



SUBURBAN
Ear, Nose & Throat
Associates, Ltd.

Byron Eisenstein, M.D.

Lon J. Petchenik, M.D.

George Smyrniotis, M.D.

Glenn J. Schwartz, M.D.

Kirk Clark, M.D.

Allan A. Ho, M.D.

Maria L. Wittkopf, M.D.

Emeritus

Ralph A. Casciaro, M.D.

Henry Rabinowitz, M.D.

880 West Central Road

Suite 7200

Arlington Heights, IL 60005

Telephone: (847) 259-2530

Fax: (847) 259-2536

• Diseases of the Ear, Nose & Throat

• Adults and Children

• Head and Neck Surgery

• Facial Cosmetic and
Reconstructive Surgery

www.subENT.com

ADENOIDECTOMY

POST-OPERATIVE CARE/INSTRUCTION SHEET and SURGICAL INFORMED CONSENT

It has been recommended that your child undergo an adenoidectomy. Adenoidectomy is a common procedure that is typically performed for one or more of several common indications:

1. Chronic infection of the adenoid tissue and/or recurrent or chronic sinusitis.
2. Adenoid hypertrophy (enlargement) causing mouth breathing, nasal blockage, snoring or restless sleep.
3. Recurrent ear infections and/or chronic middle ear fluid.
4. By request of your child's orthodontist to help with mouth breathing in order to optimize the orthodontic outcome.

TWO WEEKS BEFORE SURGERY: Stop all non-steroid anti-inflammatory drugs (NSAID's), including products containing aspirin, ibuprofen, Advil, Motrin, naproxen and others for 2 weeks prior to surgery. These medicines may increase the risk of bleeding. Also, discontinue all homeopathic or alternative medicines such as ginkgo biloba or ginseng. These too, may increase bleeding.

If surgery is scheduled for your child at Northwest Surgicare or Day Surgery Center, there are pre-operative scheduled tours of the facility. This may be educational and soothing for your child when the day of surgery arrives.

NIGHT BEFORE SURGERY: No solid foods (that includes milk, cream etc.) for 8 hours prior to surgery. Typically this means no solid foods after midnight before the surgery. Small volumes of clear liquid may be drunk up to 4 hours prior to surgery (examples: water, coffee with NO milk or cream, tea, Gatorade, etc). If your child is still nursing, you may nurse up to 4 hours before surgery.

HOSPITAL STAY: Adenoidectomy surgery for a child is usually done in an out-patient setting and does not require an overnight hospital stay. Check with your insurance company and see if a hospitalization is covered by your policy.

LAB WORK: If lab work is needed, it is done prior to surgery. If surgery is done as an out-patient at Northwest Surgicare or Day Surgery Center, labs may be obtained just after the preoperative examination. Your insurance carrier may dictate the lab where the blood is drawn.

The indications and risks of surgery must be understood prior to proceeding with the surgery. The alternative to this surgery is not to have it performed and/or continue with medical management of the problems. This would leave your child in his/her current condition.

POSTOPERATIVE INSTRUCTIONS and POSSIBLE RISKS/COMPLICATIONS:

Bleeding: Bleeding after adenoidectomy is extremely rare. Bleeding is defined as continuous bright red blood from the nose like a nose-bleed, or bright red blood expectorated from the mouth. Some children may swallow blood and later vomit it up. A small amount of bloody drainage can occur from the nose after adenoidectomy within the first 12 to 24 hours. This usually subsides spontaneously, and can be normal. If heavy bleeding occurs, it usually happens within the first 24 hours or between the 7th to 10th day after surgery, but may occur up to two weeks after the operation. As instructed pre-op, do not use NSAID's or aspirin products for 2 weeks after surgery. Use liquid Tylenol or liquid Tylenol with codeine for pain. If bleeding occurs, call our office, (847) 259-2530. If there are any delays, go directly to the emergency room at Northwest Community Hospital. If there is significant or heavy bleeding, call 911 immediately and then contact our office.

