The true rate of post-tonsillectomy blood: not everything that bleeds is “bleeding”

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Background

The quoted rate of post-operative tonsillectomy haemorrhage is debated. Patients and clinicians don't necessarily agree on the definition of bleeding. When it comes to national audits or even personal complication audits, there is no guarantee that our patients will necessarily return to the original operating hospital. Some patients are sent home from emergency departments and some will arrive at another institution. These patients likely never make it onto morbidity data. We think this is significant in the changing era of consent after the UK Montgomery court ruling and rising patient expectations of accurate risk rates for our most common procedures.

Objectives To identify our true rate of post tonsillectomy “blood seen” and management provided.

Method

A prospective phone survey was conducted 6 weeks post op for all tonsillectomy or adenotonsillectomy patients operated on at our tertiary paediatric centre over a 2 month period. Consent for answers to telephone follow up for research was verbal. If no contact was made, 2 further attempts were tried. Messages were left on answer phones if available. If there was no response phone details were checked with patients GP for one further attempt if alternate number found.

There was a discrepancy between patient and surgeon perception of post-tonsillectomy bleeding

18% of all tonsillectomy patients sought post-op advice from GPs or walk-in-centres rather than the hospital

15%?

Results

Of 134 patients surveyed, 101 responded. The percentage of post tonsillectomy “blood seen” was 15%. 7% of total were re-admitted (some with pain not bleeding). An additional 18% of total presented to GP or Walk-in-Centres. All those re-admitted plus 11 community attendees received antibiotics. One of the patients returned to theatre.

Discussion.

BLEEDING? We found a higher rate of post tonsillectomy blood reported by patients than expected. It is clear patients and surgeons have different perceptions of what constitutes bleeding. We want to continue this research to establish how we should counsel our patients better to mitigate concerns they might have post operatively. Is any bleeding acceptable, and if so how much, and who should decide this?

COMMUNITY REVIEWS There is a previously undocumented burden on other local services such as GPs, walk-in-centres and pharmacies which may be of interest for future research regarding perioperative advice and the cost and payment of services when commissioning

ANTIBIOTICS Nearly 18% of tonsillectomy patients received post op antibiotics; many of these were in the community without the surgeon's knowledge and this may have implications for antibiotic stewardship.

Future research. We have established a Delphi consensus statement for our department's preferred post op advice leaflet to be handed out in day case surgery with take home meds and in the emergency department. We will reaudit in another 2 months to see if this specific advice sheet alters post-op behaviour.