Day Case Tonsillectomy - Paediatrics ENT

June, 2023

To be read in conjunction with GIRFT Ear, Nose and Throat Surgery National Report and BAPO Day Case Tonsillectomy Guidance

GIRFT GETTING IT RIGHT FIRST TIME | British Association for Paediatric Otorhinolaryngology | ENTUK | British Association of Day Surgery | BSFPS | NHS IMPACT Improving Patient Care Together | NHS England

Referral triage & Clinical assessment

Evidence of:

- Persistent obstructive sleep apnoea
- Recurrent tonsillitis

Referral

F2F assessment (including the review of medical history and overall health)

Child fits criteria for surgery?

No → Discharge if well

Yes → Provide clear and written information on post-operative pain, analgesia and hydration

- Clinical assessment is required in decision making for adeno-tonsillectomy in the majority of children with sleep disordered breathing.
- Pulse oximetry is a poor predictor of post-operative complications and is not routinely recommended as a screening tool for risk stratification.
- A thorough assessment for younger children (<3 years) with symptoms of OSA should be delivered by an experienced anaesthetist and surgeon

Safe delivery of paediatric ENT surgery in the UK: A national strategy

Pre-operative assessment & Listing

Does child require management at tertiary centre?

Yes → Refer to tertiary centre for further management

No → Assess child's age and weight

- Child ≤ 1 year and under 10kg — *Not suitable for day case*
- Child 1 - 2 years or 10 - 12kg — *Not suitable for day case* → Refer to level 2 and 3 centres
- Child ≥ 2 years and ≥12kg — *Level 2 & 3 centres can consider for day case, level 1 centres can proceed with an overnight bed*
- Child ≥ 3 years, ≥14 kg, weight <98th centile with minimal comorbidities — *Suitable for day case at all centres*

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- Complete stage 1 consent
- Place child on waiting list for surgery

Book to any secondary centre

Day case suitable if there is a local pathway for unplanned admission, lives (or can stay) within 45 minutes of ED with ENT cover (unless superseded by local ODN guidance), consider home circumstances when assessing suitability

Considerations for tertiary care:

- Severe cerebral palsy
- Neuromuscular disorders (moderately, or severely affected)
- Significant craniofacial anomalies
- Achondroplasia
- Mucopolysccharidosis
- Significant comorbidity (e.g. complex or uncorrected congenital heart disease, on home oxygen, severe cystic fibrosis)
- When onsite support from tertiary medical specialties are required e.g. metabolic, haematology

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Admission

Send text reminder 1 week before and call parent/carer two days before surgery to check fitness for admission

Child admitted on day of surgery - morning or early afternoon listing

Confirm consent

Surgery & Post-operative

Team brief

WHO checklist including standardised equipment check

Surgery

Operation note with clear post-operative instructions in the event of post-operative haemorrhage

Recovery & observation

- Post-operative medications
- Monitor vital signs in recovery and on day surgery unit
- A minimum of 3 hour observation is required before discharge for intracapsular coblation techniques, and four hours following extracapsular excision and all standard discection

*Child suitable for discharge?

Yes → Discharge

No → Child stays overnight if normal day case discharge criteria is failed

*** Unsuitable for discharge**

- Poor oral intake
- Poorly controlled pain
- Bleeding concern
- Persisting oxygen requirement at 6 hours
- Child has not mobilised
- Ongoing airway obstruction

Discharge & Follow up

Patient information provided on ward prior to discharge

Nurse criteria led discharge as per British Association of Day Case Surgery (BADS)

Ensure adequate pain control, and patient has managed diet and fluids

TTO packs

- Check that child has appropriate take out medication at home
- Provide child-specific weight-related dosing regimen
- Maintain intravenous access until discharge
- Remind to attend ED if bleeding or uncontrolled pain or poor oral intake occurs

Patient discharged. No routine outpatient follow-up/PIFU.