

How I Do It Series NUMBER 3

Day Case Tonsillectomy

JANE MONTGOMERY & SHYAM SINGHAM

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Patient Selection	<ul style="list-style-type: none"> • Age 3 and over • Caution in patients with severe sleep apnoea • Within 30 mins drive of hospital • Transport in own car
Anaesthetic Techniques	<ul style="list-style-type: none"> • EMLA or Ametop cream • Propofol 4mg/kg • Disposable reinforced LMA (a size down from what you would otherwise use) size 2 if <20kg • Maintenance with isoflurane or sevoflurane in air and oxygen • Spontaneous respiration • Dexamethasone 0.25mg/kg • Ondansetron 0.1mg/kg • Crystalloids 10ml/kg • In recovery free fluids and food on demand
Surgical Technique	<ul style="list-style-type: none"> • Coblation surgical technique to reduce PONV with decreased per-operative bleeding • 5% lignocaine with phenylephrine spray to tonsillar beds at the end of surgery
Peri-operative Analgesia	<ul style="list-style-type: none"> • Preoperative ibuprofen 5mg/kg • Preoperative paracetamol 15-20 mg/kg • IV Fentanyl 1-2mcg/kg intraoperatively
Take Home Medication	<ul style="list-style-type: none"> • Azithromycin 10mg/kg for 3 days od • Ibuprofen 5-10mg/kg for 1 week qds • Paracetamol 15mg/kg qds for 1 week qds
Organisational Issues	<ul style="list-style-type: none"> • Nursing observations for 6hrs postoperatively • Nurse led discharge 6hrs postoperatively so need to be on morning list • Surgeon needs to be contactable in the afternoon if there are any concerns

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<p>Common Pitfalls</p>	<ul style="list-style-type: none"> • Site rLMA in anaesthetic room and do not tape to mouth. Check airway patent with head in extension to mimic surgical position • Ensure surgeon uses relatively large Doughty blade to avoid compression of rLMA on posterior third of tongue base • When gag is put in, if the surgeon can see rLMA cuff it's not far enough in • Insertion of gag initially can induce apnoea momentarily—check airway patent with brief bagging • If still a problem release gag and put a little tension on the rLMA as it is replaced (may stop rLMA folding on itself). Sometimes the obstruction is relieved when the surgeon places the Draffin rods • If still a problem revert to RAE endotracheal tube
<p>Anticipated Day Case Rates</p>	<ul style="list-style-type: none"> • 95%