Pharyngeal Operations

Tonsillectomy Operation

Indications

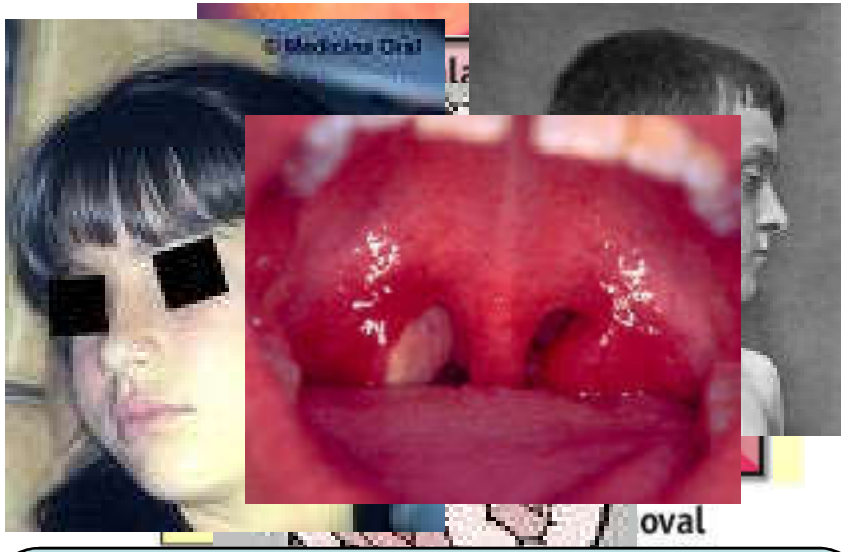
- Local

1- Recurrent attacks of AT
2- Hypertrophy
3-Quinsy
4-tonsillar tumor
5- part of another operation
6- Diphtheria carrier
7-Tuberculous LA

- Systemic

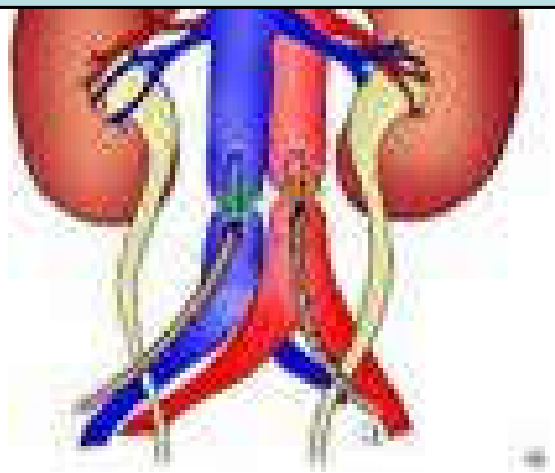
systemic diseases secondary to hemolytic streptococcal infection as:

- Rheumatic fever
- Glomerulonephritis



When one tonsil is markedly enlarged while the other tonsil is small
The tonsil is excised for BIOPSY

Because the tonsil is the portal of entry
Of Tubercle Bacilli



Contraindications

Local

- Acute tonsillitis
- URTI Why?

