two weeks after the operation. They can go back to school as soon as they feel well enough, just make sure that the teacher and/or school nurse knows that they had surgery.

What about follow up?

The follow up visit is three weeks after the surgery. In most cases, this visit is not absolutely necessary. If your child is eating, sleeping and speaking normally, you may just contact the office where your child was last seen to check and see if you need to come in for a follow up appointment.