



AB075. 1. An audit of post-tonsillectomy with/without adenoidectomy; incidence of complications and prevention in UHL

Abdelrahman E. Ezzat^{1,2}, Mohammed A. Salem^{2,3}, John E. Fenton^{3,4}

¹Departments of ORL& HNS, Al-Azhar Faculty of Medicine, Cairo, Egypt; ²Hearing and Speaking Institute, Giza, Egypt; ³Limerick University Hospitals, ⁴University of Limerick Medical School (UL-GEMS), Limerick, Ireland

Background: To assess the rate of complications which were required admissions and interventions for tonsillectomy with/without adenoidectomy and how to be prevented in the future.

Methods: Tonsillectomy is one of the most commonly performed otolaryngology procedures. Tonsillectomies with/without adenoidectomy were done at our hospital over 2016 were retrospectively analysed. Data on patient demographics and complications were recorded. Standards from the National Prospective Tonsillectomy Audit (NPTA) were used for comparison.

Results: Three hundred and thirty-six patients (209 for tonsillectomy only and 127 for adenotonsillectomy) (aged <15 years old was 7.2 ± 3.6 years and ≥ 15 years old was 26.6 ± 7.8 years) were included. The rate of Secondary haemorrhage that has been readmitted was 6.5% [CF in 4.3% Health and Safety Executive (HSE) and 5.7% in National Health Service (NHS)]. The rate of Secondary haemorrhage that returns back to theatre was 1.2 % (CF in 1.8% HSE and 1.6% in NHS). Surgical technique and grade of surgeon did not affect complication rate.

Conclusions: Significant variation in discharge analgesia and compliance was demonstrated. Advice leaflets were provided at clinic pre-operatively, but none were provided post-operatively. These data suggest that the incidence of post-tonsillectomy bleeds increased in patients with postoperative pain. The study shows that pain control on discharge from hospital is very important factor in decreasing the post-tonsillectomy bleeds. New information leaflets and analgesic guidelines have been created on control the pain.

Keywords: Tonsillectomy; complications; audit

doi: 10.21037/map.2018.AB075

Cite this abstract as: Ezzat AE, Salem MA, Fenton JE. An audit of post-tonsillectomy with/without adenoidectomy; incidence of complications and prevention in UHL. *Mesentery Peritoneum* 2018;2:AB075. doi: 10.21037/map.2018.AB075