In an audit of 550 tonsillectomies, the intracapsular coblation tonsillotomy technique showed no post-operative bleeds and has become our technique of choice for the treatment of sleep-disordered breathing.

In contrast, extracapsular coblation tonsillectomy showed higher morbidity and increased post-operative bleeds and was not better than other, less expensive, techniques.

**Introduction**
Tonsillectomy is commonly performed in paediatric ENT departments nationwide. We aimed to evaluate post-tonsillectomy morbidity correlated with operative technique to guide best practice and improve patient outcomes.

**Methods**
Retrospective review of admission and readmission data from hospital episode statistics and electronic records, for all children undergoing tonsillectomy in 2017 at a tertiary paediatric centre, Sheffield Children’s Hospital, UK.

**Results**
550 tonsillectomies were performed, primarily indicated for sleep-disordered breathing in 80% and recurrent tonsillitis in 37%. 72% had inpatient stay, mostly single night; 4.5% overall needed critical care unit admission; 28% were daycases. Tonsillectomy techniques utilised were dissection – including variable use of bipolar - (39%), extracapsular coblation (39%) and intracapsular coblation (22%).

Primary post-operative bleed rate was 0.5%, only after extracapsular coblation, all requiring return to theatre. Readmission for secondary bleeding was 6%, 9.8% and 0% for dissection, extracapsular and intracapsular coblation, respectively. Overall return to theatre for bleeding was 1.3%. Absence of bleeding after intracapsular coblation was statistically significant (p<0.001).

As a result of this audit, our department moved to exclusively intracapsular coblation tonsillotomy for children with sleep disordered breathing when this is their only indication for tonsillectomy.

Supported by similar findings by other researchers, we believe that this will become a common practice for most departments in the near future.