

Best Practice Recommendations

ADENOTONSILLECTOMY DAY CASE PATHWAY

SETTING	South West Surgery in Children Operational Delivery Network (SW SIC ODN)
FOR STAFF	Staff involved in the pathways for children (under 18 years) undergoing adenotonsillectomy procedures
PATIENTS	Children who are being considered for adenotonsillectomy procedures in organisations across the SW SIC ODN region

Guidance

Summary

It is recommended nationally that 80% of tonsillectomies in children are performed as day case procedures (1, 2). The following recommendations are designed to support centres across the South West in optimising their day case pathways to achieve this. This document is intended to provide a reference for what is considered best practice across the South West region and should be viewed alongside any locally agreed Standard Operating Procedures (SOPs) which should be followed at all times by local clinical teams.

Patient Selection

1. All departments must have an approved day case pathway for children undergoing tonsillectomy which meets existing published standards (2, 3)
2. All children >15kg and greater than 2 years old (including 2 year olds) and without significant comorbidity should expect to have their procedure as a day case, including those with Obstructive Sleep Apnoea (4).
3. Children, who live greater than 1 hour from the hospital delivering the procedure, may require to be admitted post-operatively, but geographical restrictions should not necessarily prevent children from being treated as a daycase (5).
4. Certain types of pre-operative sleep studies may be poorly sensitive for OSA and should only be considered in children with significant comorbidities or where there is doubt about the diagnosis of OSA (3)

Day of Surgery

5. Children undergoing tonsillectomy should be preferentially booked onto morning ENT theatre session; children could be booked on an afternoon session, ideally at or near the start of the list to facilitate day case. A post-operative stay of 4 hours is recommended for children post procedure (starting from when the child leaves theatre) (6).
6. Whilst surgical technique should not impact on day case rates, evidence suggests that coblation results in less pain in the immediate post-operative period and reduce readmissions in children undergoing tonsillectomy or tonsillotomy (3, 7, 8). (The SW SIC ODN would support surgeons wishing to develop coblation as a technique at their centre, whilst auditing their own complication rates to ensure an improved service.)

Discharge

7. Children should be observed for a minimum of 4 hours after their procedure prior to discharge (starting from the time the child leaves theatre) (6).
8. Appropriate analgesia should be administered during the operative period and in recovery to ensure appropriate timely discharge is achieved. This should be weight based dosing as per BNFC for post-operative pain management guidance (9, 10).
9. Appropriate analgesia and instructions should be given to the parents at discharge. This must highlight the importance of giving regular paracetamol and ibuprofen. Rescue analgesia, e.g. oramorph, is also often prescribed for the immediate post-operative period. (11).

Follow up

10. As part of the SW SIC ODN, centres should participate in audits of their tonsillectomy pathway for children against these recommendations to identify opportunities to improve safety, quality and performance.

Table A

<p>Reference</p>	<ol style="list-style-type: none"> 1. BADS Directory of Procedures 6th Edition. Published June 2019 (link here) 2. A Marshall. Ear, Nose and Throat Surgery; GIRFT Programme National Speciality Report. Published November 2019 (link here) 3. Safe Delivery of Paediatric ENT Surgery in the UK: A National Strategy. A Report of a Combined Working Party of the British Association for Paediatric Otolaryngology (BAPO), ENT UK, The Royal College of Anaesthetists (RCoA) and the Association of Paediatric Anaesthetists of Great Britain and Ireland (APAGBI) 4. P Robb, S Bew, H Kubba, N Murphy, R Primhak, A-M Rollin & M Tremlett. Tonsillectomy and adenoidectomy in children with sleep-related breathing disorders: consensus statement of a UK multidisciplinary working party. Ann R Coll Surg Engl 2009; 91: 371–373 5. A Bennett, A Clark, A Bath, & P Montgomery. Meta-analysis of the timing of haemorrhage after tonsillectomy: an important factor in determining the safety of performing tonsillectomy as a day case procedure. Clinical Otolaryngology, 2005, 30, 418–423. 6. M Atfeh, J Richardson-May & J Rainsbury. Day case paediatric tonsillectomy: a quality improvement project. European Journal of Paediatrics Published online July 2018 7. M U Ahmad, A N Wardak, T Hampton, M R S Siddiqui and I Street. Coblation versus cold dissection in paediatric tonsillectomy: a systematic review and meta-analysis. The Journal of Laryngology & Otology, Volume 134, Issue 3, March 2020, pp. 197 – 204. 8. R Michael, Tremlett, J Rees, T Bonner, L Lazarova, C Kang, D Bosman & K Blackmore. A single-centre change of practice audit of pain after coblation intracapsular tonsillectomy compared to standard dissection tonsillectomy in a discrete pediatric population. Pediatric Anesthesia. 2020;30:1280–1282 9. British National Formulary for Children: link here 10. F Shelton, H Ishiia, S Mellaa, D Chewa, J Winterbottom, H Walijee R Brown & E Chisholm Implementing a standardised discharge analgesia guideline to reduce paediatric post tonsillectomy pain. International Journal of Pediatric Otorhinolaryngology, Volume 111, August 2018, Pages 54-58 11. N. Aldamluji,1 A. Burgess,2 E. Pogatzki-Zahn,3 J. Raeder4 and H. Beloeil5 on behalf of the PROSPECT Working Group collaborators* PROSPECT guideline for tonsillectomy: systematic review and procedure-specific postoperative pain management recommendations. Anaesthesia 2021, 76, 947–961
<p>Authorising Body</p>	<p>This document was approved through the SW SIC ODN ENT Working Group on 24/06/2021. For further information regarding this group please contact the SW SIC ODN core team on the details below.</p>
<p>Queries & Contact</p>	<p>For any queries related to this document please contact the South West Surgery in Children Operational Delivery Network via email: ubh-tr.swsicodn@nhs.net</p>