Clinical Guidelines for Tonsillectomy

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• 2 sets of guidelines
• Polysomnography
• Recurrent tonsillitis

Academy of Otolaryngology Head and Neck Surgery

• First in 2000
• Used to provide evidence based criteria for the procedures in ENT
• Now with guidelines in sinusitis, septoplasty, hearing loss management and otitis media
• Available on the AAO-HNSF website
Are you familiar with the clinical practice guidelines for tonsillectomy?

• Yes
• No

Case #1

• 12 y/o healthy girl
• Had ten sore throats according to mom
• Missed 10 days of school
• No Strep positive, not always seen by MD
• Has tonsilloliths
Case #1: Should this child proceed to tonsillectomy?

- Yes
- No

Number of Infections

- 7 infections in one year
- 5 infections/year for 2 years
- 3 infections/year for 3 years
- Chronic infection for more than 3 months
- Evidence of carrier state
Case #2

- 9 year old
- ADHD, tic disorder
- 3 infections in the last year

Case #2: Should this child proceed to tonsillectomy?

- Yes
- No
PANDAS

• Pediatric Autoimmune Neuropsychiatric Disorder Associated with Streptococcus Infections
• Evidence that they do benefit from tonsillectomy

Case #3

• 5 year old healthy boy
• Allergy to penicillin
• Snores loudly, dysphagia
• 3 infections, strep positive

Case #3: Should this child proceed to tonsillectomy?

• Yes
• No
**Strong Recommendation**

- Single dose IV decadron preoperatively
- Decreased nausea and vomiting
- Literature post guideline demonstrates adherence to this recommendation

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**Strong Recommendation Against**

- Perioperative antibiotics
- Does decrease halitosis
- No other significant benefits
- Literature post guideline demonstrates that this recommendation which most have adopted and adhere to
Recommendation

• Waiting if less than:
  – 7/year
  – 5/year for two years
  – 3/year for 3 years

Recommendation

• Assessing for antibiotic intolerance
• PFAPA
• Peritonsillar abscess

Recommendation

• Assess for sleep disordered breathing
• Ask about snoring, parasomnias, enuresis and behaviors in school
• Criteria for tonsillectomy may more fit obstructive sleep apnea
Recommendation

- Counsel those with abnormal PSG and large tonsils
- Advocate for pain management
- Know your rate of early and late bleeding

Option for Tonsillectomy

- Frequency criteria and
- One of the following:
  - Fever greater than 38.3°C, cervical, tonsillar exudate, positive strep test

Polysomnography

- Clinical findings don't agree with patient history
- High risk groups including obesity, Down Syndrome, Craniofacial Disorders, Sickle Cell Disease
- Should be performed in a Pediatric based Sleep Center
These are guidelines
Meant to serve as a working suggestion for evidence based practice.

In the end, use your judgement and treat each patient individually