Floseal hemostatic matrix (Baxter Healthcare Corporation) for hemostasis during tonsillectomy or adenoidectomy

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Authors’ conclusions
Tonsillectomy is one of the most common surgeries in the United States with more than 530,000 procedures performed each year in children younger than 15 years of age. The most common indications for tonsillectomy are chronic infection (tonsillitis) and sleep-disordered breathing. Tonsillectomy and adenoidectomy are often performed together to treat related conditions causing similar signs and symptoms. The adenoids are usually removed with the use of a long curette that is inserted through the mouth and into the back of the throat. Surgical devices and techniques used for tonsillectomy include a scalpel, harmonic scalpel, electrocautery, radiofrequency ablation (coblation), laser ablation, a microdebrider (a powered device equipped with rotary blades), and/or with robotic assistance. Tonsillectomy and adenoidectomy can be complicated by perioperative hemorrhage. Intraoperative bleeding in an amount greater than 10% of the patient's blood volume occurs in up to 18% of patients. Postoperative bleeding, within the first 24 hours to 10 days after surgery occurs in from 0.1% to 20% of patients. Both can be life-threatening, resulting in cardiac arrest and possibly death.

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