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MACARTHUR ENT

Adenoidectomy – Recovery Guide for Parents

Adenoidectomy alone is usually a day-stay procedure. Most children recover quickly and need only simple pain relief.

1. Going Home

Your child will usually go home on the day of surgery once they are awake, comfortable, drinking adequately, have stable observations and there is no bleeding. Some children need longer observation, particularly if they are very young or have severe obstructive sleep apnoea or other medical conditions.

2. Pain Relief

Adenoidectomy alone is usually much less painful than tonsillectomy. Paracetamol and ibuprofen are often enough. Give medicines in the dose and at the intervals recommended by your surgeon, anaesthetist or pharmacist. Encourage regular fluids.

3. Eating and Drinking

Your child may return to a normal diet as tolerated. Start with small, frequent drinks and light foods if they feel nauseated. There are no special food restrictions after an adenoidectomy alone. Seek medical advice if your child cannot keep fluids down, has a very dry mouth or is passing much less urine than usual.

4. Blocked Nose, Mucus and Snoring

A blocked nose, mouth-breathing, snoring and blood-stained mucus or nasal discharge are common for several days while swelling settles. Saline nasal spray (such as FESS or FLO) 2–3 times daily may help clear mucus and improve comfort. Do not forcefully blow the nose for the first week.

5. Bad Breath

Bad breath is very common after adenoidectomy and can last for 2–3 weeks. It comes from the healing area at the back of the nose and, by itself, is not a sign of infection. Fluids, regular toothbrushing and saline nasal spray may help.

6. Neck Discomfort

Some children develop pain or stiffness when looking upwards or extending the neck. This is usually temporary. If neck pain is severe, is getting worse, limits movement, or persists, please contact Macarthur ENT. A short course of oral steroids may sometimes be recommended after assessment. Do not give leftover steroids without medical advice.

7. Fever, Nausea and Voice Changes

Mild nausea, vomiting or a low-grade fever can occur soon after an anaesthetic and usually settles with fluids and simple medication. The voice may sound more nasal or different for a few weeks. Contact your doctor if fever is high, lasts more than 48 hours, or occurs with worsening pain, lethargy or foul nasal discharge.

8. Activity, Daycare and School

Most children can rest quietly at home for several days and return to daycare or school when they are eating and drinking normally, sleeping reasonably and no longer need regular pain relief. Avoid strenuous activity, rough play and swimming for one week, or longer if advised by your surgeon.

When to seek urgent medical help

- Active or fresh bleeding from the nose or mouth, repeated swallowing of blood, or vomiting blood — attend the nearest Emergency Department immediately or call 000 if bleeding is heavy.
- Breathing difficulty, noisy breathing that is worsening, blue colour, or unusual difficulty waking your child.
- Inability to drink, repeated vomiting, marked lethargy, dry lips or very little urine.
- High or persistent fever, worsening pain, or foul discharge with your child becoming increasingly unwell.
- Severe or persistent neck pain or stiffness, particularly pain on looking upwards — contact us promptly.

9. Follow-up

Please call Macarthur ENT to arrange a follow-up appointment 4–6 weeks after surgery. Calling allows you to choose a date and time that suits you; an appointment will not be made automatically. Please contact us earlier if you are worried about your child's recovery.

Why this operation is generally safe

Large paediatric series show that isolated adenoidectomy has a very low complication rate. Suction diathermy seals tissue as the adenoids are removed and has a lower bleeding risk than traditional curettage. Bleeding and infection are uncommon, and most otherwise-healthy children can go home after a short observation period once discharge criteria are met. Serious complications are rare, but the warning signs above still require urgent assessment.

General information only; please follow the individual advice from your surgeon or anaesthetist.