POST-TONSILLECTOMY BLEEDING

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Disclosures

No relevant financial relationships with the manufacturer(s) of any commercial product(s) and/or provider(s) of commercial services discussed in this CME activity.

I do intend to discuss an unapproved/investigative (off-label use of TXA) use of a commercial product in my presentation.
1. Review pertinent anatomical barriers to the management of patients who present with post tonsillectomy bleeding.

2. Describe techniques used to aid in hemorrhage control.

3. Discuss pharmacological therapies available used to treat patients presenting with post tonsillectomy bleeding.
Who is getting T&A’s?
High-Risk Anatomy
Who bleeds?

3-10%

CHILDREN vs ADULTS
Who bleeds?

ADULTS

CHILDREN
POST-OP
Day 1

EARLY BLEEDERS
POST-OP
Day 2
POST-OP
Day 5
POST OP
DAY 5-10

LATE BLEEDERS
POST-OP
Day 14
Massive Hemorrhage

Call for HELP
Position of comfort
Direct (lateral) Pressure

TOPICAL TXA

+- EPINEPHRINE
IV MEDS

Tranexamic acid (TXA)
- 1 gram IV over 10 mins
- 15 mg/kg (children)

Pain Management:
- Fentanyl or Ketamine
- Topical Benzocaine

DDAVP 0.3 mcg/kg IV (VWF)
MINOR BLEEDING

Position of comfort
MINOR BLEEDING

Position of comfort

Direct Pressure
MINOR BLEEDING

Position of comfort
Direct Pressure

Rinsing > Gargling
MINOR BLEEDING

- Position of comfort
- Direct Pressure
- Rinsing

Silver Nitrate
MINOR BLEEDING

- Position of comfort
- Direct Pressure
- Rinsing
- Silver Nitrate

Nebulized TXA
Nebulized TXA

500mg TXA Solution
(250mg peds < 25kg)
+
20 cc NS
High Risk Patients

Primary bleeders

Visible “Blackberry” Clot

Pediatrics

Coagulopathic
DISPO

BLEEDERS $\rightarrow$ O.R.

RESOLVED...NOW WHAT?!

Touch Base with ENT
References


Thank You

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