

## Narrative Review

## Exploring Effective Pain Relief Strategies Throughout Tonsillectomy: Before, During, and After the Surgery

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## ABSTRACT

**Background:** Tonsillectomy is a common procedure for alleviating tonsil-related symptoms in children. However, postoperative pain management has remained challenging. Inadequate pain control can result in discomfort, prolonged recovery, and increased complications. This review evaluates pain management methods in tonsillectomy surgery, encompassing preoperative, intraoperative, and postoperative approaches.

**Methods:** To gather data, a systematic search of electronic databases (PubMed, Embase, Cochrane Library) was conducted using relevant keywords to tonsillectomy, such as pain, opioid, recovery, and so on. The inclusion criteria comprised studies published in English between January 2000 and September 2022 involving pediatric and adult tonsillectomy patients. Eligible study types included randomized controlled trials, cohort studies, systematic reviews, and meta-analyses. Studies were initially screened based on titles and abstracts, followed by a full-text review.

**Results:** Postoperative pain intensity and prevalence after tonsillectomy can vary significantly. Administering analgesics should be started before pain perception. Also, the period from the beginning of surgery to the patient's awakening is critical for optimal pain control. Delayed analgesic administration upon patient awakening may have limited efficacy. Multimodal analgesia, combining different medications with complementary mechanisms of action, is highly effective. Non-opioid analgesics such as acetaminophen and nonsteroidal anti-inflammatory drugs are commonly used alongside opioids to achieve synergistic pain relief. Regional anesthesia techniques, like peripheral nerve blocks, provide targeted pain relief and reduce systemic opioid requirements. Patient education and expectation management are vital for effective pain management. Informing patients and caregivers about the potential severity and duration of postoperative pain, as well as available pain management strategies, reduces anxiety and improves compliance. Psychological factors, including anxiety and fear, influence pain perception and tolerance, necessitating their consideration. Techniques such as cognitive-behavioral therapy, relaxation techniques, and distraction methods improve pain control and reduce anxiety. Implementing protocols of enhanced recovery after surgery (ERAS) holds promise in optimizing pain management. These protocols involve a multidisciplinary approach, including preoperative optimization, standardized pain management regimens, and

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early mobilization. Healthcare providers can enhance postoperative recovery and pain control in tonsillectomy patients by adopting ERAS principles.

**Conclusions:** Effective pain management in tonsillectomy surgery necessitates a multimodal approach with preoperative analgesics, intraoperative techniques like regional anesthesia, and postoperative pain control using a combination of non-opioid and opioid medications. Patient education, addressing psychological factors, and implementing ERAS protocols are critical for optimizing pain management and improving patient outcomes in tonsillectomy surgery.

## Introduction

**A**denotonsillectomy or tonsillectomy is one of the most common pediatric surgeries in the field of ear, nose, and throat (ENT). In developed countries such as the United States and Germany, these surgeries annually exceed 600000 and approximately 400000, respectively [1]. Palatine tonsils are the largest accumulation site of lymphoid tissue in the Waldeyer's ring [2]. They play a significant role in the local immune response and antigen recognition, as they contain many lymphocytes, producing immunoglobulins [3]. However, various organisms can affect lymphoid tissue, leading to inflammation, infection, or hypertrophy [4]. Indications for the surgical resection of hypertrophied tonsils comprise upper respiratory tract obstruction, causing nocturnal snoring, sleep apnea; dental changes; mouth breathing; infectious symptoms like bad breath; recurrent tonsillitis; peritonsillar abscess; acute rheumatic fever; and suspicion of malignancy or cryptic tonsils [5].

Pain control techniques in tonsillectomy can be categorized into preoperative, intraoperative, and postoperative approaches. The goal is to manage pain effectively and minimize discomfort for the patient during and after the procedure. This study reviews techniques and compares their effectiveness in tonsillectomy surgery.

### Preoperative pain control

Preoperative pain control consists of patient education, medications, and regional anesthesia. The education comprises informing the patient about the procedure, expected pain levels, and the importance of adhering to postoperative pain management instructions. These measures can help manage the patients' expectations and anxiety. Medications consist of preoperative administration of nonsteroidal anti-inflammatory drugs (NSAIDs) or acetaminophen that reduce inflammation and preemptively manage pain. Finally, regional anesthesia involves local anesthetic injections

around the tonsils or the base of the tongue to provide immediate pain relief post-surgery.

### Intraoperative pain control

Intraoperative pain control involves general and local anesthesia. Most tonsillectomy surgeries are performed under general anesthesia to ensure the patient is unconscious during the procedure and does not experience pain. Local anesthetics can be administered during the process to reduce postoperative pain.