Systemic

1-Bleeeding tendency

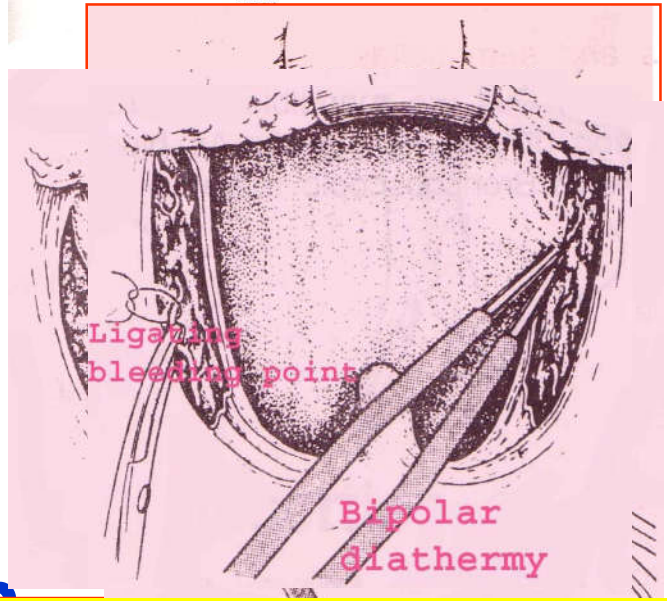
2-Active Rheumatic fever

3-Uncontrolled systemic disease as Anemia, DM & Hypertension

Hemophilia is a genetic blood disorder in which blood does not clot properly as a result of an enzyme deficiency.

Hemophilia is characterized by the missing or deficiency of a specific clotting factor protein, namely factor VIII or IX. The vital process of clotting is missing in hemophilia patients.

Tonsillectomy by Dissection



- **Control bleeding by ligating, or diathermy Of bleeding points**

small pillow under the shoulder

- **The surgeon at the head of the patient**
- **Open the mouth by a Boyle's Davis gag**

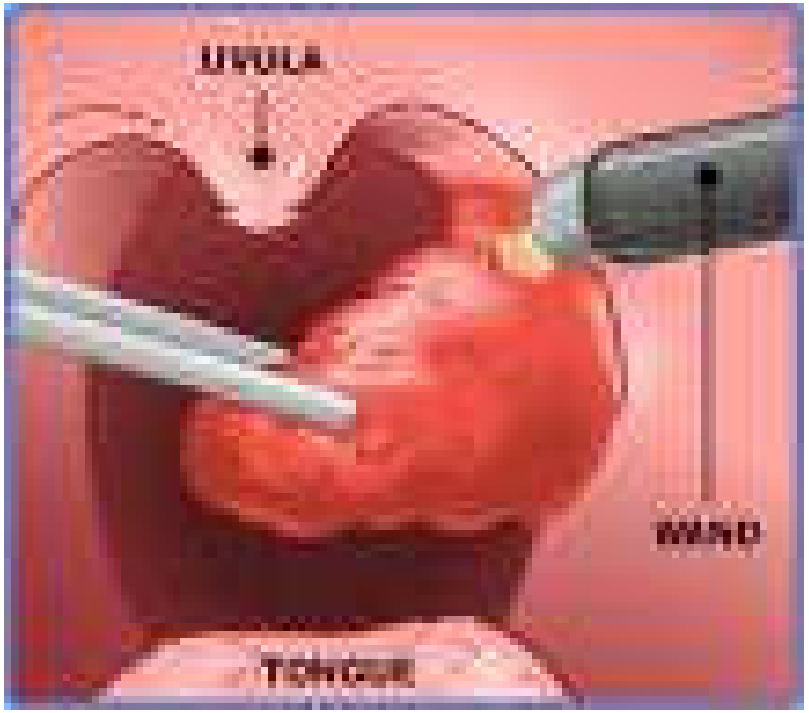
Other techniques
Tonsillectomy by Laser
Tonsillectomy By Radiofrequency

Advantage:

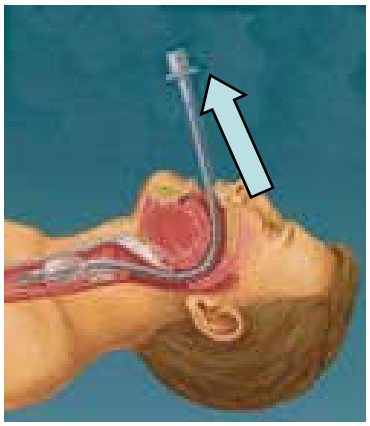
Decrease blood loss

Disadvantage:

increases cost



Post-operative Care



Extubation

Position: the patient is put in the tonsillectomy position

Until full recovery

Observation of signs of Respiratory Obstruction

Observations of signs of bleeding

Feeding

Medications

لايقوم طبيب التخدير بس

& vomitus

is extended

The

The

No p

Small pillow under the chest

What are the benefits of this position??

