



## Tonsillectomy Guidelines

ANH/ENT/GUD/01/Vers.01  
Effective Date: March/ 2020  
Review Date: March/ 2021



**Institution Name: Al Nahdha Hospital**

**Document Title: Tonsillectomy Guidelines**

### Approval Process

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Written by	Dr. Taji Mohammed Al- Balushi	Specialist	Al- Nahdha Hospital	November 2019	
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### Acronyms:

CPG	Clinical practice guidelines
OSDB	Obstructive sleep-disordered breathing
OSA	Obstructive sleep apnea
NSAIDs	Non-steroidal anti-inflammatory drugs
PSG	Polysomnography





### Clinical Practice Guideline for Tonsillectomy

#### 1. Introduction

This clinical practice guideline (CPG), is intended for all ENT clinicians who interact with children and adults who may be candidates for tonsillectomy. The CPG, includes recommendations intended to optimize best patient care. This can serve as a guide to best practices and a framework for clinical decision making.

#### 2. Scope

The guideline applies to all ENT clinics, ENT accident and Emergency, Al Nahdha Hospital and at Seeb and Baushar Polyclinics.

#### 3. Purpose

The purpose of this CPG is to identify quality improvement opportunities in managing the patients under consideration for tonsillectomy. The target population for the guideline is any child or adult who may be a candidate for tonsillectomy.

#### 4. Definitions

**4.1 Tonsillectomy** is a surgical procedure performed with or without adenoidectomy that completely removes the tonsil, including its capsule, by dissecting the peritonsillar space between the tonsil capsule and the muscular wall.

**4.2 Throat infection** is defined as a sore throat caused by viral or bacterial infection of the pharynx, palatine tonsils, or both, which may or may not be culture positive for group A streptococcus.

**4.3 Obstructive sleep-disordered breathing (OSDB)** is characterized by obstructive abnormalities of the respiratory pattern during sleep, which include snoring, mouth breathing, and pauses in breathing. OSDB encompasses a spectrum of obstructive disorders that increases in severity from primary snoring to obstructive sleep apnea (OSA). Daytime symptoms associated with OSDB may include inattention, poor concentration, hyperactivity, or excessive sleepiness.



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### 5. Policy

The two most common indications for tonsillectomy are:

5.1 Recurrent Tonsillitis.

5.2 Obstructive sleep-disordered breathing (OSDB).

5.3 Other Indications:

5.3.1 History of more than one peritonsillar abscess.

5.3.2 Unilateral tonsil hypertrophy presumed neoplastic.

5.3.3 Tonsil hypertrophy causing severe dysphagia (particularly when supported by swallow evaluation) or cardiopulmonary disease due to OSA.

### 6. Procedure

6.1 Paradise Criteria for Tonsillectomy

**Table 1.** Paradise Criteria for Tonsillectomy

CRITERION	DEFINITION
Minimum frequency of sore throat episodes	At least seven episodes in the previous year, at least five episodes in each of the previous two years, or at least three episodes in each of the previous three years
Clinical features	Sore throat plus at least one of the following features qualifies as a counting episode:  Temperature of greater than 100.9°F (38.3°C).  Cervical adenopathy (tender lymph nodes or lymph node size. greater than 2 cm)  Tonsillar exudates.  Culture positive for group A $\beta$ -hemolytic streptococcus.  Multiple antibiotic allergies/intolerance.
Treatment	Antibiotics administered in the conventional dosage for proved or suspected streptococcal episodes.



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### CRITERION

### DEFINITION

#### Documentation

Each episode of recurrent tonsillitis and its qualifying features substantiated by contemporaneous notation in a medical record.

If the episodes are not fully documented, subsequent observance by the physician of two episodes of recurrent tonsillitis with patterns of frequency and clinical features consistent with the initial history.

#### 6.2 Tonsillectomy for obstructive sleep apnea

Clinicians should recommend tonsillectomy with obstructive sleep apnea (OSA) documented by history and /or overnight PSG.

#### 6.3 Education regarding persistent or recurrent OSDB

Clinicians should counsel patients and caregivers and explain that OSDB may persist or recur after tonsillectomy and may require further management.

#### 6.4 Postoperative pain counseling

The clinician should counsel patients and caregivers regarding the importance of managing post tonsillectomy pain as part of the preoperative education process and should reinforce this counseling at the time of surgery with reminders about the need to anticipate, reassess, and adequately treat pain after surgery.

#### 6.5 Perioperative antibiotics

Clinicians should not administer or prescribe perioperative antibiotics to patients undergoing tonsillectomy, unless clinically indicated.

#### 6.6 Intraoperative steroids

Clinicians should administer a single, intraoperative dose of intravenous dexamethasone to patients undergoing tonsillectomy.





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### **6.7 Postoperative Pain Management**

Clinicians should recommend NSAIDs, acetaminophen, or both for pain control after tonsillectomy.

### **6.8 Postoperative codeine**

Clinicians must not administer or prescribe codeine, or any medication containing codeine, after tonsillectomy in children younger than 12 years.



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### 7. Document History and Version Control

Document History and Version Control			
Version	Description of Amendment	Author	Review Date
01	Initial Release	Dr. Taji Al- Balushi	Feb/2020
02			
03			
04			
05			
Written by		Reviewed by	Approved by
Dr. Taji Al- Balushi		Dr. Mohammed Al- Rahbi Head of ENT Department	Hospital Director





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### 8. References:

Title of book/ journal/ articles/ Website	Authors	Year of publication	Page
<a href="http://www.entnet.org/tonsillectomyCPG">http://www.entnet.org/tonsillectomyCPG</a>	Sarah Coles, Sandra A. Finestone, Norman R. Friedman, Terri Giordano, Douglas M. Tae W. Kim, Robin M. Lloyd, Sanjay R. Parikh, Stanford T. Shulman, David L. Walner, Sandra A. Walsh and Lorraine C. Nnacheta.	2019	