



### ***Adenoidectomy***

**What is an Adenoidectomy?**

**Adenoidectomy** removes lymphatic tissue from the passage way between the nose and the throat. The adenoids are normal tissue that exists for the purpose of sampling bacteria and viruses that enter the body through the nose. Sampling viruses and bacteria allows the immune system to make antibodies that will fight infection. By the age of two, the immunologic work of adenoids has been largely completed. Other tissue exists in the back of the throat, on the sides and in the bowels which can accomplish the same purpose. In the throat, the lateral lymphoid tissue is called *Waldeyer=s ring*.

**What is the purpose?**

When the adenoids are diseased from excessive and frequent infections, they remain constantly swollen, block nasal breathing, may cause fluid in the middle ears, and may cause repeated ear and sinus infections. The adenoids normally shrink by themselves in adolescent years and become much less prominent, almost absent by the late teens. When the adenoids become the source of recurrent trouble, removing them may decrease ear, sinus, and throat infection rates. Nasal breathing may improve and, for some, middle ear fluid resolves.

**Alternatives to Adenoidectomy?**

Without therapy, the adenoids usually shrink away by 7-9 years of age. In other words, doing nothing may be associated with the adenoid problem eventually, in time, taking care of itself. How long that will take is not predictable and cannot be promised.

**Resuming normal activities:**

Within 24-48 hours after surgery, normal activities may be resumed, if all bleeding or oozing has stopped. Please check the back of the throat to be sure that all bleeding has stopped.

**Risks of Adenoidectomy?**

Adenoidectomy causes some bleeding that almost always stops by itself. On relatively rare occasions, the lining membrane of that area of the back of the throat may continue to ooze and, rarely, enough blood loss occurs to require a transfusion. Vomiting of some blood is not unusual, but repeated vomiting of blood or lots of oozing should prompt a physician evaluation. A small number of patients have a problem with nausea, vomiting, and difficulty keeping liquids down for a day or so and may require intravenous fluids for hydration. Children with soft palate problems like cleft palate or lazy palate or similar speech problems may have trouble saying certain consonant sounds like “k” like in the word “cookie” or a soft “g” as in the word “garage”. While these speech problems almost always resolve in time, some require speech therapy and rarely palate surgery becomes necessary. The adenoids do on occasion grow back and need repeat removal.

**Patient, guardian, or legal representative:**

The patient or patient=s guardian or legal representative states by signing below that the above information has been communicated to the patient guardian, or legal representative and that an opportunity to ask questions has been given. The consent form should not be signed until the patient, guardian, or legal representative has obtained a layman=s understanding of the procedure and reasons for such. By signing the consent form, the patient, guardian, or legal guardian indicate a layman=s understanding and a desire to proceed. If the procedure has been explained in another language, the person who translated must indicate by cosigning the document that all information from the doctor and from this consent form has been communicated to the patient, guardian, or legal representative and that all question have been answered satisfactorily.

Patient printed name	Patient/guardian signature		Date Signed
Circle Ear to be operated	R L	Doctor: <b>Loren J Bartels MD FACS</b>	Date of Surgery
Witness	Guardian printed name	Translator	Language