

pediatric ENT

tonsillectomy guidelines

watchful waiting for recurrent throat infection

- Clinicians should recommend watchful waiting for recurrent throat infection if there have been <7 episodes in the past year or <5 episodes per year in the past 2 years or <3 episodes per year in the past 3 years

paradise criteria for tonsillectomy

History of sore throat episodes

- ≥7 episodes in the preceding year OR
- ≥5 episodes in each of the preceding 2 y OR
- ≥3 episodes in each of the preceding 3 y

clinical features

Sore throat plus at least one of these features:

- Temperature >100.94°F (38.3°C)
- Cervical lymphadenopathy (tender lymph nodes or >2 cm)
- Tonsillar exudate
- Positive culture for GABHS



treatment

- Antibiotics had been administered in conventional dosage for proved or suspected streptococcal episodes

documentation

- Each episode and its qualifying features had been substantiated by contemporaneous notation in a clinical record OR
- If not fully documented, subsequent observance by the clinician of 2 episodes of throat infection with patterns of frequency and clinical features consistent with the initial history.

caregiver counseling summary for tonsillectomy and SDB

- Hypertrophic tonsils may contribute to SDB in children.
- SDB often is multifactorial.
- Obesity plays a key role in SDB in some children.
- Polysomnography is considered the best test for diagnosing and measuring outcomes in children, but it is not necessary in all cases, and access may be limited by availability of sleep

laboratories and willingness of insurers and third-party payers to cover the cost of testing.

- Tonsillectomy is effective for control of SDB in 60%-70% of children with significant tonsillar hypertrophy.
- Tonsillectomy produces resolution of SDB in only 10%-25% of obese children.
- Caregivers need to be counseled that tonsillectomy is not curative in all cases of SDB in children, especially in children with obesity.



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post-tonsillectomy pain management

key communication points to provide caregivers

- Throat pain is greatest the first few days after surgery and may last up to 2 weeks.
- Ibuprofen can be used safely for pain control after surgery.
- Pain medicine should be given as directed by your health care provider. Especially for the first few days after surgery, it should be given often.
- Encourage your child to communicate with you if he or she experiences significant throat pain, because pain may not always be expressed and therefore not recognized promptly.
- Expect your child to complain more about pain in the mornings – this is normal.
- Discuss strategies for pain control with your health care provider before and after surgery. Realize that antibiotics after surgery do not reduce pain and should not be given routinely for this purpose.
- Make sure your child drinks plenty of liquids after surgery. Staying well hydrated is associated with less pain.
- Many clinicians recommend not waiting until your child complains of pain. Instead, the pain medication should be given on a regular schedule.
- Pain medication may be given rectally if your child refuses to take it orally. Call your health care provider if you are unable to adequately control your child's pain.

