

PREOPERATIVE DIAGNOSIS: ,

Tonsillitis.,POSTOPERATIVE DIAGNOSIS:

,Tonsillitis.,PROCEDURE PERFORMED:

,Tonsillectomy.,ANESTHESIA: , General

endotracheal.,DESCRIPTION OF PROCEDURE: ,The patient

was taken to the operating room and prepped and draped in

the usual fashion. After induction of general endotracheal

anesthesia, the McIvor mouth gag was placed in the oral

cavity and a tongue depressor applied. Two #12-French red

rubber Robinson catheters were placed, 1 in each nasal

passage, and brought out through the oral cavity and clamped

over a dental gauze roll on the upper lip to provide soft palate

retraction. The nasopharynx was inspected with the laryngeal

mirror.,Attention was then directed to the right tonsil. The

anterior tonsillar pillar was infiltrated with 1.5 cc of 1%

Xylocaine with 1:100,000 epinephrine, as was the left tonsillar

pillar. The right tonsil was grasped with the tenaculum and

retracted out of its fossa. The anterior tonsillar pillar was

incised with the #12 knife blade. The plica semilunaris was

incised with the Metzenbaum scissors. Using the

Metzenbaum scissors and the Fisher knife, the tonsil was

dissected free of its fossa onto an inferior pedicle around

which the tonsillar snare was placed and applied. The tonsil

was removed from the fossa and the fossa packed with a

cherry gauze sponge as previously described. By a similar

procedure, the opposite tonsillectomy was performed and the

fossa was packed.,Attention was re-directed to the right tonsil.

The pack was removed and bleeding was controlled with the

suction Bovie unit. Bleeding was then similarly controlled in the left tonsillar fossa and the nasopharynx after removal of the packs. The catheters were then removed. The nasal passages and oropharynx were suctioned free of debris. The procedure was terminated.,The patient tolerated the procedure well and left the operating room in good condition.