



POST OPERATIVE INSTRUCTIONS

Adenoidectomy

This sheet explains about post operative care for the adenoidectomy patient. Please read these instructions carefully. If you have any questions or concerns, either before or following the surgery, please call the office at 540-347-0505.

The post operative patient will be discharged from the Outpatient Department of the hospital, after he/she is fully awake and the danger of serious bleeding is over. The patient may be drowsy and nauseated. You may wish to bring a container in the car, in case car motion causes the patient to become sick enroute home. Upon arrival, please allow the patient to rest as much as possible.

WHAT TO EXPECT AFTER ADENOIDECTOMY

1. **Discomforts After Surgery** -- Complaints of sore throat, ear pain, stiff neck, headache, bad breath, and not being able to taste or smell things very well, may occur. These symptoms are due to tenderness at the operative site. Secondarily the swelling puts pressure on nerves in the area, making the pain radiate to other areas of the head and neck, especially to the ears. The pain medication prescribed should ease these symptoms. Gum chewing is also recommended to help alleviate the throat and ear pain, as well as the bad breath. Do not use *Aspergum*, as this contains aspirin which may promote bleeding. Brushing the teeth, gargling with water, using saline nasal spray, and breath mints should help ease the problem of bad breath. All these symptoms should subside over the next few days. They may return mildly at 5-7 days when the scabs slough off due to the sensitivity of the new tissue. The bad breath may last 7-10 days and is related to the healing process.

2. **Diet** -- It is extremely important to drink adequate amounts of fluids during the recovery period. Liquids include pudding, jello, popsicles, ice cream, & yogurts as well as juice, water, milk, broth, etc. Giving pain medication 15-30 minutes prior to offering fluids may help. To avoid dehydration, it is vital to drink plenty of liquids. Dehydration is noted by decreasing or absent urine output. If urine output begins to decrease, fluids must be pushed in order to prevent dehydration. If there is absent urine output, it may be necessary for the patient to return to the hospital for intravenous therapy. Solid foods can be eaten as soon as the patient wishes.

3. **Activity** -- For the first day, rest is important. Naps and relaxing activities are encouraged. Children's videos, board games, puzzles, coloring & activity books may be appropriate. Parents, please be aware your child may require extra time, attention, and hugs. Activity can be increased with the feeling of wellness. School can generally be resumed after the first week. Be careful not to let the patient exhaust himself/herself. Patients often do well day one post surgery, but suffer relapse and feel ill again at 2-4 days. If this happens, do not be alarmed. After 7 days, generally everyone feels better and has returned to his normal daily routine. Everyone heals and feels better at different rates, so do not be surprised if your child's experience is different than that of others, who have previously had this procedure done.

4. **Fever** -- A temperature of 101 to 101.5 for up to a week is not unusual following surgery. It should come down in response to the Tylenol in the pain medication. Notify us if it does go higher.

5. **Bleeding** -- The danger of serious initial bleeding is minimal after the patient leaves the hospital. In about 2% of cases, there is some bleeding after 5-7 days. If this does happen, do not become alarmed, as this bleeding is usually slight and resolves quickly in response to rest and ice water gargle. At any time there is bleeding the blood should not be swallowed, but rather spit out gently. If bleeding occurs and does not stop promptly, call the office. The staff or answering service will contact the surgeon or the physician on call. Blowing of the nose should not cause bleeding.

6. **Medications** -- At the pre-operative visit, prescriptions will be given. These are to be filled at your convenience for use after the surgery. These include an antibiotic to prevent infection, a pain medication for discomfort, and one to ease nausea. We ask that you give these as directed.

7. **Return Appointment** -- A post operative appointment will be scheduled for about two weeks after the surgery. This gives the surgeon the opportunity to assess the surgery site and assure you that the healing process is proceeding normally.

CALL YOUR DOCTOR IMMEDIATELY IF YOU HAVE ANY OF THE FOLLOWING

1. **Severe neck stiffness** -- cannot touch chin to chest & is accompanied by fever, extreme fatigue, and marked headache.
2. **Fever** over 101.5 degrees.
3. **Bleeding** which does not resolve after steps listed above are taken.
4. **Signs of dehydration** - no intake by mouth, lethargy, no urine output, urine the color of orange juice. We generally recommend going to ER where they will be able to put an IV in and give IV fluids to rehydrate the body.

NORMAL FINDINGS

1. It is NORMAL if the uvula (the little dangling thing that hangs in the back of the mouth) is swollen, sometimes 3-4X normal. The swelling will decrease in size back to normal over 2-3 weeks.
2. It is NORMAL to experience pain in the ears as well as to have bad breath until the surgical area heals.