



POST TONSILLECTOMY BLEEDING IN BAQUBA TEACHING HOSPITAL

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BACKGROUND

Tonsillectomy it is the surgical excision of palatin tonsils. Removal of tonsils with or without removal of adenoids is a common surgical procedure.^[1] The incidence of post-operative tonsillectomy bleeding range from 0.1% to 8% depending on severity.^[2] Reactionary post tonsillectomy bleeding occur during the 1st (24 hours) of operation. The incidence is (0.5 – 2.2 per 100).

Secondary post tonsillectomy bleeding occur after (24 hours) till two week post operatively the incidence about (0.1 – 3 per 100).

The most common at one week post operatively.^[3] post operative care after tonsillectomy in the immediate post operative period careful monitoring of vital signs is essential so that any reactionary haemorrhage (primary) can be recognized early.^[3]

It is important that all patients are encouraged to move the muscles of the throat during the first post operative week. This means chewing, talking, drinking etc.

The nature of the food is un important but if the pharyngeal muscles are kept moving then the slough will be shed more quickly from the tonsillar fossae allowing healing to take place. sensible use of analgesics post operatively is important. Aspirin and associated products should be avoided due to their effect on the coagulation process so paracetamol in tablets or liquid form adequate alternative.

Post tonsillectomy bleeding divided in two types.

Reactionary haemorrhage & secondary haemorrhage.

Reactionary haemorrhage. Occurs within a few hours after operation up to 24 hours post operatively.^[5] the reactionary haemorrhage treated by return to the operating theatre where the vessel ligated under general anaesthesia secondary haemorrhage Occur of 3 – 10 days after the operation & it is due to infection often associated with a refusal of patient to eat. chewing food keeps the muscles of the throat active keep the tonsil beds free from infection if food is refused the slough

become septic & bleeding occurs at the site of its separation.

A similar haemorrhage may occur if the patient incubating an upper respiratory tract infection at the time of Surgery.

The patient should be readmitted to hospital a course of systemic Antibiotics & analgesic usually enough to control bleeding.

It is not common to have the patient to the operating theatre & give general anaesthesia, search for bleeding vessels & stop bleeding.

AIM OF STUDY

The aim of this study is to show the aetiology of post tonsillectomy bleeding in relation – to gender, age & its management.

PATIENT AND METHOD

This study was performed in Baquba teaching hospital for the period from the January 2018 to 30 November 2018.

A review of cases records was done for all patients admitted during study period. The information- were collected by special designed questionnaires including causes of bleeding, gender, age & its management.

The result of this study presented By number & percentage.

Table (I): Distribution:- of cases according to gender.

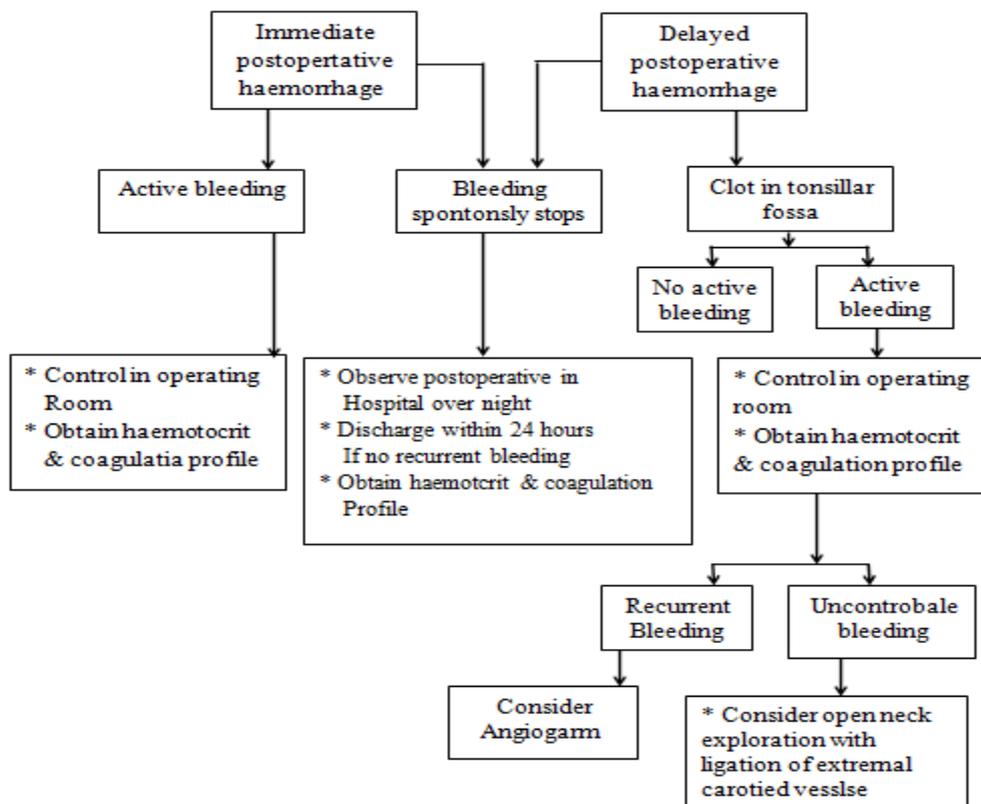
Gender	No	%
Female	89	55 – 97%
Male	70	44 – 0.3%
Total	159	100%

Table (II): Distribution:- of cases according to age group.

Age	No	%
1 – 10 year	76	47 – 79 %
11 – 20 year	57	35 – 84 %
21 – 30 year	22	13 – 83 %
31 – 40 year	3	1 – 88 %
41 – 50 year	0	0
51 – 60 year	0	0
61 – 70 year	1	00.62 %
> 70	0	
Total	159	100

Table (III): Distribution:- of cases according of Reactinary Hrr & secondary Hrr.

No. & cases	No of Reactinary Hrr	No.of secondary Hrr	%
159	2	-	1.25%
159	-	4	2.51%
Total			100
159			

Algorithm for managment of post operative haemorrhage.**DISCUSSION**

The distribution of cases according to gender shows that (89 female) (55.97 %). and 70 male (44.03 %). More common in female but all study show no sex predilection.

In this study there is two cases of reactionary bleeding. 1st case female child 7 years old occur after (3) hours post operative y immediately take the child to the operating room & find small hidden vessel & ligated and.

the child stay 24 hour, at the hospital & discharged well. The second. case occur after 7 hours postoperatively of 12 years old male patient. and managed like the 1st case.

The Secondary post tonsillectomy bleeding occur in four cases (2) female & two male. Age about 8 and 11 year of female patient. & two male age 13 & 20 year.

Three cases treated by admitted to hospital & treated conservatively by systemic antibiotics and analgesics & encourage eating only one case need general anaesthesia to ligate the blood vessels & discharge after 24 hours.

CONCLUSION

In this study the secondary post tonsillectomy bleeding is more common than reactionary bleeding.

The main causes of secondary post tonsillectomy bleeding is due to the patient in refuse to eat which cause infection and the bleeding.

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