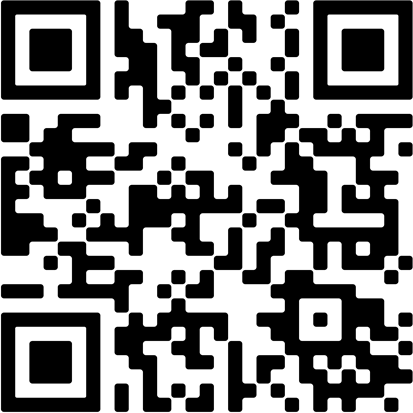
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**Pedi ENT**

**Patient Information Series**

# ent4.me/pedi-ENT



**Adenoidectomy**

Document ID: UTHH Pedi ENT Adenoid (2023-09-16)

## *What are adenoids?*

Adenoids are similar to tonsil tissue, but located in the back of the nose. Re- moval of adenoids is one of the most frequently performed ENT operations. It offers a safe, effective surgical way to alleviate nasal obstruction, reduce nasal and adenoid infections and is an adjunct to managing chronic or recurrent child- hood ear disease.

## *Why does my child need adenoidectomy?*

* **Nasal obstruction** lasting more than 3 months – symptoms include mouth breathing, chronic nasal congestion, or snoring
* **Recurrent acute or chronic ear infections** – may be associated with adenoids blocking the pressure equalization tube that helps ears drain called the eustachian tube, especially if your child is older than 4 years of age
* **Persistent runny nose** – inflammation from bacteria sitting inside the ade- noids can contribute to a chronic runny nose or recurrent sinusitis
* **Dental or facial growth** – long term nasal obstruction and mouth breath- ing can lead to changes in the way the teeth align, which may be a reason for referral to ENT by your dentist or orthodontist

## *How is adenoid surgery performed?*

Your child will be placed under general anesthesia with a breathing tube in place. The adenoids are then shaved down using a variety of methods depend- ing on your surgeon’s preference. There are no cuts on the outside. The sur- gery is performed through the child’s mouth. Surgery time is about 10-15 minutes.

## *What complications can occur from adenoidectomy?*

* Regrowth
* Bleeding
* Scarring
* Change in speech
* Infection

## *How long is the recovery process after adenoid surgery?*

Most children can go home 1-2 hours after surgery. Starting immediately after surgery, children may have fluids such as water or apple juice. Your child should recover within a week following surgery. Some increased congestion or foul odor can be normal. They can usually resume their regular foods and light activities the next day.

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**Adenoidectomy**

# My child had adenoid surgery and now I see a bloody nose. What do I do?

Small amount of nosebleeds can be normal after surgery. Persistent bleeding or large volume of blood is not normal and this should be evaluated by your physician or be seen in the ER.

## *How much pain will my child be in?*

Adenoid surgery typically does not cause severe pain after the surgery, and should be sufficiently treated by Tylenol and Motrin OTC. If there is severe neck pain or stiffness with decreased range of motion, this needs to be evaluated in the ER as soon as possible.

## *What medications will my child receive after surgery?*

For pain, over-the-counter Children’s ibuprofen (Motrin) or acetaminophen (Tylenol) is sufficient every 6 hours for 3-5 days after surgery.

## *When should I call the doctor?*

Your child is unable to keep food or liquids down

Your child is in severe pain or having persistent fevers >102 degrees F Your child is having persistent large volume nosebleeds

## *What can my child eat after adenoid surgery alone?*

Start by giving your child clear liquids such as apple juice, water, Gatorade, broth, popsicles or Jell-O and ad- vance to regular diet as tolerated.

## *When can my child go back to school? How about physical activities?*

Most children will need 3-5 days of recovery with light activities.

# Additional questions?

**Please call UTHealth Houston Pedi ENT at (713) 486-5000 or send us a message through MyUTHealthHouston (MyChart).**