

Table 4 Accumulated mean scores + SD for 1st 8 hours after surgery

	Group I	Group II
Pain	7.2+0.58(3-9)	4.3+0.95(2-9)
Dysphagia	7.5+0.71(4-10)	4.68+0.95(2-8)
Difficulty in speaking	6.55+0.58(5-8)	4.48+0.84(3-8)

DISCUSSION

Lignocaine is absorbed rapidly from the mucosal surfaces, which is useful as both postoperative spray² and post operative infiltration for control of pain. But not as per operative infiltration³. Local infiltration of Local Anaesthetic in the tonsillar fossa is known to produce complications due to inadvertent intravascular injections⁴ whereas topical application is simple and safe to perform. In our study the mean in pain score control group I was significantly higher ($P < 0.01$) at 1 hr, 2 hr, 4 hr and 8 hr postoperative as compared to scores in group II, thereby proving topical application of 4% Lignocaine is effective in relieving immediate postoperative pain following tonsillectomy. Duration of Lignocaine as a topical analgesic was seen to exceed its normal pharmacological duration as a local anaesthetic. One may speculate that the prolonged anaesthesia seen with 4% xylocaine is because of successful blockade of nociceptive impulses by the use of local anaesthetic preoperatively^{5,6}.

CONCLUSION

From the results of present study it can be concluded that topical application of 4% Lignocaine in tonsillar bed is an effective method of reducing the postoperative pain following tonsillectomy. Application of 4% Lignocaine topically is easy and can therefore be used by all grades of surgeons performing tonsillectomy, and this method can be safely recommended as reliable modality for postoperative pain relief after tonsillectomy.

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