Melbourne ENT
EAR, NOSE AND THROAT SPECIALISTS

# Your adenoidectomy journey with Dr Braham

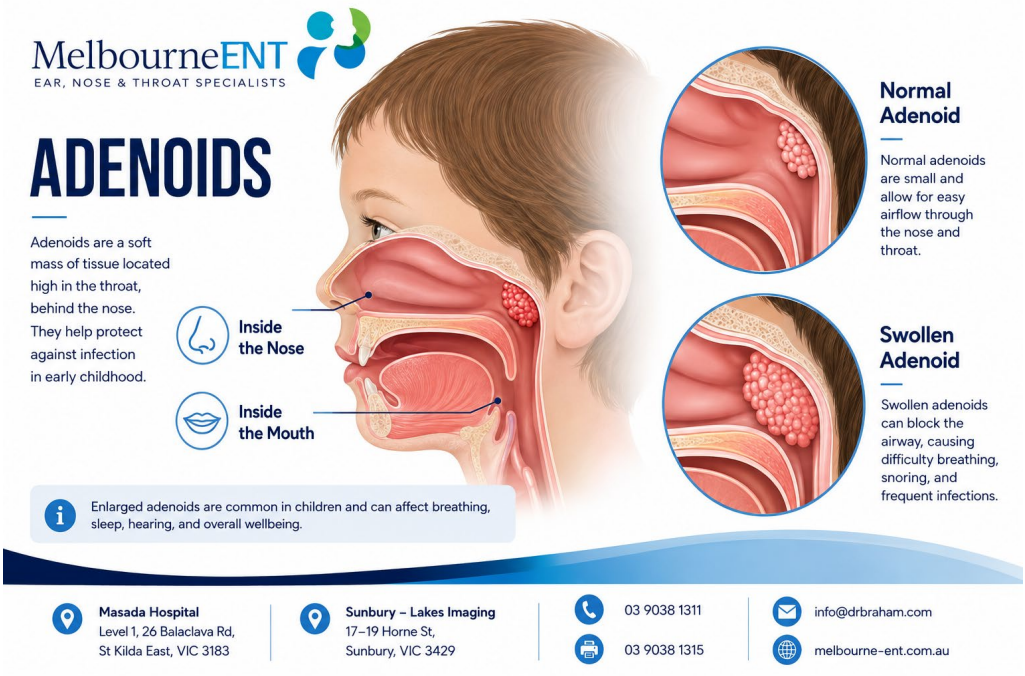
PATIENT GUIDE

## What are adenoids?

Adenoids are small pads of immune tissue at the back of the nose, above the throat. They help the body respond to germs in early childhood and usually become smaller as a child grows.

## Why can enlarged adenoids be a problem?

When enlarged or repeatedly inflamed, adenoids may obstruct the airway or affect the openings of the Eustachian tubes. This can contribute to nasal blockage, mouth breathing, snoring, disturbed sleep, recurrent ear infections or glue ear.



## Why might Dr Braham recommend an adenoidectomy?

An adenoidectomy may be recommended when enlarged or persistently inflamed adenoids are contributing to ongoing symptoms. The decision is based on your child's history, examination and any relevant hearing or sleep assessments.

- Persistent blocked nose or mouth breathing
- Snoring or sleep-disordered breathing
- Recurrent ear infections or glue ear, sometimes together with grommets
- Ongoing nasal discharge or recurrent infections
- Symptoms that have not improved enough with other treatment

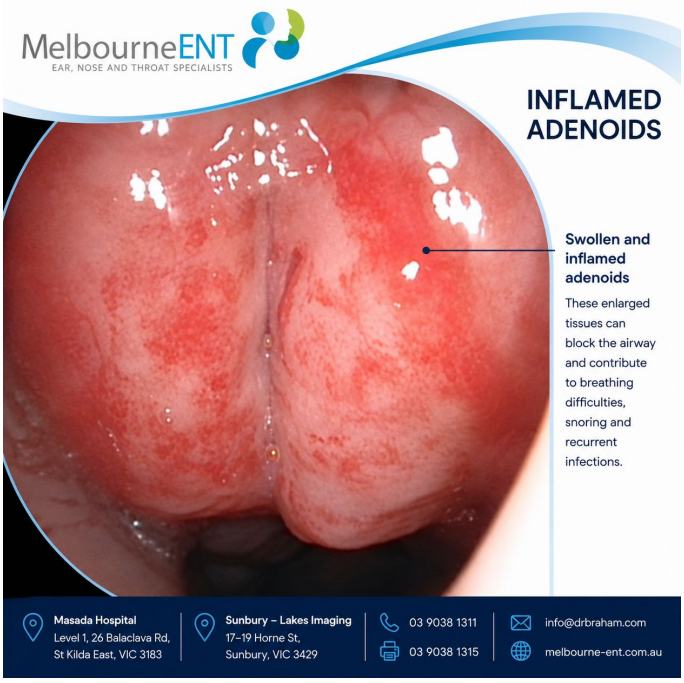
## How are the adenoids assessed?

Dr Braham will discuss your child's symptoms and examine the ears, nose and throat. Depending on the symptoms, assessment may include flexible endoscopy, hearing tests, tympanometry or a sleep study.

## Preparing for surgery

- Follow the hospital's fasting instructions carefully.
- Tell the team about all medicines, allergies and medical conditions.
- Let the rooms know if your child develops a cough, cold, fever or other illness before surgery.
- Arrange for a responsible adult to take your child home and stay with them after discharge.

**Enlarged adenoids**



## Recovery at home

- Offer regular fluids and encourage normal food as tolerated.
- Give pain relief exactly as advised by the hospital or anaesthetist.
- Encourage quiet activity and rest for the first few days.
- Do not let your child blow or pick their nose until advised. Gently wipe any discharge.
- Keep your child away from cigarette smoke and people who are unwell.
- Most children recover in about one week; follow the specific return-to-school and activity instructions provided by Dr Braham and the hospital.

## Possible complications

Adenoidectomy is commonly performed, but every operation has risks. These may include:

- Bleeding from the nose or mouth
- Infection or fever
- Dehydration from not drinking enough
- Anaesthetic complications
- Temporary voice change or fluids coming through the nose when swallowing
- Injury to a tooth, lip or gum from instruments
- Adenoid tissue regrowth or symptoms that do not fully resolve
- Very rarely, ongoing velopharyngeal speech or swallowing problems

## When to seek urgent medical help

**Contact the hospital or seek urgent medical care for fresh bleeding, breathing difficulty, repeated vomiting, inability to drink, signs of dehydration, severe or worsening pain, or a high/persistent fever. Heavy bleeding is an emergency.**

## Please feel free to ask any questions. Michelle, the practice manager, will be happy to assist you.

| Practice | Details |
|---|---|
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This guide provides general information and does not replace advice specific to your child. Please follow the instructions given by Dr Braham, the anaesthetist and the hospital.

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