DAY STAY TONSILLECTOMY - SCH

PRACTICE GUIDELINE ©

DOCUMENT SUMMARY/KEY POINTS

- Some SCH patients will be suitable for Tonsillectomy as a Day Surgery Procedure.
- Patients must meet certain criteria to be considered eligible for Day Stay Tonsillectomy.
- A certain discharge criterion must also be met to ensure the patient is safe for discharge.
- ENT are required to review the patient prior to discharge.
- On discharge, these patients will be linked in with the SCH VirtualKIDS Team who will provide care and support to the family 24hours post operatively.

CHANGE SUMMARY

- N/A – new document

READ ACKNOWLEDGEMENT

- Read Acknowledge Only – Perioperative staff, C1SW staff, VirtualKIDS, ENT teams

This document reflects what is currently regarded as safe practice. However, as in any clinical situation, there may be factors which cannot be covered by a single set of guidelines. This document does not replace the need for the application of clinical judgement to each individual presentation.

Approved by:	SCHN Policy, Procedure and Guideline Committee	
Date Effective:	1st of December 2023	**Review Period**: 3 years
Team Leader:	Clinical Nurse Consultant	**Area/Dept**: ENT

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Throat Surgery

Tonsillectomy with or without adenoidectomy

- **Tonsils:** Are two clumps of lymphoid tissue located on both sides of the throat.
- **Adenoids:** Are a single clump of lymphoid tissue located on the back wall of the throat (or back of the nose) just above the uvula.

Indications for Surgery

- Enlargement causing Obstructive Sleep Apnoea and snoring
- Chronic and recurrent tonsillitis.
- "Chronic cryptic tonsillitis" or white debris in the tonsils, causing bad breath.
- Unusual enlargement or appearance (possible tumour).

Admission

Day of surgery admission

- Some children will be admitted through the *Pre-admission Testing Service (PATS)*. No routine blood tests are required pre-operatively.

Day Surgery

(see "Tonsillectomy Day Surgery Model of Care")

- Some patients will be suitable for Adenotonsillectomy as a Day Surgery Procedure. The following selection criteria must be met for admission to the Day Surgery Unit:
  - 3 years or older for intra or extra capsular tonsillectomy
  - Weighs more than 15 kilograms
  - An ASA (American Society of Anaesthesiology) score of 1 or 2 (absent or mild systemic illness)
  - On sleep study or trolley study have mild obstructive sleep apnoea (OSA) obstructive apnoea-hypopnea index (OAHI <10)
  - On clinical assessment have recurrent tonsillitis, sleep disordered breathing, mild or moderate OSA
  - Live within 20 minutes of a major hospital with ENT service
  - Have no predisposing family history that could result in possible post-operative complications i.e. malignant hyperthermia risk, bleeding disorders.
  - Have no predisposing medical conditions liable to cause post-operative complications
  - There should be no communication difficulties with the family.
  - No oxygen desaturations or supplemental requirements within 4-6 hours after leaving recovery

Post Operative Management and Observations

- Close monitoring for bleeding
- Minimum set of observations (resp rate, resp distress, oxygen saturation, heart rate, pain score, level of consciousness) and blood pressure as indicated on return to the ward, thereafter hourly pulse and respirations. Continuous saturations monitor from arrival to the ward. Fourth hourly temperature and 8 hourly BP unless indicated for 24 hours post operatively.
- Report and document any abnormal observations to the Medical Officer.
- Nurse in a position which is comfortable for the child, as long as their airway and breathing is maintained – this is usually on the side or abdomen
- Report any excessive swallowing or continuing bleeding from mouth or nose.
- Record all vomiting and describe contents e.g. old or new blood
- Discourage coughing, clearing of throat and blowing of nose as this may cause operative area to bleed.

Discharge Criteria for Day Surgery Patients

- Patient must have tolerated oral fluids and be swallowing comfortably prior to discharge.
- Nil bleeding (macroscopic) from the tonsillectomy wound site. Observe for frequent swallowing or fresh blood in vomitus. Torch view of the back of the throat will be necessary.
- Ensure patient has had appropriate pain relief. One dose of oral oxycodone to be given in recovery. Anaesthetist to supply discharge oxycodone and dispensing instructions.
- Must have received 10-20mL/kg intra-operatively of IV fluids to prevent dehydration and nausea. Minimal vomiting prior to discharge.
- ENT team review required prior to discharge.
- On departure from C1SW staff to contact VirtualKIDS. VirtualKIDS nursing staff will call patient/family 4 hours post discharge or at 2200hrs and again at 24 hours post discharge. The family will have the VirtualKIDS phone number to call in the first 24 hours post operatively.

When patient is ready to leave hospital, please **transfer** from the day surgery bedboard to the **HITH VirtualKIDS SCH** bedboard. The patient should not be discharged at this stage.

Complications and management

Contact the ENT Team immediately should any of the following complications occur.

Haemorrhage

- If the child has a significant post-operative bleed or becomes tachycardic, pale and sweaty activate the rapid response team as per the CERS protocol.
- All vomitus or blood-stained sheets should be saved for inspection.
- Pulse and respirations should be taken every 15 minutes and blood pressure 1/2 hourly until the child is reviewed and stable.

Airway Obstruction

Signs: restlessness/agitation, stridor/drooling, tachypnoea, respiratory distress.

- Sit child up at 45° angle
- Administer oxygen and monitor oxygen saturation
- Call Rapid Response team as per the CERS protocol
- Monitor temperature regularly. Notify RMO if above 38° C/ call for clinical review.
- Administer paracetamol as ordered.
- Administer antibiotics if ordered.
- Persistent vomiting should be treated with anti-emetics
- Observe for any bleeding after vomits.

SCHN virtualKIDS Management: Tonsillectomy Day Model of Care

Discharge Instructions for Parents

- Instruct parents on suitable analgesia:
  - Paracetamol every 6 hours is recommended for the first 4 – 5 days.
  - **No** Aspirin, Painstop or Codeine is to be given post operatively.
  - Parents should only give Ibuprofen if they are directed by their surgeon.
  - Parents may be given a prescription for stronger pain medication e.g. Oxycodone.
- Encourage fluid intake to promote healing
- Explain the possibility of earache for a couple of days- this occurs in approximately 50% of patients and is due to referred pain from the tonsillar bed.
- Inform parents that blood tinged mucus is normal for 5-7 days.
- Discourage coughing and blowing of nose for at least three days.
- Explain the possibility of secondary bleeding and stress the need to seek urgent attention should bleeding occur, to both contact the hospital emergency department and return to hospital
- Antibiotics may be given post-operatively. If required, these will be prescribed by the ENT Surgeon.
- Advise parents on the need to restrict their child's activity and monitor temperature. In the case of persistent high temperature see local doctor.
- School children return to school after 2 weeks
- Written discharge instructions supplied to parents prior to discharge.

Follow up – SCH

- A follow up appointment is either made at the ENT clinic or in the ENT consultant's private rooms as per discharge instructions.
- Follow up appointments are usually 6 weeks post tonsillectomy

Tonsillectomy Parent Fact sheet

See: https://www.schn.health.nsw.gov.au/fact-sheets/tonsillectomy