

# Post-tonsillectomy haemorrhage in a patient with obstructive sleep apnea and morbid obesity: airway management challenges and the role of the salad technique – a case report

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## SUMMARY

Post-tonsillectomy haemorrhage is a life-threatening complication requiring urgent airway management, especially in obese patients with obstructive sleep apnoea (OSA). Active bleeding increases the risk of aspiration and failed intubation. The Suction-Assisted Laryngoscopy and Airway Decontamination (SALAD) technique facilitates airway control in such cases. **Case Presentation:** A 31-year-old man, with a body mass index of 45 and mild obstructive sleep apnoea (OSA) underwent elective tonsillectomy. Five days postoperatively, he developed profuse oropharyngeal bleeding but remained haemodynamically stable. Given the high aspiration risk and difficult airway, he was taken for emergency surgery. Rapid sequence induction (RSI) with the SALAD technique was performed. A large-bore suction catheter continuously cleared blood during laryngoscopy, enabling rapid, successful intubation without desaturation. Hemostasis was achieved, and he was admitted to the intensive care unit intubated for airway monitoring. He was extubated the following day and recovered without complications. Post-tonsillectomy haemorrhage in obese OSA patients presents airway challenges due to limited patency and aspiration risk. The SALAD technique, initially developed for massive regurgitation, effectively manages active upper airway bleeding by improving visualisation and reducing aspiration risk. In this case, RSI with SALAD ensured safe, efficient intubation, preventing hypoxia and airway obstruction. The SALAD technique is a critical airway management strategy in post-tonsillectomy haemorrhage, particularly in obese OSA patients. Its use enhances visualisation, facilitates rapid intubation, and optimises patient outcomes.