


Partial tonsillectomy results in fewer postoperative complications compared to tonsillectomy in children with sleep-disordered breathing

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Key points


Compared with tonsillectomy, partial tonsillectomy was associated with a:



79% lower risk of secondary haemorrhage (p<0.01)



62% lower risk of readmission (p<0.01)



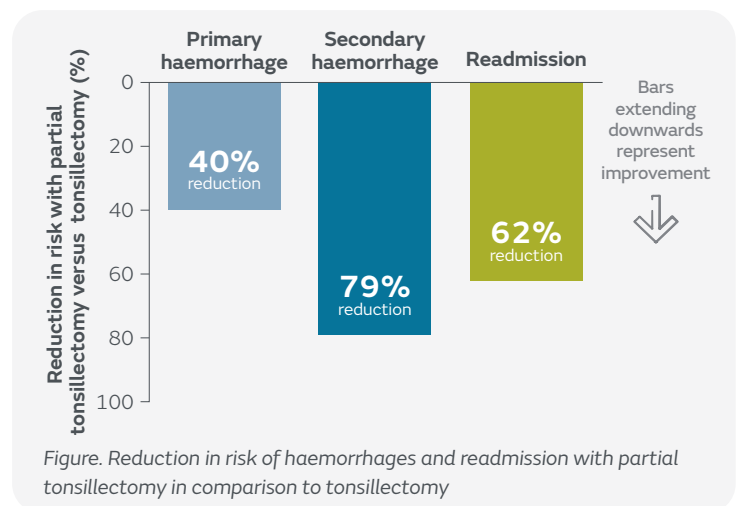
Reduced duration of analgesia use and a **faster return to normal oral intake** (p<0.01)

Overview

- Systematic review and meta-analysis comparing the clinical efficacy, post-operative morbidity and cost-effectiveness of tonsillectomy and partial tonsillectomy in the paediatric population (0–16 years) for sleep-disordered breathing
- Of the 32 included studies, 19 were randomised controlled trials
 - 10,956 patients underwent partial tonsillectomy and 8,255 underwent tonsillectomy

Results

- Significant postoperative improvements in partial tonsillectomy compared to tonsillectomy (Figure):
 - Lower risk of primary haemorrhage before sensitivity analyses (40% reduction)
 - Lower risk of secondary haemorrhage (79% reduction)
 - Lower risk of readmission (62% reduction)
 - Less time on analgesia
 - Earlier return to normal oral intake
- In the 10 studies addressing long-term (>1 month) effectiveness, there was no significant difference in satisfaction or patient-reported quality of life between partial tonsillectomy and tonsillectomy
- Irrespective of follow-up time, the average symptom recurrence rate for partial tonsillectomy was slightly higher than for tonsillectomy (3.99 vs 3.21%)



Conclusions

In children with sleep-disordered breathing, partial tonsillectomy, in comparison to tonsillectomy, had a lower risk of haemorrhages and readmission, whilst also minimising analgesia use and increasing recovery speed.

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