-Allow proper observation

-Easy detection of blood trickling from the mouth

-Prevent inhalation of blood or vomitus

-Prevent fall back of the tongue

-Prevent rolling of the patient on his back

-which is not the proper position

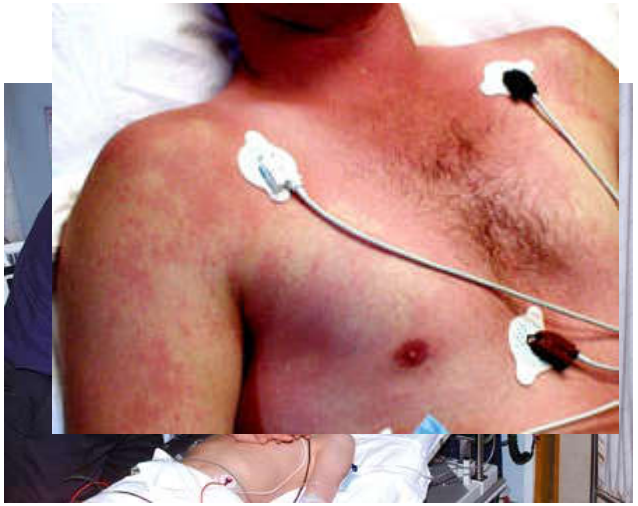
Complications

- **Complications of General anesthesia**
- Respiratory complications
- Hemorrhage
- Surgical trauma
- Infection
- Incomplete removal

Anaphylactic shock

Succinyl choline apnea

Cardiac arrest

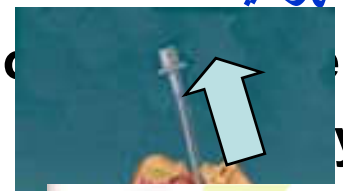


Complications

- Complications of General anesthesia
- Respiratory complications
- Hemorrhage
- Surgical trauma
- Infection
- Incomplete removal

1-Extubation laryngeal spasm→ STRIDOR

- قد تحدث بعد انتهاء العملية عندما يقوم طبيب التخدير بسحب انبوبة القصبة الهوائية



ck

of y

Pull the mandible forwards or

ON

Bronchscopic removal

cords

Oxygen Inhalation

Complications

- Complications of General anesthesia
- Respiratory complications
- Hemorrhage
- Surgical trauma
- Infection
- Incomplete removal

The bed is friable due to infection and more bleeding will occur

Later drop of blood pressure

Reactionary hemorrhage

Secondary Hemorrhage

Primary hemorrhage

Bleeding during the first 24 hours of the operation

Excessive bleeding during the operation

Bleeding due to infection of the bed of the tonsil usually from the 5th to 10th day after the operation due to

Causes: اسباب متعلقة بالجراح او بالمريض

- Rise of blood pressure
- bleeding tendency as hemophilia, purpura
- Slippage of loose ligature
- Operation during acute infection
- Disalignment of blood clot
- Inadequate dissection

Treatment

Antibiotics IV

Sedatives

Treatment:

Treatment

In Mild Cases

Apply cotton swab soaked in Hydrogen peroxide and ephedrine

- Ligation or diathermy

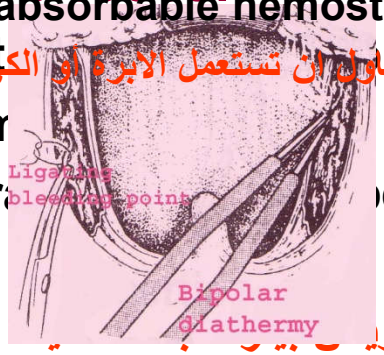
Rarely these measures fail.

