Quality of Care in Tonsillectomies, at Hadassah

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Summary

Introduction
Despite a decline in use over the last few decades, tonsillectomies remain one of the most frequent surgeries of our time, especially among children. This decline is a result of a heated discussion regarding the indications of the surgery. In the past, the surgery was mainly done due to recurrent tonsillitis, but nowadays, with the improvement of conservative antibiotic treatment and the recognition of the importance of the tonsils in the body's immune system, this indication is less frequent. Today, more and more surgeries are done due to an obstructive indication, especially as treatment to Obstructive Sleep Apnea (OSA). Due to this controversy and the change of indications, there is less room for clinical intuition and "inner gut feelings" of the surgeon, and clear clinical evidence or lab tests are required.

In order to examine the quality of care in tonsillectomies in Hadassah the research was performed on three levels: Level of surgical indications, level of complications and level of patient satisfaction.

Methods
The research was performed prospectively, in a consecutive follow-up of all the patients that underwent tonsillectomy in Hadassah during a few months. In total, 106 patients participated. Collection of data was done by having two telephone interviews (the first after discharge and the second two weeks after the surgery), and collection of data directly from the medical chart of the patient.

Results
At the level of indications, it was checked whether the surgeries were performed in accordance to the common criteria in the literature and whether these criteria were well documented in the patient's medical chart. It was found that 2.9% of the surgeries were done not in accordance with the literature criteria, meaning in those cases it was possible to continue with conservative care or it was necessary to perform more exams. In addition, it was found that only 76.2% of the cases included satisfactory properly
documented medical admissions. On the rest of the cases, clinical details were missing, chiefly details concerning the length and severity of the recurrent infections.

On the level of complications, the prevalence and severity of the main complications – bleeding, nausea/vomiting, time of return to work/school and pain, were checked. It was found that the total prevalence of bleedings was 28.3%. The rate for re-operation was 4.7%, whereas at the literature it is 0.5-2%. The nausea/vomiting rate was 9.6%, lower than what is common in the literature, which is about 30%. In addition, several correlations between various parameters of the patient and surgery and complications were checked. These correlations showed a number of positive connections between the age of the patient and the main complications – pain and bleeding. There was also a connection between the complications and the time the surgery was performed and the level of surgeon expertise (resident doctors vs. seniors).

On the patient satisfaction level, I checked the general satisfaction of the patients and level of recommendation to a friend which was 8.6 and 8.81 (in a scale of 1 to 10), respectively. It was also checked whether the pre-op explanations were satisfactory, and 92.6% of the patients thought they were. In addition, the patients were asked about the best and worst items of service at Hadassah. The medical staff got exceedingly good remarks on this article. On the other hand, hospitalization conditions, attitude from the nursing staff in pediatric surgery and pre-op admission day got negative remarks.

**Conclusions**

Almost all surgeries at Hadassah were made in accordance with the literature; however, important patient history details were missing in a relatively high rate of admissions. Some of those lacks were a result of a combined indication, which led the house doctor to focus on one indication while overlooking the other. Attention must be given to all parts of the patient's disease on the anamnesis.

Bleeding prevalence was higher than reported previously (0.1-8.1%, with the exception of a single article that showed 19%). This high prevalence might be due to differences in data collecting methods, definition of bleeding and the availability of medical services, and/or due to genuine higher rates of bleeding at Hadassah. Further research is needed in
this area, and especially a comparison of these data to other medical centers in Israel, which have similar conditions to those of Hadassah.

General satisfaction from the surgery was high; however, there is room for great improvement on the attitude of the nursing staff on Pediatric surgery and on the admission/pre-op procedures the day before the surgery.

References