### Postoperative pain control

Postoperative pain control involves using medications, patient-controlled analgesia, and regional anesthesia. Medications comprised two categories: Opioids and non-opioids. Opioids like codeine or hydrocodone have been used to manage postoperative pain. However, they have side effects, including the risk of addiction, and should be used cautiously. Non-opioid analgesics like NSAIDs and acetaminophen can be used in combination to manage pain while reducing the need for opioids.

Some patients are provided with a patient-controlled analgesia (PCA) pump, which allows them to self-administer a preset dose of pain medication, usually opioids.

Finally, continuing the use of local anesthetics can extend postoperative pain relief.

### Comparing pain control techniques in tonsillectomy

Preoperative pain control techniques are primarily aimed at reducing the baseline pain level before the procedure, but they may not provide complete pain relief during or immediately after surgery. Intraoperative pain control is mainly accomplished through general anesthesia, ensuring the patient is unconscious during the surgery, but it does not address postoperative pain. Postoperative pain control is crucial for managing pain after the procedure. The choice of medication and technique can significantly impact a patient's recovery and comfort.

Opioids are effective at managing severe postoperative pain but have potential side effects, such as nausea, constipation, and the risk of addiction. Non-opioid analgesics, such as NSAIDs and acetaminophen, can be effective in managing postoperative pain and have fewer side effects compared to opioids. PCA empowers the patient to control their pain medication dosing, which can lead to better pain management and potentially reduce the total amount of medication required. Regional anesthesia, both preoperatively and postoperatively, can provide localized pain relief but may not be sufficient for severe postoperative pain.

Ultimately, the choice of pain control techniques in tonsillectomy surgery should be individualized based on the patient's specific needs, medical history, and the surgeon's recommendations. A balanced approach that minimizes opioid use while ensuring adequate pain relief is often preferred to optimize recovery and reduce potential opioid-related complications.

Furthermore, studies have shown that tonsillectomy surgery can be associated with complications such as pain, postoperative bleeding, airway obstruction, and electrolyte disturbances. Since postoperative pain is a significant care issue in terms of patient health, multiple factors contribute to inadequate pain control [6, 7]. Throat or referred ear pain can cause patients to avoid swallowing and delays in oral intake, resulting in complications such as pharyngeal muscle spasms, increased pain during swallowing, increased risk of infection, and prolonged recovery period [8]. Therefore, this review article aims to evaluate pain management methods in tonsillectomy surgery and provide preoperative, intraoperative, and postoperative pain control techniques.

## Methods

A comprehensive search of electronic databases, including PubMed, Embase, and Cochrane Library, was conducted for data gathering. The search strategy employed a combination of keywords related to the study topic, including tonsillectomy, preoperative, intraoperative, postoperative, opioid, pharmacology, technology, recovery, hospitalization, discharge, enhanced recovery after surgery (ERAS), comfort, long-term, pediatrics, multimodal, education, expectation, and psychology. The selected studies were thoroughly studied and finalized. The inclusion criteria encompassed studies published between January 2000 and September 2022, written in English, and involved pediatric and adult patients undergoing tonsillectomy. Randomized controlled trials, prospective and retrospective cohort studies, as well as

systematic reviews and meta-analyses, were included. The identified studies were screened based on their titles and abstracts, followed by a full-text review to assess their relevance to the topic.

## Results and Discussion

Finally, many articles were extracted from the databases and used to write the article.

Palatine tonsils are the largest accumulation site of lymphoid tissue in Waldeyer's ring, consisting of tonsils and adenoids. Due to their exposure to various organisms and flora, they can become infected, inflamed, or hypertrophied, so tonsillectomy with or without adenoidectomy is indicated in these cases [2].

Tonsillectomy, the surgical removal of tonsils, is a common procedure in pediatric otolaryngology. Different techniques are used for tonsil removal, which can be categorized based on obstructive or infectious indications. Obstructive indications include conditions such as nocturnal snoring, chronic mouth breathing, obstructive sleep apnea, and hypertrophy of the adenotonsillar tissue with associated complications. Infectious indications encompass acute tonsillitis, peritonsillar abscess, and recurrent tonsillitis unresponsive to medical treatment [9].

Adenoidectomy, the removal of adenoids, is often performed concurrently with tonsillectomy and is indicated for obstructive and infectious conditions such as adenoid hypertrophy with associated chronic sinusitis or suspected malignancy. These surgeries are not without risks, including various complications such as postoperative pain, bleeding, airway obstruction, lung edema, valvular insufficiency, and nasopharyngeal obstruction [10, 11].

