

# *Upper Cape Ear, Nose & Throat, PC*

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## **ADENOIDECTOMY**

### **Purpose**

The adenoids are lymph tissue that sits in the very back part of the nose where it joins the throat. Adenoidectomy is commonly performed to treat excessively large adenoids. Adenoids can become so large that they can obstruct the flow of air through the nose. This can lead to difficulty with breathing, especially during sleep.

Adenoidectomy is also performed in children who have an excessive number of ear infections. The adenoids can serve as a reservoir of bacteria. Studies have shown adenoidectomy to help to decrease the number of ear infections.

### **Procedure**

Adenoidectomy is performed in a hospital or surgicenter.. Patients are completely asleep during the procedure. The operation is done through the mouth and does not involve any skin incisions. After the operation patients will go to the recovery room and then to a secondary recovery room where they can be with family. If they are able to drink adequately and have no problems with nausea or bleeding, patients are allowed to go home the same day.

### **Recovery**

Adenoidectomy will result in mild discomfort in the upper throat, which subsides over a few days. It is best to avoid citrus juices (orange, grapefruit, etc.) and spicy foods as they may burn. It is also a good idea to avoid milk and ice cream as they produce a lot of phlegm. Whenever the patient feels up to resuming their normal diet it is all right to do so.

### **Risks and Complications**

Mild bleeding can occur after adenoidectomy. This bleeding is common and almost always stops without treatment. In rare instances it may be necessary to return to the operating room to control bleeding.

When adenoids are removed, the soft palate must travel farther to close off the nose from the throat during swallowing and speech. It is therefore possible, but uncommon, to have some mild difficulty with liquids coming into the nose during swallowing. There may also be difficulty producing speech sounds that require the nose to be blocked off from the mouth. These problems are almost always temporary. In rare instances further surgery could be required to correct these problems.

Whenever surgery is performed in the mouth it is possible for teeth to be knocked loose.

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**Follow-up**

Generally follow-up visits are scheduled a week or two after surgery. If families have questions or problems there is always someone available from our practice to address issues that arise.

**I have read, understand, and accept the risks and possible complications of this operation. Alternative treatments have been discussed with me and I want to go ahead with the surgery.**

\_\_\_\_\_  
Patient's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness