

## A Comprehensive guide to Obesity and Posttons

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### DESCRIPTION

Obesity has a negative impact on the outcomes of various surgeries. Tonsillectomy is one of the most common surgical procedures, and Posttonsillectomy Haemorrhage (PTH) is the most common complication in tonsillectomy patients. The effect of Body Mass Index (BMI) on posttonsillectomy bleeding episodes, on the other hand, is poorly understood. The purpose of this study was to look into the clinical relationship between obesity and PTH. A total of 98 tonsillectomies were reviewed retrospectively. Patient charts were examined for demographic information and surgical indications. PTH patients were compared to control cases. Based on BMI, patients were divided into three groups: normal weight (BMI 25 kg/m<sup>2</sup>), overweight (BMI 25 and 30 kg/m<sup>2</sup>), and obese.

PTH was detected in 50% of obese patients, 23.5% of overweight patients, and 13% of normal weight patients. PTH levels were significantly higher in obese patients compared to normal-weight and overweight patients. After controlling for confounding variables, multivariate analysis revealed that obesity was a significant factor influencing the prevalence of PTH. Obesity has emerged as a serious health issue in developed countries, with an increasing prevalence in both adults and children. Obese patients who undergo various types of surgery may suffer negative consequences. Tonsillectomy is one of the most common otorhinolaryngology surgical procedures. Posttonsillectomy Haemorrhage is the most common side effect in patients who have had tonsillectomies (PTH). The overall bleeding rate is around 10%. Although some potential PTH risk factors have been studied, little is known about how Body Mass Index (BMI) affects posttonsillectomy bleeding episodes in people.

The current study investigated the clinical relationship between obesity and PTH. Patients underwent surgery while under general anaesthesia and orotracheal intubation. We inserted a Boyle-Davis mouthpiece while the patient was lying flat. The tonsil was removed with a cotton ball and firm pressure. Tonsillar fossa hemostasis was removed with the Bayonet bipolar device. In each case, the inferior pole of the tonsil was abated, and the tonsil was completely removed under close observation.

Silk ligatures were added if doctors determined that ligation was necessary. We completed the procedure after achieving total hemostasis in both tonsillar fossae. Patients were admitted to the hospital one to three days before surgery. Patients were typically hospitalised for 7 days following surgery. If necessary, the hospital stay was extended beyond the 8-day period following surgery.

PTH was defined as any hemorrhagic episode following extubation. PTH was classified based on the severity of the hemorrhagic event as follows: There were three types of bleeding: (I) minor amounts that were controlled with noninvasive treatment, (II) minor amounts that required local anaesthesia for treatment, and (III) major amounts that necessitated revision surgery under general anaesthesia. The time between the tonsillectomy and the PTH was also recorded. PTH was detected in 19 of 98 patients (19.4%). PTH levels were highest on days 6 and 7 after surgery (4 and 5 patients, resp.). Three patients (3.1%) had Category III PTH (reoperation under general anaesthesia). All PTH occurrences occurred within 12 days of tonsillectomy.

Male patients were much more likely to have PTH than female patients. The mean age of patients with and without PTH was 33.4 years old or 32.6 years old, respectively. Age had no effect on the occurrence of PTH. PTH was not detected in any of the 55 (16.4%) chronic tonsillitis patients, two of the 21 (7.7%) IgA nephropathy patients, or eight of the 23 (42.1%) sleep apnea syndrome patients (SAS). There were no significant differences in platelet count or activated partial thromboplastin time between patients with and without PTH. The surgeon's experience did not differ significantly with or without ligation.

### CONCLUSION

Wound problems and technical difficulties may contribute to an increased risk of PTH occurrence in obese patients. According to our findings, obesity is significantly associated with posttonsillectomy haemorrhage events. In contrast to this finding, a previous study found that obesity or being overweight did not increase the risk of PTH. The cause of this disparity between investigations is unknown. The disparity in research could be attributed to the various inclusion criteria for patients. Our study included only Japanese patients aged 12 and up.

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