- Apply cotton swab soaked in Hydrogen peroxide & ephedrine
- Factor VIII in hemophilia
- Reanesthesia & suture the anterior and posterior pillars over absorbable hemostatic pack

In severe cases:

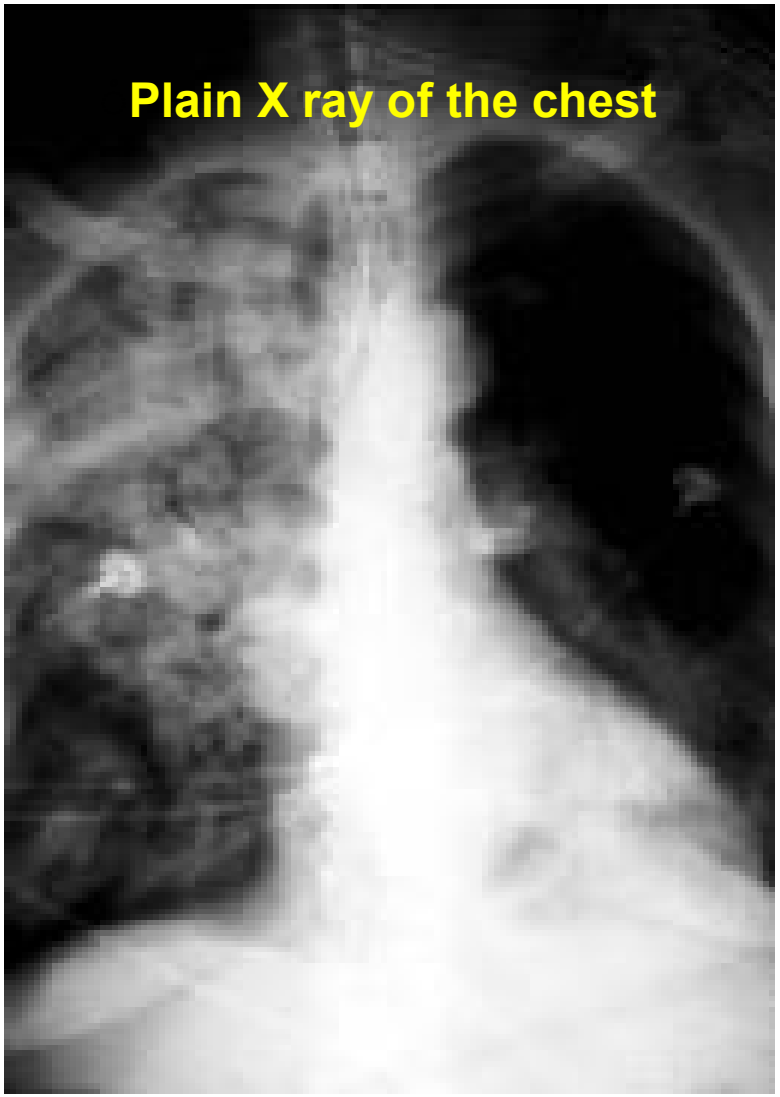
Reanest[illegible]n or diatherm[illegible]

Blood tr[illegible]e needed



سؤال هام:

ازاي تعرف ان المريض



1- Injury of the teeth

خاصة الاسنان اللبنية في الاطفال

2- Injury of the soft palate due to bad technique→

- Hypernasal speech→ Rhinlalia Aperta خنف
- Nasal regurge of fluids

- ماهي خطورة كسر الاسنان في مثل هذه الحالات؟

A tooth (molar) was dislodged during intubation.
The patient developed a lobar pneumonia from the tooth

Complications

- **Complications of GA**
- **Respiratory complications**
- **Hemorrhage**
- **Surgical trauma**
- **Infection**
- **Incomplete removal**

