POST OPERATIVE INSTRUCTIONS

Adenoidectomy
Under 7 Years of Age

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.

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 the nerves in the area, making the pain radiate to other areas of the head and neck, especially to the ears. Gum chewing is also recommended to help alleviate the throat and ear pain, as well as the bad breath. Brushing the teeth, gargling with water, and breath mints should help ease the problem of bad breath. All these symptoms should subside over the next few weeks. Symptoms may return 5-7 days later when the scabs start to slough off. After 2-3 weeks, generally all symptoms should resolve for most everyone.

Pain Control -- You may provide Tylenol and Ibuprofen as needed to help with pain control. The dosing is weight-based and exact dosing for your child can be found on the bottle. These medications can be given alternating between Tylenol and ibuprofen every 3-4 hours (Tylenol first, followed by ibuprofen 3-4 hours later, followed by Tylenol 3-4 hours after that, etc). A prescription for a single dose of steroids is also provided which is meant as a one-time dose that can be given anytime 3 days after surgery if your child suddenly seems to have significantly more pain that is not controlled with Tylenol and ibuprofen. Pain in this scenario is often due to inflamed tissues that can be quickly minimized with steroids. Narcotics (even Tylenol with codeine) are not recommended under 7 years of age without hospital monitoring due to increased risk of breathing problems which has rarely led to brain damage and even deaths in the past. More information about narcotic risks can be found here:

http://bit.ly/1RbTfT1

Diet -- It is extremely important to drink adequate amounts of fluids during the recovery period. Diet includes pudding, jello, popsicles, ice cream, & yogurts as well as juice, water, milk, broth, etc. When able to, may eat regular food at any point. It is absolutely essential to avoid dehydration which may exacerbate pain. Dehydration is noted by decreasing or absent urine output. If urine output begins to decrease, fluids must be pushed in order to prevent further dehydration. In the absence of urine output, it may be necessary for the patient to go to the ER for intravenous fluids.

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 as soon as pain is minimal. 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 experience is different than that of others who previously had this procedure done.
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. Generally speaking, high fevers (greater than 101.5) within the first week of surgery is due to inadequate breathing into the lungs. Start breathing exercises where you slowly breathe in for 5 FULL seconds and out for 3 seconds. Do not lay in bed during the daytime. Talk a slow walk around the home and neighborhood.

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. Try over-the-counter afrin nasal spray 2 sprays on each side as well as saltwater nasal spray 2 sprays every 30 minutes. At any time there is bleeding, the blood should not be swallowed, but rather spit out gently. If bleeding occurs and does not stop with above intervention, call the office. The staff or answering service will contact the surgeon on-call.

Winter Season – During the winter season, the air is unusually dry which can aggravate the surgical site. To keep the area moist and hydrated, it is recommended to use a saltwater nasal spray 2 sprays each side of the nose every 30-60 minutes while awake. At night when sleeping, a humidifier should be used with the bedroom door closed. Enough humidity should be present in the bedroom such that there is a light condensation on the window.

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 IF YOU EXPERIENCE 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 that fails to resolve with deep breathing
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 or 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.

VIDEOS

Here are two videos showing what surgery day is like from a child's perspective (safe to watch with child):


This video is actual surgery and should not be watched with your child (some patients may find the video overly-graphic):