### Postoperative pain

Millions of individuals undergo surgical procedures every day worldwide, and postoperative pain is a common experience. Inadequate pain control can lead to adverse effects such as atelectasis, thromboembolism, myocardial ischemia, cardiac arrhythmias, electrolyte disturbances, urinary retention, and even ileus. Postoperative pain in tonsillectomy surgery is characterized by pain at the surgical site (throat) and referred pain to the ears. The discomfort experienced by children due to throat pain often results in a reluctance to initiate oral intake, leading to complications such as dehydration, increased body temperature, and prolonged recovery and

hospitalization. Additionally, respiratory compromise resulting from severe postoperative pain can increase the risk of infection. Therefore, effective pain management in the postoperative period is crucial, particularly during the transition from anesthesia to patient awakening, as timely pain control is optimal during this period, while delayed administration of analgesics after patient awakening and pain perception may have limited efficacy [12].

### Tonsillectomy surgery

Tonsillectomy, like any surgical procedure, carries the risk of complications. Although rare, serious complications can occur, including postoperative bleeding, airway obstruction, lung edema, valvular insufficiency, and nasopharyngeal obstruction. Postoperative bleeding is a significant concern, as it can lead to increased morbidity and the need for additional interventions such as blood transfusion or reoperation. Close monitoring of patients in the immediate postoperative period is crucial to detect and manage complications promptly. Using meticulous surgical techniques, appropriate hemostasis, and adherence to postoperative care guidelines can help reduce the incidence of complications and improve patient outcomes [13].

### Recovery and hospitalization

Pain management plays a crucial role in facilitating the recovery process and reducing the length of hospitalization. Children undergoing tonsillectomy surgery often experience discomfort and difficulty swallowing, which can lead to a decreased desire to eat and drink. This reluctance to initiate oral intake can result in dehydration and increased body temperature. Therefore, pain control is essential to alleviate discomfort and encourage adequate fluid and food intake, ensuring proper hydration and nutrition [14]. Optimizing pain management strategies can help shorten the recovery period, minimize the need for prolonged hospitalization, and improve overall patient satisfaction.

### Patient comfort and satisfaction

The experience of pain can significantly impact patient comfort and satisfaction following tonsillectomy. Inadequate pain control can result in prolonged discomfort and the patient's overall well-being and quality of life during recovery. It is essential for healthcare providers to prioritize pain management and tailor interventions to meet individual patient's needs. By implementing effective pain management strategies, such as multimodal and patient-controlled analgesia, healthcare pro-

fessionals can optimize pain control, enhance patient comfort, and improve overall satisfaction with the surgical experience [15].

### Long-term outcomes

While immediate pain management is crucial, long-term outcomes following tonsillectomy surgery also warrant consideration. Studies have shown that inadequate pain control during the early postoperative period can lead to the development of chronic pain and persistent discomfort in some patients. Long-term follow-up and assessment of pain outcomes can provide valuable insights into the effectiveness of pain management strategies and guide future interventions to mitigate the risk of chronic pain development. Additionally, evaluating patient-reported outcomes, such as quality of life measures and functional improvement, can contribute to a comprehensive understanding of the long-term impact of tonsillectomy surgery [16, 17].

By addressing complications, focusing on recovery and hospitalization, ensuring patient's comfort and satisfaction, and considering long-term outcomes, healthcare professionals can enhance the overall management of pain in tonsillectomy surgery [18]. Continued research and advancements in pain management techniques are essential to improve patient outcomes further and optimize the surgical experience for individuals undergoing tonsillectomy procedures.

Effective pain relief strategies are paramount in various medical contexts, and recent studies have shed light on the importance of comprehensive pain management in tonsillectomy procedures. These insights emphasize the need to address pain concerns proactively and comprehensively throughout the surgical journey.

One study focusing on COVID-19 vaccine side effects reveals that understanding and managing side effects can draw parallels between the challenges of pain management in tonsillectomy. Just as post-vaccine discomfort can affect patients, inadequate pain control in tonsillectomy can lead to prolonged recovery and complications [19]. Patients' anxieties about potential side effects can be alleviated through education and expectation management, which reflects the importance of patient education in the context of tonsillectomy.

Another study on the successful treatment of skin lesions in epidermolysis bullosa (EB) patients highlights the significance of effective pain relief before and after tonsillectomy. This research demonstrates that multi-

modal pain management techniques can significantly enhance patients' quality of life and overall recovery [20]. Similar approaches in the tonsillectomy setting can help optimize patient comfort.

