

INSTRUCTIONS FOR PEDIATRIC ADENOIDECTOMY

I. PREPARATION

Your physician has determined that your child should have their adenoids removed. This will be a new experience. Undoubtedly, your child may develop some apprehensions, so you should causally and gradually prepare your child for the forthcoming operation.

II. PRIOR TO HOSPITALIZATION

1. Maintain your child's normal diet.
2. Continue any vitamins or any other medications that your child is currently taking. However, **YOU SHOULD NOT GIVE THEM ASPIRIN** for at least seven days prior to the operation or after surgery.
3. Each hospital has different requirements in reference to what time your child must arrive. Our surgical coordinator will advise you as to the time to report to the hospital. Depending on the scheduled time of surgery, your child (under age 12) may be able to have clear liquids that you can see through (apple juice or water) up to four hours before anesthesia. Please check with our surgical coordinator. **REMEMBER, NO SOLID FOODS OR MILK ARE ALLOWED AFTER MIDNIGHT BEFORE SURGERY. OTHERWISE, SURGERY WILL BE POSTPONED.**

III. HOSPITALIZATION AND SURGERY

1. Remember to follow the rules concerning no solids or milk after midnight before surgery.
2. Postoperatively:
 - a. Vomiting may occur during the first 24 hours.
 - b. You can expect your child to be sleepy in the immediate postoperative period.
 - c. You can expect your child to have a sore throat and bad breath.

IV. AFTERCARE

1. Diet:
 - a. It is essential that you encourage any type of liquids.
 - b. Popsicles are especially good the first day or two after surgery.
 - c. Clear liquids should be encouraged. We recommend popsicles, Jell-O, ginger ale, Pedialyte, Gatorade and pudding. Your child's diet can advance to solid food within one to two days.
 - d. It is your responsibility to make sure that your child drinks liquids to prevent dehydration.
2. Activity—the patient should be restrained from any overexertion for four to five days.
3. Medicines—your child should take the medications prescribed or recommended by your surgeon.
4. You should already have been given a postoperative appointment when your surgery was scheduled. If not, then we would like to see your child approximately 10–14 days from the date of the surgery. Your child will generally be able to return to school in five days. Please let us know if you require a note for school.

V. GENERAL INFORMATION

1. Heavy mucous secretions are normal and expected in the throat. Do not be concerned. Simply drink more liquids to wash them down.
2. Your child can relieve objectionable mouth odor, commonly observed for up to 10 days, by drinking adequate fluids, getting an adequate intake of food and chewing gum.
3. Low-grade temperatures or temperatures up to 102 degrees are common and usually indicate the need to drink more fluids.
4. Severe earaches may occur. This is due to referred pain. The ears are not infected.
5. Your child may take Tylenol or the prescribed pain medication for this.

VI. WHEN TO CALL OUR OFFICE

Mild bleeding from the nose is common in the first 24 hours after surgery. If severe bleeding from the mouth or nose should occur, **call us immediately**. Occasionally, bleeding may occur from a loosened scab. If this occurs, **call us first**. If you cannot reach us, then go to the emergency room, and they will contact us while they treat your child. Most times, the bleeding will stop prior to treatment in the ER. If you have any questions or concerns, please call our office.