



Operation Information

Adenoidectomy

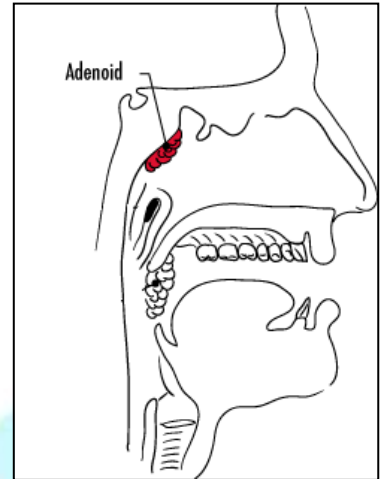
Introduction

Adenoids are small lumps of tissue located at nasopharynx, the back of nose, above the roof of the mouth. Air passes over these adenoids when you take a breath.

Enlarged adenoids are adenoids that are swollen. It can cause nasal airway obstruction. Adenoidectomy is a surgical procedure performed to remove the adenoids.

Indications

1. Nasal airway obstruction
2. Obstructive sleep apnea syndrome (OSAS) or snoring
3. Otitis media with effusion
4. Recurrent acute otitis media
5. Chronic or recurrent rhinosinusitis



Source:
<http://www.pedsent.com/surgery/adenoidectomy.htm>

Outcomes

The expected outcome of this operation is to remove the adenoids. It can reduce nasal airway obstruction, snoring and sleep apnoea, relieve otitis media with effusion, reduce recurrent acute otitis media and chronic or recurrent rhinosinusitis.

Procedures

1. The operation is performed under general anaesthesia.
2. Sufficient amount of adenoid is removed to improve airway patency.

Possible Risks and Complications

1. Common risks and complications ($\geq 1\%$)
 - i) Bleeding
 - ii) Infection
 - iii) Trauma to oral and nasal tissue
 - iv) There is still a chance of incomplete relief of symptoms and recurrence
2. Uncommon risks with serious consequences ($< 1\%$)
 - i) Eustachian tube injury and stenosis causing otitis media with effusion, tinnitus and hearing loss
 - ii) Velopharyngeal incompetence causing voice change and fluid regurgitation on eating and drinking
 - iii) Nasopharyngeal stenosis causing obstruction of nasal breathing, snoring, sleep apnea
 - iv) Voice change
 - v) Temporomandibular joint injury causing pain, subluxation and trismus
 - vi) Teeth injury causing fracture, loosening and pain
 - vii) Cervical spine injury causing neck pain, decreased range of movement, sensory and motor nerve deficit

viii) Death due to serious surgical complications

** The risks listed above are in general terms and the possibility of complications is not exhaustive. Please understand that even though all operations are carried out with utmost professionalism and care this does not rule out the possibility of complications arising. In the event of peripheral organ damage or post-operative haemorrhage or leakage, further operations may be required.

Pre-operative Preparations

1. The procedure and possible complications will be explained by the doctor and a consent form must be signed prior to the operation.
2. Please inform the doctor and nurse all your past medical history, previous surgical operations, current medication and any complication with drug or anaesthesia.
3. Please inform doctor if you have a recent upper respiratory tract infection. The operation date may need to be changed.
4. No food or drink six hours before operation.
5. Please change into a surgical gown after removing all clothing including undergarments, dentures, jewellery and contact lenses.
6. Please empty your bladder before the operation.

Post-operative Instructions

General

1. After general anaesthesia, you may:
 - experience discomfort in the throat after tracheal intubation.
 - experience side effects of anaesthesia includes feeling tired, drowsy, nausea or vomiting. Inform the nurse if symptoms persist or worsen.
2. Please inform the nurse of wound pain. Proper pain relief treatment by injection or oral medication may be prescribed by the doctor.
3. You are usually discharged on the next day or two after the operation.

Wound Care

1. You may have mild discomfort at the back of the nose and nasal stuffiness.
2. Small amount of blood-stained saliva or nasal discharge is normal.

Diet

1. A normal diet may be resumed as instructed after recovery from anaesthesia. Please start with cool liquid and then proceed to soft and solid food gradually (according to the doctor's instruction).
2. Please drink plenty of fluids to avoid dehydration.

Advices on Discharge

1. Please comply with medication regime as prescribed by your doctor.
2. Please avoid contacting people with coughs or colds, and from smoky environments for 2 weeks. Please wear surgical mask when you are in crowded place.
3. Immediately consult your doctor or return to hospital for professional attention in the event of persistent bleeding from nose or mouth, shivering, high fever over 38°C or 100°F, or any other unusual symptoms.
4. Any follow-up consultations should be attended as scheduled.

Alternative Treatments

1. Medical treatment
2. Expectant treatment

Consequences of No Treatment

Persistent symptoms or progression of disease

Should there be any enquiries or concerns, please consult the attending doctor.

Under the professional care of the doctor, you will gradually recover. We wish you all the best during your treatment and recovery.

If you have any questions after reading the entire leaflet, please write them down in the spaces provided in order for the doctor to further follow-up.

Compiled by Union Hospital Operating Theatre (OT) Governance Committee

The above information is for reference only, please enquire your physician for details
Our Hospital reserves the RIGHT to amend any information in this leaflet without prior notification