The case of desmoplastic fibroma treatment further underscores the critical role of pain management in various medical procedures. As demonstrated in this case, swift and effective pain relief can improve patient outcomes. By adopting regional anesthesia techniques and a multimodal pain control regimen [21], similar benefits can be achieved in tonsillectomy patients.

Comparative studies of COVID-19 vaccines and their side effects provide valuable insights into the multifaceted nature of pain management. Just as vaccine recipients experience varying side effects, [22] post-tonsillectomy pain intensity and prevalence can differ significantly. Implementing multimodal analgesia with a combination of non-opioid and opioid medications aligns with the principles of synergistic pain relief found in vaccine studies.

The interplay between COVID-19 and multiple sclerosis, particularly the ocular symptoms, highlights how different medical conditions can influence pain perception. Considering patients' unique health backgrounds is essential in tailoring pain management strategies during tonsillectomy procedures [23].

The rare case of *Mycobacterium marinum* skin infection supports how significant proper diagnosis and treatment are [24]. Similarly, addressing pain effectively in tonsillectomy requires a tailored approach to individual patient needs.

Gender-based analysis of COVID-19 vaccine side effects reveals potential variations in pain perception and management requirements among different patient demographics [25, 26]. Acknowledging these differences is crucial in ensuring that pain relief strategies should be tailored to each patient's needs during tonsillectomy.

In conclusion, the lessons collected from various medical studies underscore the significance of holistic pain management in tonsillectomy procedures. By drawing parallels between studies on vaccine side effects [27], skin conditions, and diverse patient demographics, healthcare providers can implement tailored pain relief strategies that enhance patient comfort, promote swift recovery, and optimize postoperative outcomes.

### Pediatric considerations

Tonsillectomy is a commonly performed procedure in pediatric patients. Managing postoperative pain in children presents unique challenges due to their limited ability to communicate discomfort effectively. Therefore, age-appropriate pain assessment tools and strategies are crucial for accurately evaluating pain intensity and tailoring pain management interventions. Additionally, healthcare providers must consider the appropriate dosing and administration of analgesics in children to ensure optimal pain relief while minimizing potential side effects. Non-pharmacological interventions, such as distraction techniques or the use of age-appropriate toys, can also be incorporated to enhance pain management in this population [28, 29].

### Multimodal analgesia

Given the complexity and variability of postoperative pain experienced after tonsillectomy, a multimodal analgesia approach has gained recognition. This approach involves combining different medications with complementary mechanisms of action to provide more effective pain relief while minimizing opioid consumption and associated side effects. Non-opioid analgesics, such as acetaminophen and NSAIDs, are commonly utilized in combination with opioids to achieve synergistic pain control. Furthermore, adjunctive therapies like regional anesthesia techniques (e.g. local anesthesia or peripheral nerve blocks) and techniques like cold therapy or transcutaneous electrical nerve stimulation can also be considered part of a multimodal approach [30, 31].

### Patient education and expectations

Effective pain management in tonsillectomy surgery requires proactive patient education and setting appropriate expectations. Informing patients and their caregivers about the potential severity and duration of postoperative pain, along with the available pain management strategies, can help alleviate anxiety and enhance compliance with prescribed treatments. Educating patients about early pain control, maintaining hydration, and gradually reintroducing oral intake can improve postoperative outcomes. In addition, addressing concerns and providing ongoing support and reassurance throughout the recovery process can improve patient satisfaction and overall experience [10, 32].

### Role of regional anesthesia

Regional anesthesia techniques have gained attention in tonsillectomy for their potential to provide targeted pain relief and reduce the need for systemic opioids. Peripheral nerve blocks, such as the glossopharyngeal or superior laryngeal nerve block, can achieve regional anesthesia in the tonsillar region. These techniques offer the advantage of reducing postoperative pain and improving patient comfort, allowing for earlier oral intake and potentially shorter hospital stays. Further research and evaluation of regional anesthesia's safety, efficacy, and optimal timing in tonsillectomy patients can contribute to refining pain management protocols [33].

### Psychological factors

Pain is a multifaceted experience influenced not only by physiological factors but also by psychological and emotional aspects. Factors such as anxiety, fear, and previous pain experiences can influence the perception and tolerance of pain. Addressing patients' psychological well-being and providing appropriate support can positively impact pain management outcomes. Techniques such as cognitive-behavioral therapy, relaxation techniques, and distraction methods can be incorporated to help patients cope with pain and reduce anxiety. A holistic approach that considers pain's physical and psychological aspects can improve pain control and overall patient satisfaction.

