

Treatment of Tonsillar Remnants by Monopolar Diathermy, a Study of Safety of Technique regarding Peroperative Bleeding and Improvement of patient's Symptoms

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ABSTRACT

Aim: To assess the safety of monopolar diathermy, regarding peroperative bleeding in patients of tonsillar remnants and to assess improvement of symptoms of patients of tonsillar remnants

Design: Single Blind interventional type of study.

Place & duration of study: Govt. Kot Khawaja Saeed Hospital Lahore from Sept. 2008 to Sept. 2009.

Methods: Six patients were included in the study. All patients were adults between 18-25 years of age. The results of procedure regarding per operative bleeding and improvement of patient symptoms were analysed.

Results: On analysis of per-operative bleeding, 5 patient had 1-2 ml blood loss and one patient had 3 ml blood loss during surgery. The analysis of surgical outcome showed that all the 6 patients had shown improvement in there throat symptoms like sore throat and lymphadenitis.

Conclusion: It was concluded that surgery of tonsillar remnants by monopolar coagulation was a better and safe technique regarding operative blood loss and improvement of patient symptoms

Ke words: Tonsillectomy, monopolarcautery, tonsillar remnants

INTRODUCTION

The history of tonsil surgery goes to Hindu medicine 1000 BC^{1,2}. Around, AD30, Aulus Cornelius Celsus was believed to have performed tonsillectomy by using his finger nails .since then many surgical techniques have been observed^{3,4}. The ancient techniques were replaced by use of instruments which include snare, guillotine, tonsillotome, ligature etc. The modern hottechniques were introduced in 1973 with the use of CO₂ laser. Later came Nd-YAG laser, KTP laser, Diathermy, plasma excision or coblation, radiofrequency ablation, Harmonic scalpel and thermal welding⁵. Tonsillar remnants were common when tonsillectomies were performed by guillotine, significant in number with laser, less common with dissection, minimal with coagulation method^{5,6,7}. Other reasons for tonsillar remnants were tonsillectomies performed by trainee surgeons and elongated styloid process⁸.

The main presenting complaints of patients were recurrent sore throat, otalgia and jugulodigestic lymphadenitis⁹. The time lapse between primary tonsillar surgery and presentation for removal of tonsillar remnants was 5-10 years¹⁰.

Electrocautery decreases operative time and intra operative bleeding^{11,12,13}. The monopolar cautery creates an electric arc between tissue and

instrument which ablate the tissue. So it is easy to clear the tonsillar remnants by electrocoagulation^{14,15}.

PATIENTS AND METHODS

The study was conducted at department of ENT Govt. Kot Khawaja Saeed Hospital Lahore and total six patients of tonsillar remnants were operated from Sep 2008 to Sep2009. The age range was between 18-25 years. The study was conducted after approval from hospital ethical committee. Unipolar cautery was used as a technique for dissection of tonsillar remnants and hemostasis.

Patients of 18-25 years of age, belonging to either sex with history of tonsillar remnants and throat symptoms were included in the study. Patients with H/O bleeding disorders were excluded from the study. Tonsillectomy was done by unipolar diathermy and the results of procedure's safety regarding perop bleeding and symptoms improvement were analysed.

RESULTS

Out of 6 patients, 2 patients were between 18-20 years, 4 patients were between 20-25 years of age. On analysis of per-operative bleeding 5 patients had 1-2 ml blood loss. One patient had 3ml blood loss during surgery.

Distribution of age

No of patients	Age in years
2	18-20
4	20-25

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Peroperative bleeding

No of patients	Blood loss in ml
5	1-2
1	3

The analysis of surgical outcome showed that all the 6 patients had shown improvement in their sore throat symptoms and lymphadenitis.

Postoperative symptoms improvement

Preoperative symptoms	n	Improvement
Recurrent sore throat	3	Yes
Jugulodigestic lymphadenitis	3	Yes

DISCUSSION

The remnants of disease are an important element, affecting the outcome in every surgical procedure¹⁶. The same is true for our tonsillectomized patients. The exact etiology of remnant is not known. One possible factor for remnants was faulty surgical technique during primary tonsillar surgery. Other causes may be surgery done by junior surgeons, prominent styloid process in tonsillar fossa and immunological stimulation due to repeated infections^{17,18,19}. According to the results of our study, the average blood loss was between 1-1.5 ml. This result shows that unipolar cautery is a good technique to treat the tonsillar remnants. Other option to operate was plasma ablation. On analysis of surgical outcome and symptomatic improvement, it was seen that all the 6 patients had shown improvement in symptoms, so reducing the chances of complication related to disease²⁰. Further it was seen that treatment of tonsillar by unipolar cautery was better technique²¹. It reduces the burden on patient and operation theater staff, so improving the quality.

