Global improvement in quality of life of children undergoing tonsillectomy

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BACKGROUND
Access to tonsillectomy for sore throat is restricted in the UK, with the operation reserved for cases of severe recurrent tonsillitis or for obstructive sleep apnoea in children, often in combination with adenoidectomy. Paediatric patients often have a combination of both obstructive and infective symptoms, and it is hypothesised that a global improvement in both symptom categories will be seen in patients who undergo tonsillectomy regardless of the indication for which it is performed.

METHODS
Parents of all children undergoing tonsillectomy with or without adenoidectomy in a single institution over a period of 12 months were invited to complete the T-14 paediatric throat symptom questionnaire before and up to 3 months after surgery. Results were analysed according to the indication for which the tonsillectomy was performed.

RESULTS
75 children entered the study (78\% response rate). Obstructive symptoms such as snoring, sleep apnoea, daytime sleepiness, noisy breathing, mouth breathing and poor appetite improved significantly in children having tonsillectomy performed for recurrent tonsillitis (p<0.001). Additionally, infective symptoms such as ear infections, throat infections, days off school and the need for courses of antibiotics significantly improved in children receiving tonsillectomy for obstructive sleep apnoea (p<0.001).

CONCLUSIONS
Paediatric patients undergoing tonsillectomy for recurrent tonsillitis gain improvement in infective and obstructive symptoms. Likewise, children undergoing tonsillectomy for obstructive symptoms gain improvement in obstructive and infective symptoms. Tonsillectomy can therefore globally benefit children regardless of the indication for which it is performed.