

Response Letter to ‘Paediatric Day Case Tonsillectomy - Audit of a New Programme’ by Grant et al (Ir Med J; Vol 113; No. 4; P56)

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Dear IMJ,

With regards to the study published in the April 2020 edition, “Paediatric Day Case Tonsillectomy - Audit of a New Programme”, O Grant, P Harper. 2020 Apr 3;113(4):56. This study described an audit of the day case tonsillectomy service which was established by the ENT Department in Temple Street Hospital in August 2018. We are writing to clarify the complication rate as quoted in this paper.

This study audited 34-day case tonsillectomy patients over a period of 6 months. From our own data, 74 patients underwent day case tonsillectomy from August 2018-2019. One patient had a primary haemorrhage, 7 patients had a secondary haemorrhage (9.5%) 1 of whom returned to theatre. These numbers are in keeping with international rates of post tonsillectomy haemorrhage rates. The numbers reported in the original study were too low to comment on bleeding rates, and indeed our auditing is ongoing with regards to bleeding rates associated with different surgical techniques.

Of note, there were 2 failed discharges- one due to post-operative nausea and vomiting who was discharged home well the following day. A second child was admitted due to anaesthetic concerns regarding sleep apnoea. The child required no post-operative intervention and was discharged home well the following day. All children in our clinics are screened appropriately before being listed for day case tonsillectomy, specifically regarding OSA.

Temple Street is the only paediatric hospital offering day case tonsillectomy to our knowledge. This has been made possible by collaborative work between ENT, Anaesthetics and Nursing to facilitate a safe and productive patient journey from admission to post-operative care and we commend Dr Grant et al for highlighting this achievement in their paper.

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