

Faigel, H. C. (1966). Tonsillectomy — a bloody mess. *Clinics of Paediatrics* **5**: 652–653.  
 Wyant, G. M. (1971). Anaemia and surgery: Comment *Survey of Anaesthesiology* **15**: 380.

Dear Sir

**Pre operative haemoglobin estimation in paediatric ENT surgery**

Singh, Gupta and Yadav say that common sense suggests that anaemia plays a significant role in the peri-operative morbidity and even mortality of tonsillectomy, but they cite no published evidence in support of this. They present the traditional anaesthetic view of this subject. My reading of the literature failed to find support for the common sense traditional opinion which is why I wrote the paper to challenge it.

The lack of a pre-operative haemoglobin estimation would only contribute to the general impression of negligence if there has been negligence in other areas of care which give rise to litigation. If there is such negligence, then having measured the pre-operative haemoglobin is no defence. Conversely, if there is no negligence in other areas, not measuring the pre-operative haemoglobin is not negligent and would not give rise to litigation. The cardio-respiratory reserve in a fit patient more than compensates for any mild to moderate chronic anaemia. Failure to take an adequate history pre-operatively and to miss symptoms of severe chronic anaemia would be negligent. The maintenance of circulating volume and the early recognition of post-operative bleeding are the most important factors in the safe peri-operative care of tonsillectomy patients.

Testing for sickle cell disease is a separate issue, and I would not dispute that those from at risk groups should be tested.

We do live in a real and cash limited world and the allocation of resources should be based on evidence rather than impression. Measuring the haemoglobin concentration pre-operatively is no substitute for adequate pre-

operative clinical assessment, peri-operative monitoring and post-operative care. Given adequate standards in these areas, then the measurement of pre-operative haemoglobin is superfluous.

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Dear Sir

**Uvulectomy to prevent throat infections**

**JLO 108: 65–66**

**Letter to Editor JLO 108:632**

Thank you for your comments and we accept that there may be psycho-social reasons for performing uvulectomy that we with our 'Western eyes' do not see. Our intention was really as stated to draw attention to the practice which we felt many otolaryngologists were unaware of rather than to judge the reasons for having it performed. As regards the complication rate we have no accurate figures nor are we or anyone else we suspect likely to obtain them. There have been various severe complications reported and our feeling is that the complication rate is high relative to the same operation performed in a controlled hospital situation with facilities for transfusion and treatment of infection etc. We appreciate however that hospital practitioners are reluctant to perform the operation and the traditional healers are really bowing to local demand. We do accept however that this is a minor procedure and the complication rate per se is likely to be accordingly low.

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