YOU AND YOUR DOCTOR HAVE DECIDED THAT YOUR CHILD NEEDS AN ADENOIDECTOMY.

We understand that any surgery on your child can seem overwhelming, so our goal is to ensure you have a comprehensive understanding of what to expect. Please read the information below and speak with your physician about any questions.

WHAT IS AN ADENOID?

The adenoid pad is lymphoid tissue. It is one of the body’s many sites that produce important antibodies in the body’s defense against infection.

The adenoid pad is at the back of the nasal airway above the soft palate. Everyone’s adenoid pad enlarges to a degree, but some may enlarge enough to cause obstruction of the Eustachian tube or nasal airway. This can lead to problems such as snoring or obstructive sleep apnea. As children enter adulthood, the adenoids get smaller. The decision for early removal depends on your child’s degree and frequency of symptoms.
WHY REMOVE THE ADENOID PAD?

Research studies suggest that adenoid removal may reduce the incidence of middle ear fluid and infection. Your physician may suggest removal of the adenoid pad if there’s evidence of enlargement that led to obstruction of the nasal airway or if your child has recurrent sinus infections. An adenoidecтомy may be performed with the second or third set of ear tubes. Children with obstructed airways during sleep (obstructive sleep apnea) may be candidates for removal of adenoids and/or tonsils.

Possible complications as discussed with your physician may include:

- **Pain**
- **Bleeding**
- **Nasal speech***

*When the adenoid pad is removed, air or fluids may leak through the nose with speech or eating. This should correct itself in a few weeks, but if persistent, will be evaluated on a return visit.

WHAT TO EXPECT

Your physician will advise you if current antibiotic therapy should continue. Under most circumstances there is no blood work required. You will be with your child until he or she goes to surgery.

Before your child can be discharged to go home, he or she must be tolerating fluids by mouth without nausea or vomiting. An IV will remain in place until this occurs. Nausea and/or vomiting is a common complaint after surgery and is due to the anesthesia or swallowing of blood during or after surgery.

Medication is available if vomiting should be a problem. Your child may have a sore throat. Tylenol or ibuprofen may be given every 4 hours as needed for pain. Clear liquids, such as jello, apple juice and popsicles are encouraged to help maintain hydration. The diet will be advanced as tolerated by your child.

HOME RECOVERY

**Diet**

The diet can be advanced to soft solids and then to a regular diet as tolerated.

**Fluid Intake**

Inadequate fluid intake is the most common cause of dehydration and dryness of the mouth. Dryness of the throat will make swallowing more difficult and increase discomfort.

**Bad Breath**

Until the surgery site is healed, your child may have bad breath. Brushing teeth regularly will help reduce this odor. Daily use of nasal saline will help nasal dryness.

Neck Pain and Headaches – Occasional neck pain and headache may occur due to irritation of neck muscles in the area of the surgery.

Voice Quality – A change in voice may be noted due to an increase in airflow through the nasal passages.

Bleeding – A pinkish discharge is normal up to two days after surgery. If discharge continues, becomes bright red or is excessive, you should call the office or go to the nearest emergency room.

Activity – Your child should plan to stay home for 2-3 days after surgery, then return to normal activity as tolerated.

For more information on this procedure, please consult with your physician by calling (573) 817-3000 or visit muhealth.org/services/earnoseandthroat.