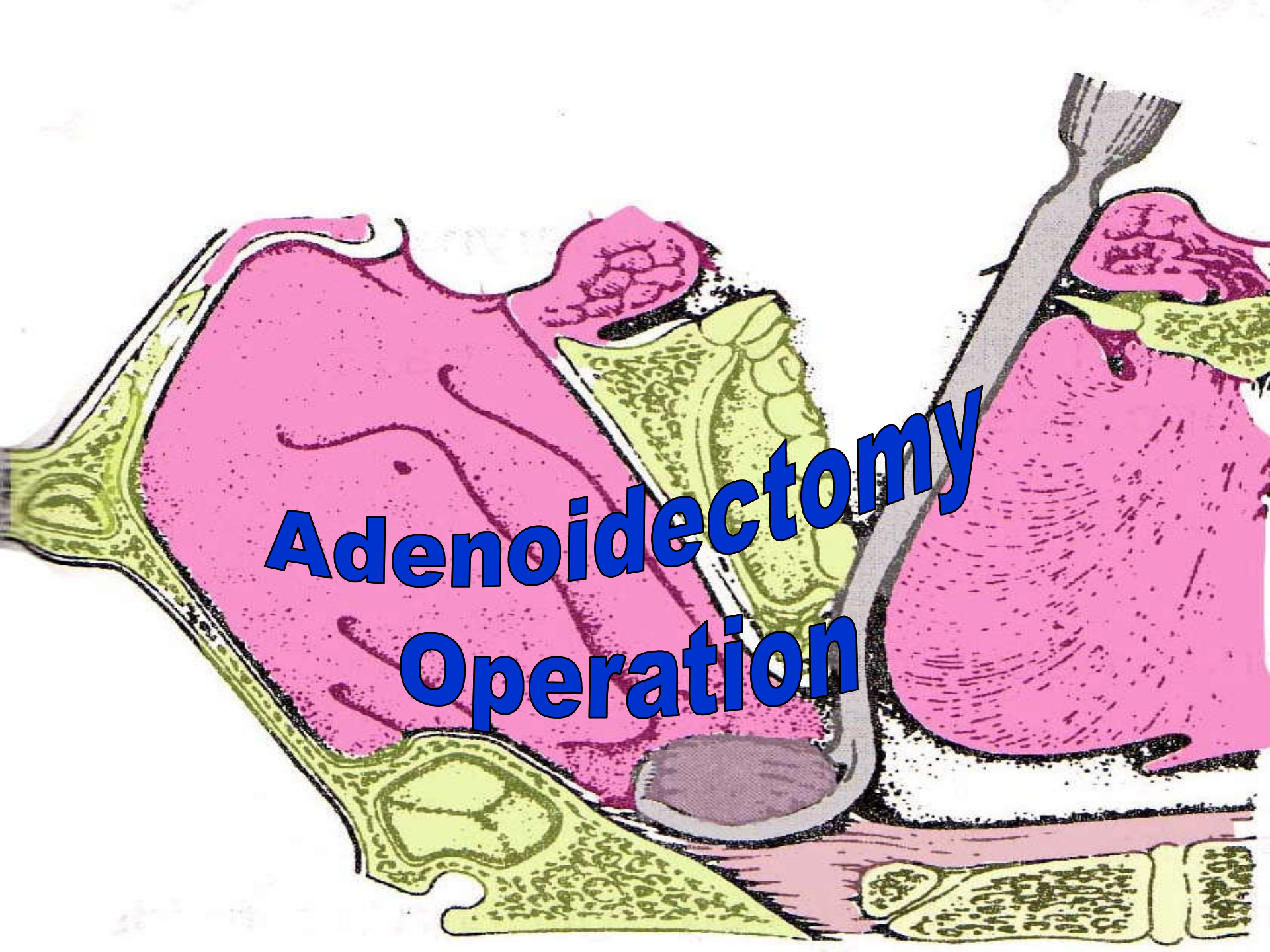
- Wound infection
- Cervical lymphadenitis
- Parapharyngeal abscess
- Bronchitis & bronchopneumonia
- Subacute bacterial endocarditis

