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Adenoidectomy (Without tonsillectomy)

The adenoids are lymphoid tissues sitting at the back of the nose, above and behind the soft palate. Adenoids do not fight infection. They're almost like a filter that captures everything you breathe in. When they're healthy, we leave them alone. If they're diseased, enlarged and infected with bacteria, they need to be removed. They're usually removed due to obstruction of the nasal passage causing sleep apnoea or nasal blockage, and/or obstruction of the eustachian tube with bacterial colonisation causing recurrent glue ears. If an adenoidectomy is performed under the age of 5, sometimes the it can re-grow up to the age of 10-12, but this regrowth may not warrant a second operation. The kids with significant allergies and atopic disease are at higher risk of having adenoid regrowth.

After surgery, some nosebleeds and blood-stained mucous phlegm is expected for a few days. The nose can get a little snuffly as well. Pain is usually well tolerated. Most patients will be sent home on some simple analgesics such as paracetamol and ibuprofen. Bad breath is an extremely common complaint after surgery. Some patients will also be sent home with nasal washes and antibiotics if clinically necessary. Some initial regurgitation of fluid into the nose is possible within the first few weeks. Gentle blowing of the nose and the use of nasal washes to remove mucous in the nose is acceptable. No dietary restrictions required. Patients can return to usual moderate daily activities the following day. Avoid heavy strenuous activities for 2 weeks. An appointment may be made at the clinic around 6 weeks after surgery, if required.

If there are any significant concerns, it is recommended that the patient be seen by a doctor either at the GP practice, the Emergency Department, or at our clinic. We are unable to give a safe advice over the phone or email without directly examining the patient. Do not hesitate to contact our office for further advice if required.

