Title:

Reducing the post-operative period of paediatric tonsillectomy day-cases: Can we update our current guidelines?

Karthika Shanthakunalan, Liam Hyland, Paul Liu, Tawaki Kamani

Aims:
To determine whether post-tonsillectomy patients were safe for discharge at 3 hours

Methods:
Data was collected prospectively over 9 months which determined whether a post-tonsillectomy patient was safe for discharge at 3 hours, and if not, why? Further details were reviewed from patients' notes.

Results:
28 paediatric patients were included in this study. There were 16 patients (57.14%) ready at 3-hours, compared to 12 (42.86%). Obstructive sleep apnoea (OSA) was an indication for surgery in 18 patients and cold steel was the commonest method. The average length of procedure time and recovery time of those ready at 3 hours were 43.69 minutes and 54.36 minutes respectively, compared to 47.08 minutes and 57.83 minutes in those not ready. Patients were not ready at 3-hours due to lethargy or pain (58%), desaturation (16%) and needing an overnight stay (26%). 81% of those ready at 3-hours had IV induction vs. 67% not ready. Only 3/16 patient ready at 3-hours had post-operative complications needing non-operative management after day 2.

Conclusion:
A post-operative period of 3-hour observation is safe in appropriately selected children for tonsillectomy. Our results could be considered to change peri-operative methods, increase efficiency and cost effectiveness in day-case patients however, further analysis of the type of induction used is warranted for this study.