

Adenoid Surgery

For all enquiries:

65 Holmes Road Moonee Ponds Vic 3039
Phone: 1300 357 338 Fax: 1300 247 338
Email: reception@entnorth.com.au
Visit: www.entnorth.com.au



ENT North

General information

- After an anaesthetic, it is common to feel groggy for up to 24 hours. Children are often quite disorientated for the first hour or so. Nausea +/- vomiting can also occur. Medication can be given if this is difficult to tolerate.
- Bad breath is very common for two – three weeks after the operation.
- Some people, especially younger children, may experience fluid or air 'refluxing' into the nose in the first few days. This usually settles by itself. Please contact your surgeon if this is severe or continues for more than five days after the operation.

Eating and drinking

A normal diet is encouraged as much as possible as you recover. There are no foods that will cause any damage to you/your child and eating after adenoidectomy usually doesn't make pain worse.

It is very important that you drink plenty of fluid during recovery. Dehydration results in increased pain, risk of readmission to hospital, and bleeding.

Pain relief/antibiotics

Your surgeon will provide a script for pain relief, or instructions on what to buy from the chemist. Most people need nothing stronger than paracetamol. Typical types of pain relief include:

- Paracetamol (Panadol, Chemist's Own etc): use this regularly, with doses spread out evenly throughout the day. Make sure you use the dose appropriate for your/your child's weight, rather than purely based on age.
- Anti-inflammatory medication (e.g. Nurofen): there is good evidence that these are safe after adenoidectomy. Use a dose appropriate to your/your child's weight, up to three times a day. Nurofen etc. can be safely given in combination with paracetamol, or as alternating doses every 2-3 hours.
- Stronger pain relief: e.g., codeine, oxycodone. This may be prescribed as an additional medication, or in a pre-prepared mix with paracetamol (e.g. PainStop, Panadeine Forte). If using a combination medication, make sure you use it IN PLACE of paracetamol, rather than as well as this, to avoid overdosing.

If your surgeon prescribes antibiotics, oral steroids, or other medications, take them as directed.

Activities

- Rest up for the first few days after the operation. Gentle exercise (walking, gentle gardening etc.) is fine if you feel well enough to do these.
- Avoid strenuous exercise (team sports, jogging, heavy weights etc.) for two weeks after the operation and be sensible when you recommence these.
- Children generally are quite sensible about increasing their activity as they recover from their operation, so be guided by their behaviour in terms of what they can do.

Flying after adenoidectomy

- The main concern about flying after ENT surgery is the risk of a post-operative bleed occurring either during the flight or when away and being able to access appropriate emergency care at your destination.
- For domestic flights of two hours or less to metropolitan locations within Australia, we would recommend waiting two weeks after surgery.
- For international flights, domestic flights over two hours, or travel to remote Australian locations without emergency ENT services, we would recommend waiting three weeks before travelling.
- Check your airline's policy about flying after surgery and follow these if they advise you to delay your flight for LONGER than these timeframes.

- Ensure your travel insurance would cover you/your family member for post-operative complications if flying overseas soon after surgery and follow their policy requirements.

Return to school/work

Most children and adults are ready to return to normal school/care/work after a few days or so. Longer might be needed if another operation was done at the same time.

If bleeding occurs

- Sit up, spit out any blood, suck on some ice cubes/chips, put a cool cloth across the back of the neck.
- If this doesn't stop the bleeding, please contact your surgeon for further advice. If the bleeding is heavy, or if you are worried about your safety, please call 000 for an ambulance.

When to seek medical advice

- A fever of >38 degrees.
- Any bleeding after discharge.
- Excessive sedation from pain relief tablets.
- Excessive pain, which doesn't respond to pain relief.
- If you/your child can't drink enough fluid/eat enough to avoid dehydration.
- If you need to return to hospital due to post-operative complications, Dr Amott advises that, if possible, both adult and paediatric patients attend Austin Health in Heidelberg. She can care for you there and has access to continuous back-up from other ENT surgeons, the Emergency Department and Operating Theatre, if those services are needed. Most other major metropolitan public hospitals also have emergency ENT services, including Royal Children's Hospital or Sunshine Hospital for paediatric patients specifically.
- Our other surgeons all have appointments at various public hospitals – please discuss which locations they work at if you do need to present for emergency care.
- DO NOT PRESENT TO A PRIVATE HOSPITAL EMERGENCY DEPARTMENT following discharge for any post-operative concerns or symptoms. Our surgeons do not work at these hospitals apart from their designated operative sessions and are unable to provide safe care for you at those locations outside your surgical admission.

Please call your surgeon or our rooms for advice if any of the above occurs, or if you have any other concerns.

Follow-up

- For adenoidectomy alone, please make an appointment about one month after your operation to see your surgeon.
- Your ENT Surgeon will make an appointment earlier than this if the surgery was being done for cancer or other concern.
- Your surgeon may make this appointment for you after your operation. Please feel free to contact the rooms if the date, time or location is inconvenient, as it is usually easy to change.