



A STUDY ON POST-OPERATIVE COMPLICATIONS OF TONSILLECTOMY:

ENT

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ABSTRACT

Tonsils are a pair of lymphoid organs located in the oral cavity on either sides between the two pharyngeal pillars, the anterior and posterior pharyngeal pillars in a fossa called the tonsillar fossa. Also called as Palatine tonsil it is a part of Waldeyer's ring that form a ring of lymphoid system around the entry of aero-digestive pathway and is involved with immune functions. They form a part of the body first line defence mechanism guarding the oral cavity. Because of their function and location they are frequently subjected to infection which is majority of the times self-limiting. Tonsils get involved in various conditions causing their enlargement can cause medical problems for which tonsillectomy is indicated. One hundred patients were selected who were operated for tonsillitis and this was taken in as the sample size.

This study was done in the Department of ENT, Travancore Medical College, Kollam

This study was done from June 2016 to May 2017.

Haemorrhage is the commonest and most feared complication as in any other surgery. Haemorrhage can be intraoperative or it can be primary haemorrhage (2-3%) when it occurs within 24 hours following surgery.

It is quite a safe procedure and is one of the best modes of treatment available. The complications are rare but not impossible.

This study is intended to help understand the paediatrician's role pre and post tonsillectomy procedure, what dangerous can be routinely encountered and what are the different measures that can be undertaken.

KEYWORDS

Introduction:

Tonsillectomy involves the surgical removal of the palatine tonsils from its bed the tonsillar fossa. Tonsils are a pair of lymphoid organs located in the oral cavity on either sides between the two pharyngeal pillars, the anterior and posterior pharyngeal pillars in a fossa called the tonsillar fossa. Also called as Palatine tonsil it is a part of Waldeyer's ring that form a ring of lymphoid system around the entry of aero-digestive pathway and is involved with immune functions. They form a part of the body first line defence mechanism guarding the oral cavity. Because of their function and location they are frequently subjected to infection which is majority of the times self-limiting.

Tonsils get involved in various conditions causing their enlargement can cause medical problems for which tonsillectomy is indicated

- Infective
- Recurrent Acute tonsillitis,
- Chronic tonsillitis,
- Recurrent tonsillitis associated with cardiac & renal conditions
- Peri tonsillar abscess,
- Diphtheria
- Obstructive
- Obstructive Sleep apnoea,
- Snoring
- Adenotonsillar hypertrophy
- Malignancy
- Lymphomas

There has been certain guidelines set for performing tonsillectomy which have been revised by the American Academy of Otolaryngology & Head and Neck Surgery (AAO-HNS)

The procedure of tonsillectomy can be done in numerous ways. Each of this technique has its own advantage but by and large gives good results. Some of the techniques practiced today include:

- Guillotine
- Dissection using Snare
- Electrocauterisation
- Laser dissection (CO₂, KTP)
- Coblation
- Microdebrider

As any other surgical procedure is associated with a risk of complications tonsillectomy also is associated with risk of few complications. The various complications that can be seen are as follows:

- Haemorrhage
- Intraoperative
- Primary
- Secondary
- Other complications
- Otalgia
- Dehydration
- Airway obstruction
- Pulmonary oedema
- Dental problems
- Rare complications
- Velopharyngeal insufficiency
- Stenosis
- Rupture of an undiagnosed aneurysm
- Temporo-mandibular joint (TMJ) dysfunction
- Cervical spine injury

This study is undertaken to find out the post-operative complications of tonsillectomy in our institute

Aims and Objectives:

1. To study on post-operative Complications of tonsillectomy.

Materials and Methods:

One hundred patients were selected who were operated for tonsillitis and this was taken in as the sample size.

This study was done in the Department of ENT, Travancore Medical College, Kollam

This study was done from June 2016 to May 2017.

Detailed clinical history was taken and the clinical examination was conducted. The patients underwent elective surgical procedure.

The complications were noted and reported.

Inclusion Criteria:

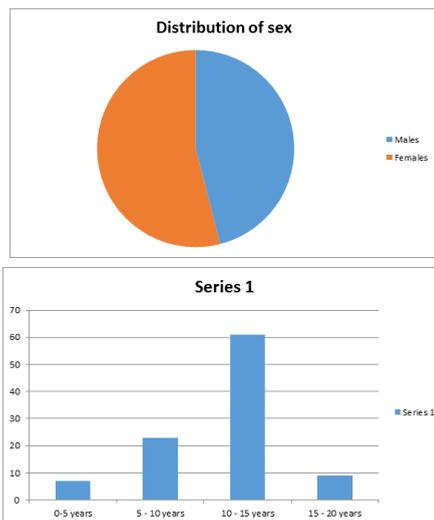
1. All the patients were aged below 18 years

Exclusion criteria:

1. > 18 years age were excluded.
2. Any associated disease was not considered.
3. Already complicated cases were not considered.

Results:

Image 1: Distribution of sex.



References:

1. Paradise JL. Tonsillectomy and Adenoidectomy in Bluestone CD, Stool SE editors. Pediatric otolaryngology:1995 3edn. Philadelphia, WB Saunders Co. p1054 -1065.
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4. Paradise J, Bluestone C, Bachman R, et al: Efficacy of tonsillectomy in recurrent throat infections in severely affected children. N Engl JMed310:674, 1984.[PubMed: 6700642]
5. Randall DA, Hoffer ME. Complications of tonsillectomy and adenoidectomy Otolaryngol Head Neck Surg. 1998 Jan;118(1):61-8.

Table 3: Complications.

Hemorrhage:	Frequency
Intra - operative	19
Primary	05
Secondary	06

Table 2: Complications:

Otagia	Frequency
Dehydration	21
Airway obstruction	02
Pulmonary oedema	Nil
Dental problems	28

Table 3: Rare Complications:

	Frequency
Velopharyngeal insufficiency	2
Stenosis	1
Rupture of an undiagnosed aneurysm	Nil
Temporo-mandibular joint (TMJ) dysfunction	1
Cervical spine injury	Nil

Discussion:

Haemorrhage is the commonest and most feared complication as in any other surgery. Haemorrhage can be intraoperative or it can be primary haemorrhage (2-3%) when it occurs within 24hours following surgery. Secondary haemorrhage is seen after 24 hours of surgery upto 7days. Intraoperative haemorrhage occurring can be controlled by applying pressure to the site. Electrocautery can also be used at the tonsillar bed to stop bleeding³.

Primary haemorrhage occurs postoperative and has to be attended immediately. Accumulation of blood or a massive haematoma can block the upper airways and cause respiratory insufficiency. (9.4%). The site must be carefully examined for any bleeders and should be stopped by ligation or pressure or diathermy. Careful examination also should be made to look for slippage of ligatures. If any problems are anticipated the patient should be shifted to the operation theatre for further management which includes ligation of the external carotid artery. Secondary haemorrhage (2.6%) can occur due to various complications most important of which is infections⁴.

Other complications are relatively less in number. Dehydration is seen due to pain due to lack of water intake. TMJ problems arise due to the surgery as the mouth is kept wide open or due to improper methods that are followed. Improper techniques can also cause cervical spine injuries and rarely death is seen as anaesthetic complication or excessive haemorrhage⁵.

Conclusion:

It is quite a safe procedure and is one of the best modes of treatment available. The complications are rare but not impossible. This study puts in a sincere effort to know the complications. This study is intended to make the practicing ENT surgeons understand the complications, so they would be ready to deploy the effort in a more refined way.