INTRODUCTION

Tonsillectomy is a commonly performed operation and is usually simple and uncomplicated. However, problems associated with bleeding, both intra and post operatively are ever present. Several studies have investigated factors which influence the incidence of post tonsillectomy bleeding ***(Thomas and Arbon, 1970)***. There are few studies which attempt to reduce the intraoperative blood loss of tonsillectomy ***(Sharp et al., 1991)***.

Tonsillectomy is often associated with significant intra-operative blood loss. Many methods and techniques have been developed to decrease intra operative bleeding ***(Tami et al., 1984)***.

Bleeding is the major source of morbidity and mortality of tonsillectomy and most operation time is spent securing haemostasis ***(Sharp et al., 1991)***.

Epinephrine decrease intra operative blood loss, allows for subjective ease of dissection, is not associated with serous cardiac arrhythmias, and does not increase post operative haermorrhage ***(Rasgon et al., 1991)***.

Local infiltration for tonsillectomy under general anaesthesia presents some possible advantages : Reduced reflex response and diminished anaesthetic drug requirement, reduced blood loss and increased ease of dissection ***(Boliston and Upton, 1980)***.