

## POST-OP INSTRUCTIONS –

### Adenoidectomy and Bilateral inferior turbinoplasty

#### DIET

- During the operation and often afterwards your child will have fluid running directly into their veins keeping them hydrated. This will continue until your child is drinking sufficiently and there is no vomiting. When your child is fully awake they can start eating and drinking. We encourage all children to eat a normal diet.

#### PAIN

- Varies significantly from person to person but Adenoidectomy AND turbinoplasties are generally NOT painful procedures
- They may have a sore throat from the breathing tube during the operation.
- Some children can get a stiff neck and persistent sore throat. The pain usually improves after 2-4 days but occasionally can last for 7-10 days
- You can give simple pain medicines like panadol on a regular basis BUT we avoid anti-inflammatories like nurofen due to increased risk of bleeding from the nose. Celebrex or Codeine can be used if required and age appropriate.

#### ACTIVITY

- It is recommended that your child take it easy for the first 24-48 hours
- Most children are ok to return to school after 2-3 days
- We strongly advise NO sports or physical exertion for 2 weeks to reduce the chance of nasal bleeding
- After 2 weeks most children can return to normal activities

#### HYGIENE

- Your child should continue brushing their teeth morning and night and have regular baths / showers.

#### RECOVERY

- **ADENOIDECTOMY**
  - It is common to get a runny nose and discoloured discharge especially when a suction-diathermy or coblation technique is used. This can last for 1-4 weeks and rarely even longer
  - Your child will usually be given oral antibiotics OR topical antibiotic drops (example Sofradex **ear** drops which are put into your child's **nose** (3 drops 3 times a day for 5 days).
  - I recommend using Salt water RINSES if tolerated OR continuous sprays 4-5 times per day
  - You may notice they have a *really* bad breath – this is normal
- **TURBINOPLASTIES**
  - It is common to get ongoing fresh blood dripping from the nose. This is usually less than a tablespoon and is intermittent in nature. If you have a nasal bolster after the surgery it is ok to change this every 30 minutes.
  - Bleeding often occurs after washes and if you blow your nose (generally to be avoided in the first 2 weeks)
  - It is common to get crusts forming in your child's nostrils and thick mucous discharge. This may have a bad smell to it. This can continue for up to 4 weeks. Some people complain of numbness on the palate or front teeth. This is always temporary but can take months to resolve.

## BLEEDING

- This is the biggest concern after surgery.
- Thankfully it is very rare <1% but can occur anytime in the first 2 weeks and is the reason we minimise activity, nose blowing and straining.
- There may be small amounts of blood oozing from the nose for up to a few weeks – you can use a decongestant like otrivin or drixine to stop this in the first week.
- If there is a rush of fresh blood that continues for more than a few minutes and doesn't stop with local pressure (squeezing the nostrils closed) especially if it also comes out the mouth - contact us or report **immediately to the nearest emergency department that deals with children. Call an ambulance if concerned.**

## ANTIBIOTICS

- Oral antibiotics are often given after a suction diathermy adenoidectomy.
- Antibiotics drops may be given for the nose
- I also recommend taking a probiotic like Inner Health plus for kids, Tummy Health, Little Squirts Probiotics starting as soon as the antibiotic course is completed.

## FOLLOW UP

- Follow up arrangement will be made at the time of your discharge
- It is usually at 2 weeks after the surgery in the rooms.
- This appointment is important to clear any crusts or residual mucous blocking the nose as this is the commonest reasons patients feel the surgery has not worked. After this appointment there may be some light bleeding.
- Please ring the rooms to book the post operative appointment 9362 5991

## EXPECTATIONS

- Please discuss any concerns with Dr Kalish - included in the cost of the surgery is a **PRE**operative visit to answer any questions, discuss realistic expectations and rediscuss any risks.
- It is important to fully understand why your child is having this surgery and what you can expect in the long term. It is also important to remember that many people will have exaggerated symptoms of blockage and discharge in the first 2 weeks after surgery and sometimes can have ongoing minor issues like crusting, bad smells, minor bleeding, palatal numbness for many weeks afterwards, so allowing at least 6 weeks to recover fully and before judging the outcome is sensible.
- Many children do not automatically use their nose to breath through even after the surgery. Many people with longstanding nose blockage become habitual mouth breathers. Dr Kalish will give you nose breathing exercises to correct any habitual mouth breathing but some patients will need to have a more formal nose breathing course to get the full benefits of the surgery.

Thank you for giving me the opportunity to help improve your / your child's current condition. Surgery often represents one of the most effective ways we can intervene and assist in managing your / their problem. Unfortunately it is also the most invasive and often requires a significant recuperation time. It is always important to remember why you / they are having the surgery and what are the long-term benefits.

Every person responds differently to surgery and every outcome will differ slightly as well.

**If you have ANY concerns please contact us through our rooms on 02 9362 5991. If it is an emergency please contact Concord Hospital on 02 9767 5000 and ask to be put through to Dr Kalish.** If I am not available you can speak to the ENT Registrar who will assist you with any emergencies and contact me as soon as possible. Queries will be answered if you email [larry@sinuscentre.com](mailto:larry@sinuscentre.com).