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BEFORE AND AFTER ADENOIDECTOMY

Please read before surgery

We perform the Adenoidectomy for several reasons:

1. Sufficient overgrowth of the adenoid tissue to cause obstruction affecting eating, nose breathing, and sleep; occasionally, chronic runny nose will occur. The eating disturbances may be manifest as slow “picky” eating or very fast “gobbly” eating. Frequently, these children will be frail and underweight, but occasionally a child will be quite overweight despite the difficulty eating with an unusually obstructed nose. Generally, you will also notice mouth breathing and snoring. A severe form of this disturbance can result in stoppage of breathing for short periods at night called sleep apnea.
2. To diagnose the possibility of a tumor (e.g. lymphoma or carcinoma).
3. To help decrease the risk of ear infections.
4. To help decrease the incidence of sinus infection

The surgery is done under a general anesthetic. That is, your child will be completely “asleep.” Reassure your child that there is no pain felt while the surgery is being done. Stress that your child will not wake up during the operation.

Please let your child know that the pain is minimal after the operation.

Try to avoid “helpful” relatives telling your child old horror stories about surgery from the past or medical movie lore. Avoid jokes about cutting adenoids out with scissors, etc. As we know, children have vivid imaginations.

From about midnight the night before the operation your child will not be able to consume any solid food. That is to say, he/she must have nothing by mouth from 12:01 AM the day of the surgery, unless you are otherwise instructed, until the moment of surgery.

If your child develops cold symptoms prior to the day of surgery, please call the office or the surgical facility. If cold symptoms develop 3 or more days before surgery, contact your pediatrician.

Do not give your child aspirin- or ibuprofen-containing products 10 days before or 10 days after the operation. These include Motrin, Nuprin, Advil, or Naprosyn. These may promote bleeding. If you are not sure if your pain medication contains aspirin or ibuprofen, please call us.

If your child is exposed to Chicken Pox, surgery cannot be performed until between 10 to 21 days after that exposure.

The operation is done as an outpatient effort (as demanded by your insurance company); you will go to the facility at the appointed hour and leave 3 to 4 hours later. Patient is to call between 3:00 p.m. and 5:00 p.m. the day before. If your child cannot drink adequately after surgery, a hospital stay overnight will be required and arranged (and will be approved by your insurance company).

Please let us know if any blood relative (however distant) has had difficulty with anesthesia (high fever, reaction, etc.) or bleeding. **THIS IS IMPORTANT.**

RECOMMENDATIONS FOR CARE AFTER ADENOIDECTOMY

There is minimal discomfort following an adenoidectomy. The reason for this is that there are no moving parts to hurt while swallowing (as in tonsillectomy). If you choose, Tylenol may be given for the 6 to 10 hour period of pain after surgery. Do not take aspirin- or ibuprofen-containing products for pain 10 days before or 10 days after your operation. These include Motrin, Nuprin, Advil, or Naprosyn. These may promote bleeding. If you are not sure if your pain medicine includes aspirin or ibuprofen, please call us.

School attendance is a parental decision. We only ask that your child avoid, for 10 days, any activity which generates huffing and puffing. In most children under age 5, this is difficult to enforce, but we ask that you make the effort.

We expect a fever of 101 to 102 degrees Fahrenheit for the two evenings following the surgery. A fever higher than 102 degrees should prompt your calling me. Your child is expected to have mild bad breath post-operatively. If his/her breath becomes truly foul, call your doctor, as we may need to add change to a different antibiotic as he/she will be given antibiotic after the procedure.

There are no dietary restrictions.

Your child may experience vomiting on the day of surgery. This will look like coffee ground material or currant jelly. A fleck of red blood may be present. Your child should not blow his/her nose for 3 days to avoid any increased risk of bleeding.

WE DO NOT EXPECT ANY DRIPPING OF FRESH RED BLOOD FROM THE NOSE. SHOULD THIS OCCUR, GO DIRECTLY TO THE EMERGENCY ROOM. DO NOT CALL ME NOR THE HOSPITAL.