

Letters to the Editor

Diathermy haemostasis at tonsillectomy

Dear Sir,

I read with considerable interest the article by Messrs Murty and Watson (1990, 104, 549–552 July) on the use of diathermy haemostasis at tonsillectomy. From my years of experience working in various hospitals in the United Kingdom in the late 1970's and later here in Nigeria, the frequency of routine diathermy usage in the survey appears to me surprisingly high at 44%.

An aspect of the subject perhaps not sufficiently highlighted in the survey by the authors is the occasional use of diathermy as an adjunct to routine ligation (in difficult cases) by some E.N.T. surgeons including myself. Additionally in over eleven years as a consultant, I have invariably had recourse to diathermy haemostasis for cases of post-tonsillectomy haemorrhage because of the well known friable state of the tonsil fossa and the difficulty in locating bleeding points in such cases.

Furthermore, irrespective of the relative advantages or disadvantages, the influence of early training and exposure on the adoption of routine usage of diathermy must be borne in mind in a survey of this nature.

Yours faithfully,

Dr F. O. Ogisi,

Associate Professor & Consultant E.N.T. Surgeon.
University of Benin Teaching Hospital,
Benin City, Nigeria.

Reply:

Dear Sir,

We welcome Dr Ogisi's comments and note with interest his subjective impression that diathermy is used less frequently in Nigeria. Both the absolute number and the percentage of completed questionnaires we received compares most favourably with surveys of U.K. E.N.T. practice published in recent years in the J.L.O. We therefore believe our result to be valid.

As emphasised by the word "alone" in Part 1 of the questionnaire, no attempt was made in the survey to assess the use of diathermy as an adjunct to ligation. Were this so, the use of diathermy would have been even higher.

Early training must indeed be influential but nevertheless two hundred and sixty one of our respondents had sufficient previous experience with both techniques to enable them to comment. The fact remains that there is a dichotomy of opinion concerning the use of diathermy both amongst current U.K. E.N.T. consultants and in the literature.

Yours faithfully,

George E. Murty,

Mark G. Watson,
The Leicester Royal Infirmary,
Leicester LE1 5WW.