Tonsillectomy & Adenoidectomy - 5

Description

Tonsillectomy and adenoidectomy. Chronic adenotonsillitis. The patient is a 9-year-old Caucasian male with history of recurrent episodes of adenotonsillitis that has been refractory to outpatient antibiotic therapy. (Medical Transcription Sample Report)

Postoperative Diagnosis

Chronic adenotonsillitis.

Procedure Performed

Tonsillectomy and adenoidectomy.

Anesthesia

General endotracheal tube.

Estimated Blood Loss

Minimum, less than 5 cc.

Specimens

Right and left tonsils 2+, adenoid pad 1+. There was no adenoid specimen.

Complications

None.

History

The patient is a 9-year-old Caucasian male with history of recurrent episodes of adenotonsillitis that has been refractory to outpatient antibiotic therapy. The patient has had approximately four to five episodes of adenotonsillitis per year for the last three to four years.

Procedure

Informed consent was properly obtained from the patient's parents and the patient was taken to the operating room #3 and was placed in a supine position. He was placed under general endotracheal tube anesthesia by the Department of Anesthesia. The bed was then rolled away from Department of Anesthesia. A shoulder roll was then placed beneath the shoulder blades and a blue towel was then fashioned as a turban wrap. The McIvor mouth gag was carefully positioned into the patient's mouth with attention to avoid the teeth. The retractor was then opened and the oropharynx was visualized. The adenoid pad was then visualized with a laryngeal mirror. The adenoids appeared to be 1+ and non-obstructing. There was no evidence of submucosal cleft palate palpable. There was no evidence of bifid uvula. A curved Allis clamp was then used to grasp the superior pole of the right tonsil. The tonsil was then retracted inferiorly and medially. Bovie cautery was used to make an incision on the mucosa of the right anterior tonsillar pillar to find the appropriate plane of dissection. The tonsil was then dissected out within this plane using a Bovie. Tonsillar sponge was re-applied to the tonsillar fossa. Suction cautery was then used to adequately obtain hemostasis with the tonsillar fossa. Attention was then directed to the left tonsil. The curved Allis was used to grasp the superior pole of the left tonsil and it was retracted inferiorly and medially. Bovie cautery was used to make an incision in the mucosa of the left anterior tonsillar pillar and define the appropriate plane of dissection. The tonsil was then dissected out within this plane using the Bovie. Next, complete hemostasis was achieved within the tonsillar fossae using suction cautery. After adequate hemostasis was obtained, attention was directed towards the adenoid pad. The adenoid pad was again visualized and appeared 1+ and was non-obstructing. Decision was made to use suction cautery to cauterize the adenoids. Using a laryngeal mirror under direct visualization, the adenoid pad was then cauterized with care to avoid the eustachian tube orifices as well as the soft palate and inferior turbinates. After cauterization was complete, the nasopharynx was again visualized and tonsillar sponge was applied. Adequate hemostasis was achieved. The tonsillar fossae were again visualized and no evidence of bleeding was evident. The throat pack was removed from the oropharynx and the oropharynx was suctioned. There was no evidence of any further bleeding. A flexible suction catheter was then used to suction out the nasopharynx to the oropharynx. The suction catheter was also used to suction up the stomach. Final look revealed no evidence of further bleeding and 10 mg of Decadron was given intraoperatively.

Disposition

The patient tolerated the procedure well and the patient was transported to the recovery room in stable condition.