

# [Paients patients were placed in supine position with](https://assignbuster.com/paients-patients-were-placed-in-supine-position-with/)

[Education](https://assignbuster.com/essay-subjects/education/), [Teaching](https://assignbuster.com/essay-subjects/education/teaching/)

paients& methodstudydesign: A prospective  descriptive  study of  100 cases of tonsillectomy carriedout  in ENT center in Sulaimaniyateaching hospital over a period of 8 months (jan .

2017-aug. 2017). to comparethe two methods of securing the lower pole , snaring & ligation regardingthe  post tonsillectomy complication Inclusioncriteria:·       patients of anyage·       chronictonsillitis·       sleep apneasyndromeexclusioncritria: ·       adenoidhypertrophy·       patients withepisode of acute tonsillitis·       parent refusedto participate·       patient with badfollow up·       history ofcogulopathy diorder·       rhistory ofimmunodeffecincy disorder·       orofasial anomalyas submucous cleft palate.·       Chronicsystemic illnesses as DM, epilepsy, heart failur·       equinsy·        tonsillar unilateral enlargement·       part ofpalatoplasty·       upper &lower respiratory tract infection·      Pregnancyand lactation.  sampling: convenientsample of 100 patients of different ages , complaining of chronic tonsillitis preparedfor tonsillectomy  was taken,  after dissection , the tonsil on the rightside was removed by a snare , but on the left side the lower pole secured byligation methodDatacollection: thedata collected pre & postoperatively through direct interview with the patient& there parents filling of  a specialquitionnae prepared for this study Each case after being screened from theoutpatient department of ENT center at Al Sulaimaniya teaching hospital the patients were addmitted one day beforethe operation underwent history taking include demographic data, otolaryngologic symptoms, past history, and family & drug history sp fordrugs as ibuprofen, aspirin, warfarin,  ENT, examination. All the patients investigatedto determine their fitness for general anaesthesia and the procedure.

Haemoglobin level, viral screening and coagulation profile was tested in allthe patients . Each patient or there parent signed an informed consent regardingthe operation, & the possible complications. next day the patienttransfered to operation  room underwenttonsillectomy operation, the technique was uniform to all the patients of variousages operated by the same surgeon using cold steel dissection.

the proceduredone  under general anesthesia usingendotracheal intubation. The patients were placed in supine position with asand bag between the shoulders (Rose Position). The mouth was held open by aBoyle’s Davis Gag supported by Draffin Bipod Stand. the tonsil was grasped withthe tonsil-seizing forceps and medially retracted gently the mucosa is thenincised using woods tonsil scissors Then theperitonsillar loose areolar plane was identified.

the tonsil were dissected  using agwynne evans dissector until reaching the lower pole which is crushed using negustonsil artery forceps before being cut with the same pair of scissors mentionedabove. and silk ties were used to secure hemostasis . The fossa was packed withcotton swabs . on the right side theme things donebut the  Inferior pedicle was snared withEve’s snare.

On removal of gauze, bleeders if any  were secured by point coagulation or ligated. Suction was applied to nose and nasopharynx. the mouth gag is then relaxed for 3 minutes, the orpharynx re-ecxpected for evidenceof bleeding & the procedure is terminated.

Theoperative time was measured from the start of palatoglossal incision to theattainment of hemostasis and was recorded separately for each side. The timetaken to operate on each side was recorded in minutes. afteroperation, the patients were taken to the recovery room, All the patients  were given  instruction about eating ice cream and cold fluids& deit  during the 1st 24 hours thenshifting to warm fluid diet and back to normal diet gradually within three days& received prophylactic antibiotic therapy inthe postoperative period for 7 days  and analgesics for 7 daysdischargeafter recive advice for diet & AB, analgesia & planned for the scheduleof follow upfollowup: thepaiets were followed for posroperative complication through direct interview orby cell phone for 4 periods, 1st, 2nd, 7th, 14th & after 1m asking about pain, fever,& doing Full otolaryngologic examinationto detect evidence of infection in the tonsillar bed and the occurrence of post-tonsillectomybleeding & looking for the presence of tonsillar remnant. the patient or their family given instruction  to present to our emergency department if ifthey had any comlication occured & call the researcherBleeding: Each bleed was graded as·       false alarm (noactual evidence of bleeding eg. vomited clots),·       Minor bleed asblood-tinged sputum (no action needed apart from observation), ·       Moderate bleed , thereis Coagulum upon inspection (active non surgical intervention eg. drip, xmatch, clot removal, I. V.

antibiotics were needed) ·       major bleed Bleedingactively under examination (required exploration, blood transfusion). PainThepatients were asked about  the intensityof their postoperative pain for assessment by a graded index classified as: ·       Mild- Pain withswallowing alone.·       Moderate-Painwith tongue movements and swallowing.·       Severe-Painpresent at rest, movement of tongue and Swallowing tonsillarremnant.

During each visit particular attention was given tosmoothness of tonsillar fossathe questionnairecontain the following information:-demographicinformation , name, age, sex,, addres-preoperatine sign& symptomsfever, sorethoat, odenophyphagia, dysphagia, otalgia, cough, trismus, enlarged tonsil, cervical LAposttonsillectomycomplications: bleeding, pain, fever, tonsillar remnanttimeof op