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USE OF SUTURE LIGATION TO MINIMIZE RISK OF POST TONSILLECTOMY Secondary Hemorrhage in Children - Just A Myth

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Objectives: To assess and compare the relative efficacy of diathermy coagulation along with suture ligation, and diathermy coagulation alone in pediatric patients for controlling post tonsillectomy secondary hemorrhage.

Study Design: Retrospective and comparative review of our own institute data.

Settings: Department of Otolaryngology, Head and Neck Surgery Combined Military Hospital Kharian, Punjab, Pakistan

Duration: From September 2015 to September 2017.

Materials & Methods: Retrospective review of 100 pediatric patients who underwent Tonsillectomy and had post-operative bleeding. Surgeries were performed by one of two general otolaryngologists at our institution. The surgeon used the same removal technique (cold dissection and snare), but slightly different methods of hemostasis.

Results: Most surgeons ligate lower pole of tonsil to control secondary hemorrhage in. Statistical evidence from our study supports that there is no additional benefit of ligating the lower pole of tonsil in terms of controlling secondary hemorrhage in children. Routine use of antibiotic and expertise of operating surgeon had no bearing on secondary hemorrhage rate. Electrocoagulation alone rather than electrocoagulation along with suture ligation in children is safe as long as the patient is carefully selected. Suture ligation is just an additional effort, time consuming and extra cost in terms of ligature and at times causing extra trauma to the lower pole, if not done in a meticulous way. However advantage of ligation of lower pole can't be ruled out in adults.

Conclusion: On the basis of statistical data we obtained from our study, it is recommended to prefer electrocoagulation alone for paediatric patients undergoing tonsillectomy as cost-effective, less time consuming and reliable approach for haemostasis.

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