

## ADENOIDECTOMY

Enlarged adenoids commonly cause a chronically stuffy nose, often associated with mucoid or infected discharge. Mouth breathing and drooling may occur. The nasal congestion may interrupt sleep, and may be associated with recurrent ear infections and chronic partial deafness due to blockage of the Eustachian tube and “glue ear” formation.

Speech patterns may be disturbed by the blockage of the nose, and as a result of hearing loss.

Commonly, the chronically infected adenoids may also contribute to recurrent chest infections or asthma.

Adenoidectomy provides a simple and effective method to overcome the trouble.

The surgery is done as a day procedure, leaving hospital 4 hours later.

The procedure is a safe and relatively simple matter, with few difficulties. The instructions below are intended to avoid any concerns or unexpected occurrences that follow the surgery. Please let us know if you are uncertain about any aspects.

### General Risks

As with any procedure, the general anaesthetic used has a range of risks not unique to tonsillectomy. At Queensland Otology our anaesthetists are highly skilled and practiced at paediatric procedures, and problems are rarely a lasting concern.

### Bleeding

Removal of the adenoids incurs bleeding and a risk to the surrounding structures, e.g. the palate. Bleeding at surgery is controlled uneventfully in the great majority, but excessive bleeding may occur in cases with abnormally large vessels nearby.

Post-operative bleeding or breathing problems may occur. Early (primary) bleeding from the adenoids occurs in every few hundred cases, as this site is difficult to access and observe.

### Other Surgical Aspects

Breathing difficulty may occur from spasm of the laryngeal muscles, necessitating temporary replacement of the tracheal tube.

Whilst in hospital a child may develop fever. This may arise from swallowing some blood, from a transient bacteria in the blood, or from an unexpected viral or chest infection. These problems are normally readily managed.

#### “Silverton Place”

101 Wickham Terrace  
Brisbane Qld 4000

P: 07 38397677 F: 07 38325723

#### Other Locations

Beenleigh

Sunnybank

Mt Ommaney

Caboolture

## Post-operative Problems

### Pain

After discharge the main problems are pain or nausea, usually transitory.

Pain medications will be prescribed and available, but a child may resist the medication. Avoid aspirin or anti-inflammatory medicines (Brufen, Nurofen) for two weeks, as these may cause bleeding.

Encourage a full diet; fluid intake is essential. Proffering a cup 20 minutes after pain relief is given often works. Persistence is often essential.

### Bleeding

Bleeding after discharge is very rare. Severe bleeding warrants immediate re-admission: proceed directly to the nearest emergency department.

Other problems after surgery include a temporary change in vocal timbre due to palatal tissue stiffness or swelling, a response to the surgery. Bad breath odour is common but temporary.

Problems after adenoidectomy are uncommon. Please let us know at Queensland Otolaryngology if you have any concerns or questions, whether before or after:

## Contact Numbers

Business Hours: (07) 3839 7677

After hours: (07) 3261 9570

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