Complications

- **Complications of GA**
- **Respiratory complications**
- **Hemorrhage**
- **Surgical trauma**
- **Infection**
- **Incomplete removal**

- Primary Hemorrhage
- Infection of the remnants

يشكوالمريض من نفس أعراض التهاب الوزتين قبل اجراء العملية


Adenoidectomy
Operation

Excision of Hypertrophied Nasopharyngeal Tonsil
Or
Excision of Adenoids

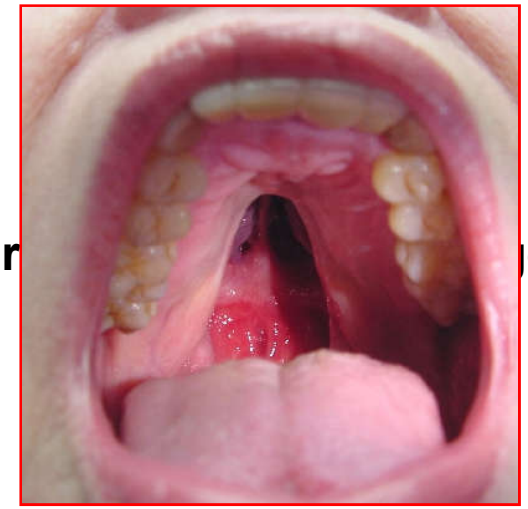
- Definition
- Indications
- Contrindications

Local

- Acute Upper respiratory tract Infection
- Cleft Palate WHY???

Systemic

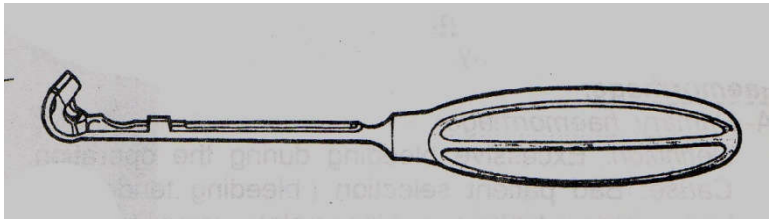
Same as in tonsillectomy

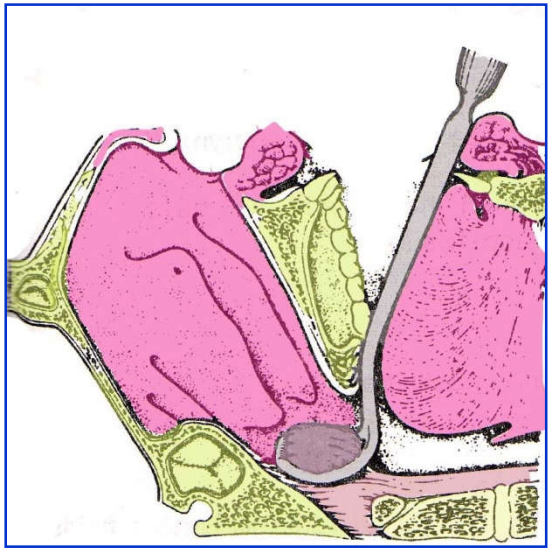
Hyper  eal tonsil

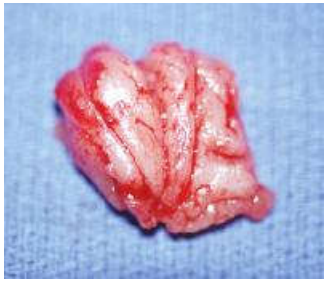
The Adenoid assists in closure of the Velopharyngeal sphincter
So Adenoidectomy will aggrevate the Velopharyngeal incompetence

Technique

- Under General Anesthesia
- In the supine position
- Pass the adenoid curette behind the soft palate into the nasopharynx
- Shave the adenoid mass
- Inserte a pack in the nasopharynx to stop bleeding
- Remove the pack after 15 minutes