CONCLUSION

From the results of our study, it is concluded that treatment of tonsillar remnants by coagulation has significantly reduced per operative bleeding and reduced operative time, as compared to other conventional methods. The patient's symptoms were improved. It has reduced the morbidity and complication related to disease. The incidence of tonsillar remnants can be reduced by choosing better surgical technique during primary tonsillar surgery.

REFERENCES

- Hultcrantz E, Linder A, Markstorm A; Long term effects of intracapsular partial tonsillectomy (tonsillotomy) compared with full tonsillectomy. *Int J Pediatr Otolaryngol* 2005;69(4):463-469. PubMed Abstract.
- Doshi HK, Rosow DE, Ward RF, April MM; Age-related tonsillar regrowth in children undergoing powered intra capsular tonsillectomy. *Int J Pediatr Otolaryngol* 2011; 75(11):1395-1398. PubMed
- Unkel C, Lehnerdt G, Schmitz KJ, Jahnke K; Laser-tonsillectomy for treatment of obstructive tonsillar hypoplasia in early childhood; a retrospective review. *Int J Pediatr Otolaryngol* 2005;69(12):1615-1620. PubMed Abstract. Publisher Full Text
- Willging JP, Wiatrak BJ. Ultrasonic (Harmonic) Scalpel Tonsillectomy. *Operative Techniques Otolaryngology-Head and Neck Surgery*. 2002;13:65-67.
- O-Lee TJ, Rowe M. Electrocautery versus cold knife technique adenotonsillectomy: a cost analysis. *Otolaryngol Head Neck Surg*. 2004;131:723-726. [PubMed]
- O'Leray S, Vorrath J. Postoperative bleeding after diathermy and dissection tonsillectomy. *Laryngoscope*. 2005; 115:591-594. [PubMed]
- O'Flynn P, Silva S, Kothari P, Persaud R. A multicentre audit of single-use surgical instruments (SUSI) for tonsillectomy and adenoidectomy. *Ann R Coll Surg Engl*. 2007;89:616-623. [PMC free article] [PubMed]
- Frosh A, Smith LC, Jackson CJ, Linehan JM, Brandner S, Wadsworth JD, et al. Analysis of 2000 consecutive UK tonsillectomy specimens for disease-related prion protein. *Lancet*. 2004;364:1260-1262. [PubMed]
- Philpott CM, Mehta D, Daniel M, Banerjee AR. A double-blinded randomized controlled trial of coblation versus conventional dissection tonsillectomy on post-operative symptoms. *Clin Otolaryngol*. 2005; 30: 143-148. [PubMed]
- Walner DL, Parker NP, Miller RP. Past and present instrument use in pediatric adenotonsillectomy. *Otolaryngol Head Neck Surg*. 2007;137:49-53. [PubMed]
- Burton MJ, Doree C. Coblation versus other surgical techniques for tonsillectomy. *Cochrane Database Syst Rev*. 2007;18:CD004619 [PubMed]
- Windfuhr JP. Coblation tonsillectomy: a review of the literature. *HNO*. 2007;55:337-348. [PubMed]
- Divi V, Benninger M. Postoperative tonsillectomy bleed: coblation versus noncoblation. *Laryngoscope* 2005; 115:31-33. [PubMed]
- Chang KW. Randomized controlled trial of Coblation versus electrocautery tonsillectomy. *Otolaryngol Head Neck Surg*. 2005;132:273-280. [PubMed]
- Lowe D, van der Meulen J. National Prospective Tonsillectomy Audit. Tonsillectomy technique as a risk factor for postoperative bleeding. *Lancet*. 2004; 364: 697-702. [PubMed]
- Windfuhr JP, Deck JC, Remmert S. Hemorrhage following coblation tonsillectomy. *Ann Oto Rhinol Laryngol*. 2005;114:749-756. [PubMed]
- Javed F, Sadri M, Uddin J, Mortimore S, Parker D. A completed audit cycle on post-tonsillectomy bleeding rate: coblation versus standard tonsillectomy. *Acta Otolaryngol*. 2007;127:300-304. [PubMed]
- Stoker KE, Don DM, Kang DR, Haupt MS, Magit A, Madgy DN. Pediatric total tonsillectomy using coblation compared to conventional electrosurgery: a prospective, controlled single-blind study. *Otolaryngol Head Neck Surg*. 2004;130:666-675. [PubMed]
- Glade RS, Pearson SE, Zalzal GH, Choi SS. Coblation adenotonsillectomy: an improvement over electrocautery technique? *Otolaryngol Head Neck Surg*. 2006;134:852-855. [PubMed]
- Janifer shin, Christopher Hartrick, Gregory Randolph-2009-medical. Monopolar cautery versus cold dissection tonsillectomy in respect of operative time, intra operative blood loss, post op pain and return to normal diet. *Tonsillectomy. J. Ayub Med Coll*.
- Shah A, Shahid G, Gani Rehman. Evaluation of safety of bipolar diathermy. *Abbotabad* 2007;19(4).

