

Ambulatory Tonsillectomy and Adenoidectomy

The performance of tonsillectomy and adenoidectomy in an ambulatory setting is controversial. However, most current studies show that with adequate criteria for patient selection and careful postoperative observation, these procedures can be safely done as outpatient surgery. This study was undertaken to reassess the safety of outpatient tonsillectomy and adenoidectomy surgery and to reevaluate the current recommendations for postoperative care.

A prospective study was undertaken to relate the incidence of significant complications, including hemorrhage, protracted emesis, and fever, to each postoperative hour. The study included 534 pediatric patients (age 14 or less) undergoing tonsillectomy with or without adenoidectomy. All 534 patients were observed for 5 postoperative hours, and 175 of the 534 patients were observed for 6 postoperative hours.

To assess complications occurring in the first postoperative week, all attending surgeons involved in this study were asked to anonymously report the occurrence of hemorrhage, protracted emesis, and/or fever from the time of discharge through the seventh postoperative day.

In this study, no complications were encountered during the fifth or sixth postoperative hours. These results indicate that it is both safe and appropriate to perform tonsil and adenoid surgery in the ambulatory setting. Furthermore, the current recommendation that patients remain under postoperative recovery room observation for 6 hours appears to be excessive. This observation period may be safely reduced to 4 hours.

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