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A case series evaluating rates of post-tonsillectomy haemmorhage (PTH) requiring a second surgery in 783 children receiving COBLATION◊ Intracapsular Tonsillectomy (CIT)

Albright JT, Duncan NO, Smerica AM, Edmonds JL. Intra-capsular complete tonsillectomy, a modification of surgical technique to eliminate delayed post-operative bleeding. *Int J Pediatr Otorhinolarngol*. 2020;128:10970.

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Key points

0 children **receiving CIT** required a second surgery for PTH over a 12-month period **(n=783)**

CIT led to significantly less PTH requiring a secondary surgery versus a study of other techniques at the same centre **(0 vs 1.41%; p<0.001)**

Overview

- A retrospective, multi-surgeon case series evaluating the rate of PTH requiring a second surgery following the introduction of the CIT technique for paediatric tonsillectomy at a single centre in the USA
- A total of 783 children received CIT over a 12-month period
- Both infective and obstructive tonsillectomy indications were included
- The CIT procedure involved attempting a complete tonsillectomy without violating the capsule and injuring the underlying pharyngeal muscles
- PTH rates were compared with a previous study at the same centre (n=7,024) of other tonsillectomy techniques: extracapsular COBLATION, extracapsular COBLATION with partial suture closure, extracapsular diathermy and partial intracapsular tonsillectomy using a microdebrider

Results

- None of the 783 children receiving CIT experienced PTH requiring a second surgery during the 12-month study period
- The rate of PTH requiring a second surgery was significantly lower with CIT than in a previous study of other tonsillectomy techniques at the same centre (Figure)

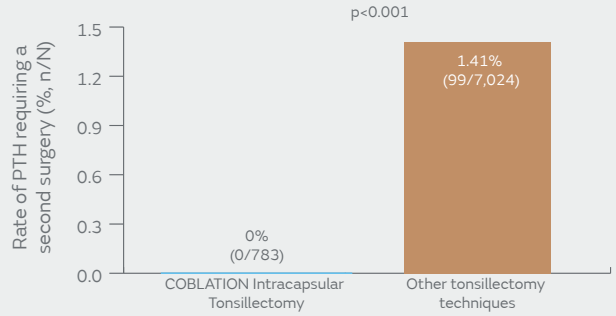

Figure. Rates of PTH requiring a second surgery with CIT (this study) versus other tonsillectomy techiques (previous study)

Conclusions

In a case series of 783 children, no child receiving a COBLATION Intracapsular Tonsillectomy experienced a post-tonsillectomy haemorrhage requiring a second surgery. These findings were significantly improved compared with a previous study at the same centre evaluating other tonsillectomy techniques.

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