

*Short Communication***Surgical techniques and complications associated with tonsillectomy****Turton Sharma\***

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Reviewed: 19-Dec-2022, QC No. AJMSOA-22-83155; Revised: 26-Dec-2022, Manuscript No. AJMSOA-22-83155 (R); Published: 03-Jan-2023.**DESCRIPTION**

The surgical removal of the tonsils, which are two oval-shaped tissue pads located in the back of the throat by one on each side is known as a tonsillectomy. A tonsillectomy may also be required to treat rare disorders of the tonsils. An operation called a tonsillectomy involves completely removing both palatine tonsils from the back of the throat. Recurrent tonsillitis, throat infections, and obstructive sleep apnea are the main conditions treated by the technique (Bitar MA, 2015). Although generally harmless, side effects could include bleeding, vomiting, dehydration, difficulty speaking, and digestive problems. Typically, the first one to two weeks following surgery are marked by throat soreness. Immune function appears unaffected by tonsillectomy in the long run. Some methods are involved in Tonsillectomy Surgery.

Dissection and snare method is the most popular procedure are used by otolaryngologists to remove tonsils was to employ forceps and scissors with a wire loop called a snare. However, other procedures are now generally used instead of this one (Gorman D, 2017). The tonsils are entirely removed during the surgery, which calls for the patient to be under general anaesthesia. The remaining tissue surface is then cauterized. There won't be much post-operative bleeding when the patient is discharged.

Electrocautery method uses electrical energy to separate the tonsillar tissue and assists in reducing blood loss through cauterization. Research has shown that the heat of electrocautery may result in thermal injury to surrounding tissue. This may result in more discomfort during the postoperative period.

Radiofrequency ablations are through probes put in the tonsil, monopolar radiofrequency thermal ablation delivers radiofrequency radiation to the tonsil tissue. The treatment can be carried out under local anaesthetic or light sedation in an outpatient (office) environment (Lamprell L, 2015). The tonsil

experiences scarring, this causes it to shrink over a period of several weeks. The procedure can be repeated multiple times. After the treatment, there is still tonsillar tissue, although it is less noticeable. Not chronic or recurrent tonsillitis, but rather swollen tonsils, should be treated with this technique.

Coblation tonsillectomy plasma is used during this surgical technique to remove the tonsils. Saline and radiofrequency energy are combined with coblation technology to generate a plasma field. The molecular bonds of the target tissue can be broken while the plasma field is still cool by causing little to no harm to the healthy tissue around it. Coblation tonsillectomy is performed (Suleman M, 2010). Tonsil hypertrophy (enlarged tonsils) and recurrent tonsillitis are the two leading causes of tonsillectomies by respectively. This method is said to cause less discomfort, quicker recovery, and less postoperative care.

Harmonic scalpel is a medical device vibrates its blade ultrasonically at a frequency of 55 kHz. The vibration, which is imperceptible to the naked eye, transmits energy to the tissue, simultaneously cutting and coagulating it (Zhang LY, 2017). The procedure's proponents claim that it produces precision cutting with little thermal damage.

**CONCLUSION**

A tonsillectomy is now typically done for sleep apnea; however it may still be used as a treatment if tonsillitis is persistent or unresponsive to other measures. When compared to no surgery, tonsillectomy significantly lowers throat infections or streptococcal infections in the short run (12 months) by moderate strength of evidence.

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