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A B S T R A C T: *Background: Adenoidectomy and adenotonsillectomy are two of the most common procedures that are performed by otolaryngologists around the world. Complications, ranging from major to minor ones, are affected by the preoperative symptoms and health status of the patient. We aimed to identify the prevalence of major postadenoidectomy and adenotonsillectomy complications, including bleeding, and minor complications, including malodor, fever, and snoring.*

1. Introduction

Adenoidectomy and adenotonsillectomy are two of the most common procedures that are carried out by otolaryngologists especially among pediatricians, with an annual rate of approximately 250,000 cases [1]. Adenoidectomy is often correlated with additional surgical procedures, including tonsillectomy, or placement of tympanostomy tubes, and most tonsillectomies are usually performed in conjunction with adenoidectomies. Despite the vast body of adenoid-focused research, debate remains concerning the indications for adenoidectomy.

2. Surgical technique and postoperative care The patients were intubated under general anesthesia. The postnasal space was examined using a mirror, and adenoidectomy was performed using the electrocautery Bovie technique. Each tonsillectomy was performed using the monopolar technique of 40 W. Both procedures concluded with the reestablishment of proper hemostasis. For the

postoperative care, patients stayed in the recovery room for several hours and were discharged home on the same day. Patients were followed up at the medical center one week after the operation. Postoperative complications such as bleeding "intra-operatively", oropharyngeal malodor, snoring, and fever were monitored throughout the week and graded 1 (mild) 1–3 days, 2 (moderate) 4–6 days, and 3 (severe) 7–10 days. Fever in all patients did not exceed 38.5° C.

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