POST TONSILLECTOMY BLEEDING
Amer Daud

BACKGROUND/ PRESENTATION.
Post tonsillectomy bleeding is either reactionary or delayed. Reactionary bleeding usually occurs within 24 hours of the operation and the delayed bleeding can occur up to fourteen days post-operatively.

Presentation is often a complaint of spitting blood and sometimes difficulty/pain in swallowing.
1) Degree of bleeding varies, it can vary from spitting blood tinged saliva to profuse bleeding from the mouth. In children severe bleeding can be silent, as they swallow the blood and only after vomiting, a huge amount of blood that a serious bleeding is suspected.
2) Colour, pulse, blood pressure: palor, pulse > 100 and low BP are indications of continuing bleeding.

MANAGEMENT
• Calm the patient.
• I.V. line.
• Send blood for FBC, clotting and crossmatch.
• Gently suck the blood clot from the mouth.
• Give the patient diluted hydrogen peroxide in water (1:1) to gargle with (not in children).
• In adults soak a cotton wool with hydrogen peroxide or topical adrenaline, hold with Maguille’s forceps and press the bleeding tonsillar fossa with it. Repeat this process a few times.
• If you can see the bleeding point particularly after slowing down of the bleeding, having done the previous step, you can cauterise it with a silver nitrate stick. You need a headlight to free both hands.
• Call the ENT on-call.
• Blood transfusion will become necessary if large amounts of blood have been lost.
• Start IV Augmentin.
• Do not give any sedation.
• Reassure the patient and family at all times.
• Continuing bleeding is an indication to take the patient back to theatre.