

## Introduction

Removal of adenoid (enlarged lymphoid tissue located at nasopharynx, the back of the nose) may be indicated with following conditions, though there is a chance of incomplete relief of symptoms and recurrence.

1. Nasal airway obstruction
2. Obstructive Sleep Apnea Syndrome (OSAS) / Snoring
3. Otitis media with effusion
4. Recurrent acute otitis media
5. Chronic or recurrent rhino sinusitis

## The Operation / Procedure

1. The operation will be carried out under general anesthesia.
2. Sufficient amount of adenoid will be removed to improve airway patency.

## Preoperative Preparation

1. Admit 1 day before or on same day of this “elective” operation.
2. Anaesthetic assessment before operation. Inform your doctors about drug allergy, regular medications or other medical conditions.
3. Keep fast for 6 to 8 hours before operation.
4. Empty bladder and change to operation clothes before transfer to operating room.
5. Pre-medication, antibiotic prophylaxis intravenous line may be required.
6. Inform your doctor if you have a recent upper respiratory tract infection. The operation may need to be postponed.

## Postoperative Instruction

### A. General

1. Mild throat discomfort or pain because of intubation.
2. Mild discomfort or pain over the operation site. Inform nurse or doctor if pain severe.
3. Nausea or vomiting are common; inform nurses if symptoms severe.
4. Inform nurses if more analgesics are required.
5. Can mobilize and get out of bed 6 hours after operation.

### B. Wound care

1. You can expect mild discomfort at the back of the nose and nasal stuffiness.
2. Small amount of blood stained saliva or nasal discharge is normal.
3. Can go home the next day or two.
4. Please attend the nearest emergency department when you have persistent bleeding from nose or mouth.

### C. Diet

Resume diet, usually 4 hours after anaesthesia, and when taking sips of water well.

**Common Risks and complications** (not all possible complications are listed)**A. Anesthesia related complications**

1. Cardiovascular : myocardial infarction or ischaemia, stroke, deep vein thrombosis, pulmonary embolism, etc.
2. Respiratory : atelectasis, pneumonia, asthmatic attack, exacerbation of chronic obstructive airway disease.
3. Allergic reaction and shock.
4. Toxicity of local anaesthetic may result in serious complication although rare.

There are always certain side effects and risks of complications of the procedure. Medical staff will take every preventive measure to reduce their likelihood.

**B. Procedure related complications****Common Risks and Complications ( $\geq 1\%$  risk)**

1. Wound pain / Wound infection.
2. Bleeding (may require re-operation to evacuate the blood clot).
3. Seroma collection (this may need prolonged drainage or needle aspiration).
4. Trauma to oral and nasal tissue.

**Uncommon Risks with Serious Consequences ( $< 1\%$  risk)**

1. Eustachian tube injury and stenosis causing otitis media with effusion, tinnitus and hearing loss.
2. Velopharyngeal incompetence causing voice change and fluid regurgitation on eating and drinking.
3. Nasopharyngeal stenosis causing obstruction of nasal breathing, snoring, sleep apnea.
4. Voice change.
5. Temporomandibular joint injury causing pain, subluxation and trismus.
6. Teeth injury causing fracture, loosening and pain.
7. Cervical spine injury causing neck pain, decreased range of movement, sensory and motor nerve deficit.
8. Death due to serious surgical and anaesthetic complications.

**Alternative Treatment**

1. Medical treatment
2. Expectant treatment

**Conditions that Would Not be Benefited by the Procedure**

Nasal problems, snoring, sleep apnea and ear problems caused by obstruction other than adenoid enlargement.

**Consequences of No Treatment**

Persistent symptoms or progression of disease.

**Things to take on discharge**

1. Contact your doctor or a nearby Accident & Emergency Department if you find increasing discharge, pain and or redness around the wound.
2. Take analgesics prescribed by your doctor if required.
3. Resume daily activity gradually.
4. See the doctor as scheduled.

**Remarks**

This is general information only and the list of complications is not exhaustive. Other unforeseen complications may occasionally occur. In special patient groups, the actual risk may be different. For further information please contact your doctor. Evangel Hospital reserves the right to amend this leaflet without prior notice. We welcome suggestions or enquiries on the information provided in this leaflet. Please contact our Healthcare professionals so that we could follow up and make improvement.

**Reference**

Hospital Authority: "Adenoidectomy" (2023)

Smart Patient: [http://www.ekg.org.hk/pilic/public/ENT\\_PILIC/ENT\\_Adenoidectomy\\_0119\\_engchi.pdf](http://www.ekg.org.hk/pilic/public/ENT_PILIC/ENT_Adenoidectomy_0119_engchi.pdf) (06-07-2023)