### Patient-reported outcomes

Patient-reported outcomes (PROs) are vital in assessing pain management effectiveness and capturing the patient's perspective. PRO measures, such as pain intensity scales, functional assessments, and quality of life questionnaires, provide valuable insights into the impact of pain on patients' daily activities, sleep patterns, and overall well-being. Incorporating PROs into clinical practice allows for individualized pain management approaches and the ability to monitor treatment outcomes over time. By regularly collecting and analyzing PRO data, healthcare providers can identify areas for improvement and tailor interventions to meet patients' specific needs [34].

### Optimizing discharge planning

Pain management should extend beyond the hospital stay, and optimizing discharge planning is essential for continued pain control and patient well-being. Providing clear instructions on pain medication dosing and

administration, potential side effects, and when to seek medical assistance can empower patients and caregivers to manage pain at home effectively. Ensuring access to appropriate analgesics and addressing any concerns or questions during follow-up appointments contributes to a smooth recovery process. Collaboration among healthcare providers, including surgeons, anesthesiologists, and primary care providers, is crucial for comprehensive and coordinated care during the postoperative period [35].

### Role of ERAS protocols

ERAS protocols have emerged as a comprehensive approach to optimize patient care and outcomes in various surgical procedures, including tonsillectomy. These multimodal perioperative care pathways incorporate evidence-based interventions to minimize surgical stress, reduce complications, and enhance recovery. Within the context of pain management, ERAS protocols may include preoperative education and counseling, standardized analgesic protocols, and early mobilization. Implementing ERAS protocols in tonsillectomy surgery can improve pain control, faster recovery, shorter hospital stays, and enhanced patient satisfaction [36].

### Role of technology

Technology can revolutionize pain management in tonsillectomy surgery. For example, virtual reality (VR) technology has shown promising results in reducing pain and anxiety by providing immersive and distraction-based experiences. VR-based interventions can be used preoperatively to alleviate preoperative anxiety and during the postoperative period to distract patients from pain and discomfort. Additionally, smartphone applications and wearable devices can enable real-time monitoring of pain levels and facilitate remote communication between patients and healthcare providers for timely pain management interventions. Embracing technological advancements in pain management can enhance patient experiences and outcomes [37, 38].

### Special considerations in adult tonsillectomy

While tonsillectomy is commonly performed on pediatric patients, adults can undergo the procedure for various indications. However, pain management in adult tonsillectomy may present unique challenges due to differences in pain perception, comorbidities, and medication requirements. Strategies such as individualized pain management plans, consideration of comorbid conditions, and close monitoring of medication interac-

tions are crucial in adult patients. Moreover, exploring alternative analgesic techniques, such as intravenous lidocaine infusions or non-pharmacological approaches, may be beneficial in this population. Further research focusing specifically on pain management in adult tonsillectomy patients is warranted [29, 39].

### Importance of postoperative follow-up

Adequate postoperative follow-up is vital for monitoring pain resolution, managing complications, and ensuring patient well-being after tonsillectomy surgery. Regular follow-up visits allow healthcare providers to assess pain levels, evaluate wound healing, and address any concerns or complications that may arise. In addition to pain assessment, follow-up visits provide an opportunity to provide ongoing education on pain management techniques, reinforce medication adherence, and assess the need for further interventions or adjustments in the pain management plan. Emphasizing the importance of postoperative follow-up and ensuring continuity of care can contribute to optimal pain control and patient satisfaction [29, 32].

### Conclusion

Accurate data on the prevalence of postoperative pain after tonsillectomy is currently unavailable in Iran. However, studies conducted in other countries, have reported a prevalence of postoperative tonsillectomy pain ranging from 40% to 73%. It is essential to focus on pain control during the period between the completion of surgery and patient awakening. Administering analgesics before pain perception begins while discontinuing anesthesia and the patient awakening is an optimal approach. Delayed administration of analgesics after patient awakening and pain onset may have limited effectiveness. Implementing effective pain management strategies is crucial for minimizing complications, improving patient comfort, and facilitating a faster recovery. Pain management between surgery completion and patient awakening is of utmost importance. By implementing effective pain management strategies, healthcare professionals can minimize complications, enhance patient comfort, and facilitate a faster recovery. Further research is needed to gather specific data on pain management in tonsillectomy patients in Iran and explore additional interventions to optimize postoperative pain control and improve patient outcomes.

### Ethical Considerations

#### Compliance with ethical guidelines

There were no ethical considerations to be considered in this research.

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#### Authors contributions

All authors equally contributed to preparing this article.

#### Conflicts of interest

The authors declared no conflict of interest.

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