Complications

- Complications of GA
- Respiratory complications
- Hemorrhage
- Surgical trauma
- Infection
- Incomplete removal

Same as in tonsillectomy

Complications

- Complications of General anesthesia
- Respiratory complications
- Hemorrhage
- Surgical trauma
- Infection
- Incomplete removal

Reactionary hemorrhage

Bleeding during the first 24 hours after the operation due to:

- Rise of blood pressure
- Dislodgment of blood clot

Primary hemorrhage

Excessive bleeding during the operation

- Causes: أسباب متعلقة بالجراح أو بالمريض
  - bleeding tendency as hemophilia, purpura
  - Operation during acute infection
  - Incomplete removal

Secondary Hemorrhage

Bleeding due to infection of the bed of the nasopharyngeal tonsil usually from the 5th to 10th day→ slough of tissue & vessels

Treatment

Vasoconstrictor nasal drops

If this fails:

Antibiotics, IV

Vasoconstrictor nasal drops

Removal of remnants

Re-plan the nasopharynx

Re-establish hemostasis by packing the nasopharynx

An inflatable balloon or posterior nasal pack

سؤال مهم:

ازاي تعرف ان المريض بينزف بعد العملية؟

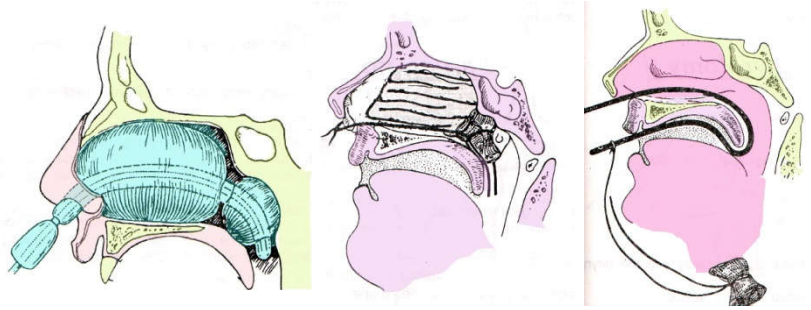
Frequent swallowing(>5/m)

Spitting of fresh blood and fresh blood coming from the nose

Vomiting of dark blood لون القهوة

Rising pulse

Later drop of blood pressure



Complications

- Complications of GA
- Respiratory complications
- Hemorrhage
- Surgical trauma
- Infection
- Incomplete removal

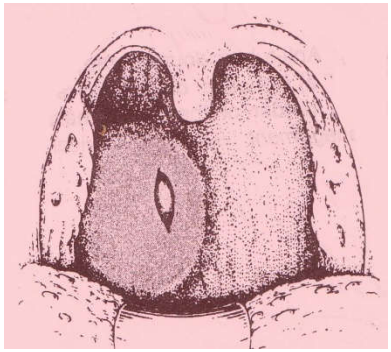
Surgical trauma

- Injury of teeth
- Injury of ET orifice→ Otitis media
- Injury of soft palate→ hypernasality & nasal regurgitation of fluids
- Injury of pharyngeal muscles (Overcurettege)→ primary hemorrhage
- Injury of Atlas vertebra due to hyperextension of the neck→ neurological disorders

Complications

- Complications of GA
- Respiratory complications
- Hemorrhage
- Surgical trauma
- Infection
- Incomplete removal

- Wound infection may lead to secondary hmorrhage
- Retroparyngeal abscess
- Bronchitis & Bronchopneumonia

