

THE COMPLICATIONS OF ADENOID OPERATIONS.

When one considers the enormous number of tonsil and adenoid operations that are being done weekly—nay, daily—in our great cities, the importance of E. G. F.'s article in *THE BRITISH JOURNAL OF NURSING* for September 23rd, 1911, cannot fail to make itself patent to every surgeon. The operation is one which, save in very exceptional circumstances, should be unattended by accident or dangerous complication. It is, however, so common and so necessary a procedure, so simple in principle and after-treatment, that it is to be feared that familiarity has brought in its train a certain carelessness, a certain neglect of after-care, that cannot fail to produce a proportion of accidents, the more regrettable because so easily avoidable.

The Société Française d'Oto-Rhino-Laryngologie recently entrusted two of its members, MM. Grossard and Kaufmann, with the presentation of a report, and their joint production was published in the *Bulletins et Mémoires* of the Society, early this year, under the title "Des Complications de l'Adénoïdectomie." This report is a valuable one, for it is compiled from the experiences of specialists all over the world, men such as Schmiegelow, Aboulker, Chavasse, Labarre, Koenig, Moure, Castex, Béco, Holmes, Ferreri, Seifert, St. Clair Thomson, Dan McKenzie, Bar, Mygind, Kronenberg and Macleod Yearsley, representing France, Germany, Great Britain, Denmark, Russia, Morocco and the United States. From the experiences thus brought together, the compilers of this report have classified the accidents of adenoid operations under six heads: Accidents due to (1) incomplete diagnosis, (2) hæmorrhage, (3) injury, (4) infection, (5) nervous complications, and (6) accidents not coming under the other five heads. Some of these scarcely come within the province of nursing, being concerned with the performance of the operation itself or with anatomical abnormalities which are of interest only to the surgeon. Others, however, such as hæmorrhage and infection, are of importance alike to surgeons and to those upon whom falls the after-care of the patient. It is to meet these possible complications that instructions should be framed. In the report under consideration considerable attention is paid to the question of hæmorrhage, both primary and secondary. Severe bleeding occurring at the time of the operation or immediately after, such as may arise in hæmo-

physics, or from other causes, hardly needs more than passing mention, as no surgeon who valued his reputation would allow a child to return home under such condition. Delayed primary hæmorrhage, however, may occur after a patient has left the hospital, from imprudence on the child's part, from the previous use of cocaine and adrenalin, from a long journey home, or from great heat or cold. Children who come from a long distance should not be sent home unless they have had at least forty-eight hours' rest; that is the conclusion given in the report, and it is one which the writer heartily endorses. At the special hospital to which the writer is attached, only those cases whose homes are within very easy distance are allowed to return on the same day as the operation, and then only after a rest of from two to three hours. All who come from a distance are detained for at least forty-eight hours. Careful personal directions as to after-care are given to parents by the matron or sister and the patient is always seen again the following week. It is only by such precautions as these that the danger of retarded hæmorrhage or of infection can be reduced to a minimum.

Considering the enormous number of adenoid operations, the danger of severe hæmorrhage, both primary and delayed, is not great. The most important complication of all is infection. When one remembers that the loss of blood consecutive to the operation is often considerable, the little patient must be in such a condition of temporary weakness as to offer a favourable soil for the development of latent or acute diseases. "We know," says the report, "how much parents hesitate, during the early days which follow the operation, to recognise the advantages which we have extolled. There seems to exist in the infant's organism a loss of equilibrium, which takes some time to recover. Further, it is self-evident that we operate on the naso-pharynx only with relative asepsis; it is impossible to render such a cavity, with all its diverticula, completely aseptic." One can, however, take such necessary and self-evident precautions as sterilising instruments, hands, and especially nails. It may be taken that such steps are taken by every surgeon worthy of the name. There is one precaution, however, which has been more honoured in the breach than the observance and which is even now too often neglected, the preliminary inspection of the mouth and especially of the *teeth*. The writer would insist that under no circumstances should any operation upon the tonsils and adenoids be attempted when there are carious teeth or the

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