Talking Points for AAO-HNS Tonsillectomy Guideline

As the new Tonsillectomy Guideline is released this month as a supplement to the AAO-HNSF journal, *Otolaryngology—Head and Neck Surgery*, many of our members may be contacted by the media and by patients with questions about what it suggests. Here are "talking points" you can use to answer those questions.

"Over half a million tonsillectomies are done every year in the United States," says **Richard M. Rosenfeld, MD, MPH**, guideline author and consultant. "The tonsillectomy guideline will empower doctors and parents to make the best decisions, resulting in safer surgery and improved quality of life for children who suffer from large or infected tonsils."

What is tonsillectomy and why is it important?

- Tonsillectomy is the *third most common surgery* (after circumcision and ear tubes) performed on children in the United States, with more than *530,000 annual procedures* (one in seven ambulatory surgeries under age 15 years).
- Tonsillectomy removes two walnut-sized masses from the back of the throat, most often due to frequent throat infections or obstructed breathing when asleep (sleep-disordered breathing, or SDB).
- When performed in properly selected children, tonsillectomy can reduce throat infections, doctor visits, and antibiotic use, and can improve a child's quality of life, daytime functioning, and ability to sleep soundly.
- Despite the frequency of tonsillectomy, until now there have been no evidence-based national guidelines to assist doctors in providing the highest quality care and help children recover safely and rapidly.

Why is the Tonsillectomy Guideline newsworthy?

- *It is the first – and only – national, evidence-based guideline on tonsillectomy* in the United States.
- President Obama highlighted tonsillectomy in a September 2009 address on healthcare reform
- The guideline was created by a multidisciplinary panel, including consumers and healthcare professionals representing nursing, pediatrics, family medicine, otolaryngology—head and neck surgery, anesthesiology, sleep medicine, and infectious disease.
- In an era of comparative effectiveness research, well-crafted guidelines help improve quality, promote optimal outcomes, minimize harm, and reduce inappropriate variations in care.

What is the purpose of the Tonsillectomy Guideline?

- To help clinicians identify children who are the best candidates for tonsillectomy (and those who are not)
- To optimize the before and after care of children undergoing tonsillectomy
- To improve counseling and education of families who are considering tonsillectomy for their children.

What are the newsworthy points made in the Guideline?

1. Most children with frequent throat infections get better on their own; watchful waiting is best for most children with fewer than seven episodes in the past year, five a year in the past two years, or three a year in the past three years.
2. Severe throat infections are those with fever of 101 or higher, swollen or tender neck glands, coating (exudate) on the tonsils, or a positive test for strep throat.
3. Tonsillectomy can improve quality of life and reduce the frequency of severe throat infection when there are at least seven well-documented episodes in the past year, five a year in the past two years, or three a year in the past three years.
4. Children with less frequent or severe throat infections may still benefit From tonsillectomy if there are modifying factors, including antibiotic allergy/intolerance, a history of peritonsillar abscess (collection of pus behind the tonsil), or PFAPA syndrome (periodic fever, aphthous stomatitis, pharyngitis, and adenitis).

5. Large tonsils can obstruct breathing at night, causing sleep-disordered breathing (SDB), with snoring, mouth breathing, pauses in breathing, and sometimes sleep apnea (pauses of more than 10 seconds).
6. Doctors should ask parents of children with SDB and large tonsils about problems that might improve after tonsillectomy, including growth delay, poor school performance, bedwetting, and behavioral problems.
7. Although most children with SDB improve after tonsillectomy, some children, especially those who are obese or have syndromes affecting the head and neck (e.g., Down), may require further management.
8. Doctors should give a single, intravenous dose of dexamethasone (a steroid medicine) during tonsillectomy to reduce pain, nausea, and vomiting after surgery.
9. Doctors should not routinely prescribe antibiotics to improve recovery following tonsillectomy surgery, because medical studies show no consistent benefits over placebo and there are associated risks and side effects.
10. Doctors should educate parents about the importance of managing and reassessing pain after tonsillectomy. Strategies include drinking plenty of fluids, using acetaminophen or ibuprofen for pain control, giving pain medicine early and regularly, and encouraging their child to tell them if his or her throat hurts.