STITCHLESS TONSILLO-STYLOIDECTOMY

I. P. Nangia

INTRODUCTION
Tonsillectomy is the commonest surgical procedure performed by most ENT surgeons. The author performs the procedure under local anesthesia in adults. He has made it a routine to palpate the tonsillar bed after removal of the tonsils for any evidence of bulge caused due to elongated styloid process and if found it was removed or broken with gratifying results. The purpose of the paper is to highlight the technique used by the author for the benefit of younger colleagues, which is safe and comfortable for the patient and convenient for the surgeons.

MATERIALS AND METHODS
210 patients who were admitted for undergoing Tonsillectomy in Nangia ENT Hospital over a period of 4 years and 3 months (Jan 96 to April 2000) were included in this study. After routine investigations adult patients underwent tonsillectomy operation under local anesthesia while...
children were operated under G.A. 4% Xylocaine spray was used for surface anesthesia which was supplemented by infiltration anesthesia with 2% xylocaine with 1:2,00,000 adrenaline. The Tonsillectomy was done by dissection method with the patient in semi-sitting position. Mouthgag was not used in this procedure, instead a tongue depressor being held by an assistant was used to visualize the tonsillar area. In children

4% Xylocaine spray was used for surface anesthesia which was supplemented by infiltration anesthesia with 2% xylocaine with 1:2,00,000 adrenaline. The Tonsillectomy was done by dissection method with the patient in semi-sitting position. Mouthgag was not used in this procedure, instead a tongue depressor being held by an assistant was used to visualize the tonsillar area. In children

Tonsillectomy was done in Rose Position.

The tonsillar fossae were digitally palpated and if any bulge or prominence was felt it was thought to be a case of elongated styloid process contributing to the agony and symptoms of the patient. The elongated styloid process was a rested and entangled in the smaller ring of D+C. curette (used in Gynae and Obs). It was then fractured medially and removed with the help of curved artery forceps. No stitch was thus required as tissues come back to their normal anatomical position after removal of styloid. No surgical emphysema noted post operatively.

### OBSERVATIONS

A total of 210 patients were included in this study. The youngest patient was 6 years old and oldest 50 years old. Maximum number of patients was in the age group 21-30 years and in this age group the Male - Female ratio was 1:1. In the age group 6 years to 20 years the Male-Female