Intracapsular Coblation Tonsillectomy in Children Under Two - A Retrospective Case Series

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We have demonstrated that, in our unit, coblation intracapsular tonsillectomy in under two year olds has proved to be a safe procedure with a low level of complications.

The fact that the delayed complications only occurred within the first few patients in the case series may be demonstrative of a learning curve.

Introduction

Adenotonsillar surgery carries a recognised risk of post-operative haemorrhage. There is an increasing body of evidence and opinion that intracapsular tonsillectomy confers advantages in reducing the risk of post-operative bleeding.

The aim of this study was to assess post-operative complications of in children aged under 2 undergoing intracapsular coblation tonsillectomy.

Method

A retrospective note review was carried out using electronic notes of all under two year olds, who underwent intracapsular coblation tonsillectomy and adenotonsillectomy for any indication. Patients were included from May 2015 to August 2017.

Data collected included patient age, sex, the indication of surgery, grade of the surgeon performing the operation, operating time and surgical time and primary and delayed complications.

Results 1

There were a total of 33 patients identified. The mean age was 19.2 months and there were 21 male patients and 12 females.

The mean operating time for tonsillectomy or adenotonsillectomy was 16.5 minutes and the mean total theatre time was 43.2 minutes.

There were no complications within the first 28 days, including primary or secondary haemorrhage, delayed discharges or readmissions due to pain, fever or vomiting. Two patients had a post-operative chest infection treated effectively with antibiotics.

Four patients had delayed complications which occurred after 28 days. Two patients had adenoidal regrowth and presented at 17 and 26 months with recurrence of sleep disordered breathing.

Results 2

Two patients represented with tonsillar regrowth. One patient presented with recurrence of tonsillitis at 4 months and required a repeat tonsillectomy. The second patient presented at 15 months with recurrence of snoring.

The four delayed complications occurred within the first six cases in the study.

Of the patients who presented with delayed complications, three of the operations were performed by consultants and one by a trainee.

Discussion

We have demonstrated low levels of early post-operative morbidity with the intracapsular technique in very young children.

The rate of regrowth observed in this study was 6%. It is notable that this occurred in children operated very early in the case series and it is possible that this is increased because of a learning curve. Longer term follow-up is required to determine the current regrowth rate.