INTRODUCTION

Tonsillectomy is one of the commonest surgeries in otolaryngology. A variety of surgical methods have been utilized over the years, ranging from blunt cold steel dissection, guillotine, aneur, to electrocautery. Coblation tonsillectomy was first introduced to our institution in 2001. It utilizes radiofrequency energy to polarize sodium ions in saline for tissue destruction. Coblation has been reported to cause less postoperative pain, a faster recovery, and an earlier return to daily activities than traditional techniques. Coblation tonsillectomy utilizes radiofrequency energy to polarize sodium ions in saline for tissue destruction. Coblation has been reported to cause less postoperative pain, a faster recovery, and an earlier return to daily activities than traditional techniques. Coblation has been reported to cause less postoperative pain, a faster recovery, and an earlier return to daily activities than traditional techniques.

METHODS AND MATERIALS

A retrospective review of all consecutive adult coblation tonsillectomies performed from January 2004 to December 2008 was done to assess for postoperative bleeding. We also aimed to determine any correlation between surgeon grade and bleeding rates; and whether surgical time and postoperative bleeding are reduced following increased experience with coblation.

RESULTS

The occurrence of postoperative bleeding varies greatly in the literature from 2.8% to 30.5%. Our postoperative bleeding rate of 11.4% is comparable with recent literature. A higher proportion of cases performed by junior surgeons developed postoperative bleeding. We believe this is due to limited exposure and training with coblation. Increased experience with coblation does not translate into faster operating time.

REFERENCES


CONCLUSION

Our postoperative bleeding rate of 11.4% is comparable with recent literature. A higher proportion of cases performed by junior surgeons developed postoperative bleeding. We believe this is due to limited exposure and training with coblation. Increased experience with coblation does not translate into faster operating time.