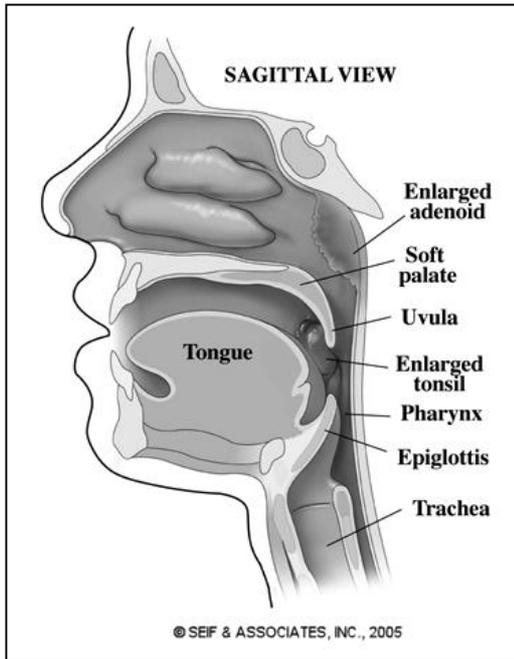


Adenoidectomy



The adenoids are normally occurring lymphoid tissue (part of the immune system) and normally shrink away during the teenage years. Occasionally they persist into adulthood. An adenoidectomy is the surgical removal of the adenoids. Removal of the adenoids seems to have no impact on the immune system. This is often done because non-surgical treatment has failed to help your child's problems—usually fluid in the ears, nasal blockage or sinus problems. Enlarged adenoids often cause ear problems because the tubes that drain the middle ear enter into the upper and back area of the nose. The adenoids often harbour bacteria that cause inflammation and partly block these tubes

resulting in ears that do not drain properly and then infection. Removing the adenoids reduce the chance of middle ear fluid by 80% (for children over 4 years old) and reduce the chance of ear infections by 50% (for children over 2 years old).

RISKS OF ADENOIDECTOMY:

Generally the surgery is well tolerated and uneventful and serious complications are rare but include:

- Pain – if severe may indicate infection
- Bleeding (occurs in about 0.1%) may require a return to the operating room
- Regrowth of the adenoid pad (a small amount is normally left to protect the ear tubes)
- Damage to teeth (the mouth is held open using the teeth during the surgery to extract the tissue), a reaction to the anesthetic agent or cauterly burns (rare)

BEFORE SURGERY

- Do not let your child eat or drink anything after midnight the night before surgery (you may give a light breakfast before 6am if surgery is in the afternoon)
- Avoid aspirin, ibuprofen, naproxen or any pain killers other than paracetamol (Panadol ®) in the 10 days before surgery as this may increase the bleeding risk.

AFTER SURGERY

- After surgery, your child will be taken to the recovery area where a nurse will watch and check their progress.
- Once your child is awake, stable, and taking fluids well, barring other problems they will be allowed to go home.
- Throat discomfort may last for two to three weeks. There also may be pain in the ears causing a mild earache. A slight fever and stuffy nose are common. Bad breath is often present. Snoring may continue for two to three weeks after surgery.

North Melbourne ENT
ABN 28 582 450 307

100/30 Wreckyn Street
North Melbourne Vic 3051
T 9078 8074
F 9078 8105
E iselient@hotmail.com
northmelbourneent.com.au

Also located at:

Williamstown:
65 Electra Street
Williamstown Vic 3016
T 9397 5507
F 9397 4755

Mr Tim Iseli
MBBS (hons.), FRACS
ENT Surgeon
Provider No. 231248FY

Dr Claire Iseli
MBBS (hons.), FRACS, MS
ENT Surgeon
Provider No. 246559HJ

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HOME CARE INSTRUCTIONS

- Paracetamol (Panadol ®) or ibuprofen (Neurofen®) may be used for pain and *inflammation*. **Do not give aspirin.** This increases the possibilities for bleeding.
- Give your child proper rest. Your child may feel worn out and tired for a while.
- Because of the sore throat and swelling, appetite may be poor. Soft and cold foods such as ice cream, popsicles, and cold drinks are usually tolerated best.
- Avoid mouthwashes and gargles.
- Avoid people with upper respiratory infections such as colds and sore throats.
- An ice pack applied to your child's neck may help with discomfort. After two to three days a heating pad may be applied for fifteen minutes, four times per day or as needed for comfort. Use this only if it seems to be helpful. **Do not let your child sleep with a heating pad.**

SEEK MEDICAL CARE IF:

- There is increased bleeding, vomiting of blood, coughing, or spitting up bright red blood.
- There is increasing pain that is not controlled with medications.
- Your child cannot drink fluids.
- An unexplained oral temperature above 39 degrees develops.
- Your child develops a rash.
- Your child has difficulty breathing.
- Your child develops allergy problems.
- Your child becomes lightheaded or faints.



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