Fluids: It is important that the patient drink fluids to prevent dehydration. After an adenoidectomy, a child may experience a mild sore throat. Any fluid, such as water, milk, Hi-C, Gatorade, apple juice, orange or grape drinks and carbonated beverages are all acceptable during the postoperative period. Popsicles, slushies and ice chips are also good substitutes for fluids.

Eating: Eating is not usually a problem after adenoidectomy. We allow diet as tolerated post-operatively.

Temperature: The patient may develop a low-grade temperature (up to 101degrees). If this occurs, it is recommended that you increase fluid intake. Liquid Tylenol also helps decrease the fever. If it persists, please notify us.

Ear pain: Generally, there is little or no pain after adenoidectomy. An earache may occur after adenoidectomy surgery. It typically is a referred sensation from the throat. Rarely is there an ear infection. Give liquid Tylenol or pain medication that is prescribed by your doctor. Beginning the day after surgery, the patient is encouraged to chew gum. The purpose of the gum is to avoid ear pain by exercising the jaw and it also helps curtail the mouth odor.

Bad breath/Nasal congestion: This is produced by the healing tissues in the throat and can last up to ten days. One may want to use a vaporizer in the bedroom. The large amount of mucus in the throat will subside as the healing progresses.

Stiff neck: This is an occasional complaint and is caused by spasms of the neck muscles. This will subside as the healing continues. The pain medication will also help.

Speech changes: Most often, the voice changes noted after adenoidectomy are desirable. This is related to the increased space and improved air flow in the postnasal area after adenoidectomy. On occasion, some individuals may regurgitate fluid through their nose while drinking, which usually is temporary. Rarely, is this permanent. In addition, the voice may be too airy (hypernasal) temporarily. The risk of permanent hypernasality (termed velo-pharyngeal insufficiency), is rare, occurring about 1 in 2000 adenoidectomy patients.

Post-operative activity: The child's activity should be judged on how the patient feels, and common sense. Children will usually be out of school for approximately one to two days. Let the teacher know where you can be located in case of an emergency and also give them our phone numbers. No physical activities such as gym or recess, etc., should occur for approximately two weeks after surgery.

Burn: There is a potential risk of burn injury with cautery or Coblation. Specific precautions are taken in surgery to avoid this problem.

Adenoid tissue regrowth: There is up to a 10% chance of adenoid tissue regrowth over time. This is related to the child's age at the time of surgery, as well as the cause of the adenoid overgrowth initially.

Tongue numbness/Taste Change: During adenoidectomy, an instrument is used to push your child's tongue into a position so that the surgery can easily be performed. The pressure from the instrument on the tongue occasionally can cause the sides or tip of the tongue to feel numb, or cause a temporary change in taste for a couple weeks. Sometimes parts of the tongue will swell for a few days. Additionally there is a remote risk of tongue weakness or partial paralysis from the mouthpiece. These problems are uncommon and typically subside spontaneously. Very rarely would these be permanent.

As with any type of surgery, the risks of anesthesia such as drug reaction, breathing difficulties and even death are possible. Please discuss these risks with your anesthesiologist.

At Suburban Ear, Nose and Throat Associates, Ltd., we go to great lengths to try to help you understand your plan of care. If at any time during your care you have questions or concerns, please call us at 847-259-2530.

I/we have been given an opportunity to ask questions about my condition, alternative forms of treatment, risks of non-treatment, the procedures to be used and the risks and hazards involved. I/we have sufficient information to give this informed consent. I/we understand every effort will be made to provide a positive outcome, but there are no guarantees.

Patient Name printed: _____

Parent/Guardian or Patient signature: _____

Parent/Guardian Printed name (if applies): _____

Parent/Guardian relationship to patient (if applies): _____

Date: _____ Time: _____

Witness: _____ Date: _____