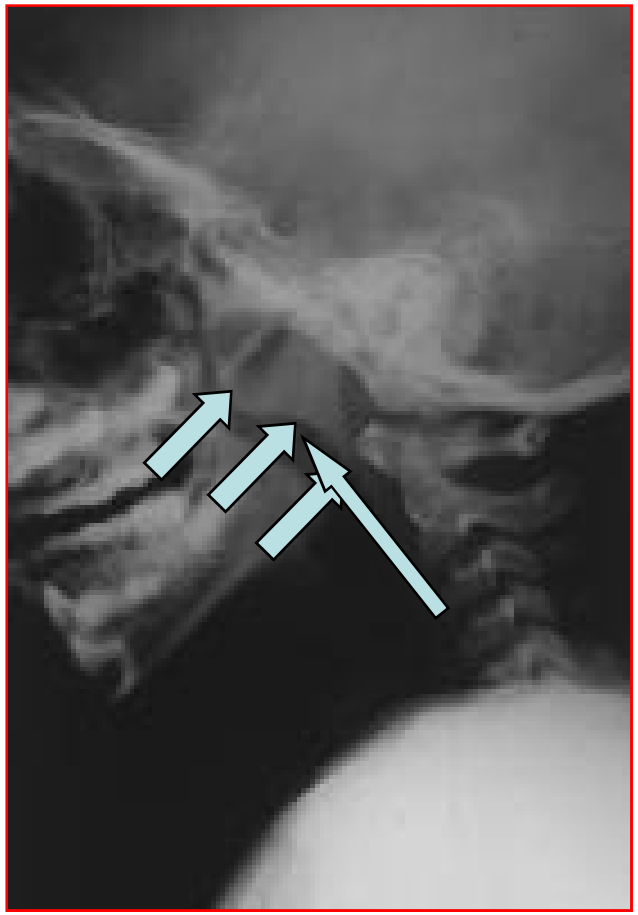


Complications

- Complications of GA
- Respiratory complications
- Hemorrhage
- Surgical trauma
- Infection
- Incomplete removal

This leads to;
Primary hemorrhage
Persistence of symptoms of Adenoid

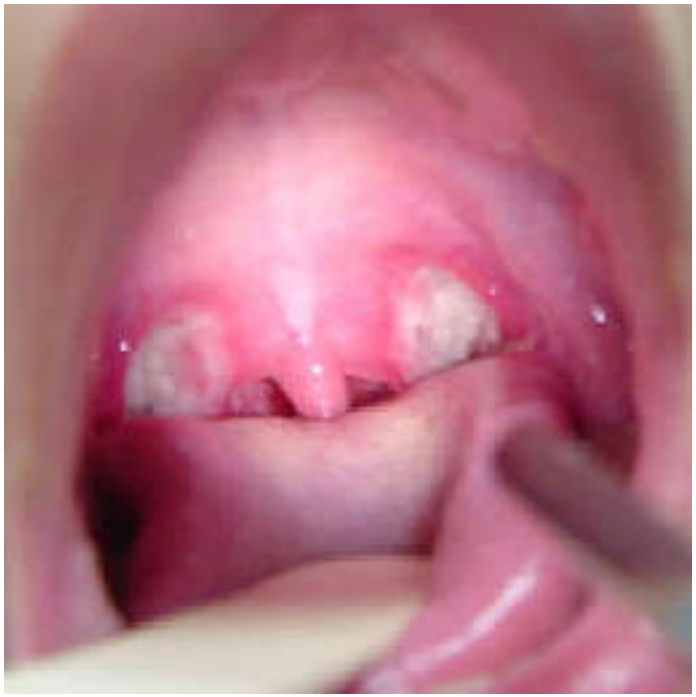
Comment من اسئلة العملي



- Plain x ray of the head & neck
- Lateral view
- Soft tissue swelling → narrowing of the nasopharyngeal air column
- Suggesting Adenoids

- **The Tonsillar bed After tonsillactomy**

يتكون غشاء أبيض ويظل لمدة حوالي اسبوع وقد يظن بعض الاطباء من غير المتخصصين أن هذا الغشاء هو تقيح أو صديد في مكان العملية بينما يكون هذا من الامور العادية




THANK
YOU!