

How I Do It: Day Case Tonsillectomy

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Patient Selection

- Age 3 and over
- Caution in patients with severe sleep apnoea
- Within 30 mins drive of hospital
- Transport in own car

Anaesthetic Techniques

- 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

- 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

- Preoperative ibuprofen 5mg/kg
- Preoperative paracetamol 15-20 mg/kg
- IV Fentanyl 1-2mcg/kg intraoperatively

Take Home Medication

- 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

- 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

Common Pitfalls

- 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

Anticipated Day Case Rates

- 95%