

Risk higher in younger children for tonsillectomy complications

February 29 2016



(HealthDay)—Although many pediatric patients undergo tonsillectomy

and adenoidectomy (T&A) in ambulatory settings, an inpatient setting may be safer for younger children who are at higher risk of complications, according to research published online Feb. 25 in *JAMA Otolaryngology-Head & Neck Surgery*.

Misha Amoils, M.D., of Stanford University in California, and colleagues conducted a retrospective analysis of data for [children](#) undergoing T&A in hospitals (18,622 patients; mean age, 5.4 years) and ambulatory settings, including hospital-based facilities (HBFs) and free-standing facilities (FSFs) (96,592 patients; mean age, 7.6 years). Rates of airway, respiratory, and cardiovascular complications were measured.

The researchers found that pediatric inpatients undergoing T&A had more comorbidities (≤ 8) than those in HBFs (≤ 4) or FSFs (≤ 3). Complication rates were two to five times higher in pediatric inpatients (1 to 12 percent) than in patients in HBFs (0.2 to 5 percent), and more than 10 times higher than in patients in FSFs (0 to 0.38 percent). Higher rates of airway and respiratory complications were observed among inpatients aged 0 to 9 years, particularly for airway complications in children aged 0 to 11 months (odds ratio, 7.5; 95 percent confidence interval, 3.1 to 18.2).

"Large numbers of pediatric patients undergo T&A in ambulatory settings despite higher rates of complications in younger patients and patients with more comorbidities," the authors write. "Fortunately, a high percentage of these patients has been appropriately triaged to the inpatient setting."

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