UK NHS Getting it Right First Time (GIRFT): when should intracapsular tonsillectomy be considered for paediatric patients?

Evidence in focus
Ear Nose and Throat Surgery, GIRFT Programme National Speciality Report

What is GIRFT?
GIRFT is a UK National Health Service (NHS) programme, which aims to improve patient care by identifying and reducing variations in service delivery. Expert clinicians review services within their speciality and work with local providers to analyse, understand and compare performance data.

The clinician publishes a detailed report, which makes recommendations on good practice to reduce variations, improve outcomes, enhance efficiency and increase cost effectiveness.

GIRFT: Tonsillectomy presents a significant opportunity to improve outcomes
- Tonsillectomy accounts for a substantial proportion of ENT workload and is therefore a key opportunity to improve patient care
- GIRFT experts analysed tonsillectomy readmission rates between providers, which were much higher than previously reported and varied extensively (Figure 1)
- Reducing readmissions offers the potential to improve patient experience and outcomes, while reducing demand on emergency ENT services

Reducing paediatric readmissions: Intracapsular COBLATION tonsillectomy
- GIRFT recommend considering intracapsular tonsillectomy to reduce readmissions and improve outcomes in paediatric patients
- Data from experienced centres showed that it was associated with fewer complications than other surgical techniques
- Overall, due to the introduction of the intracapsular technique, complications associated with COBLATION tonsillectomy were at least comparable to other techniques and better in some circumstances

Consider intracapsular tonsillectomy for obstructive and infective symptoms where there is appropriate clinical expertise, training and resource.
Case study of paediatric intracapsular COBLATION® tonsillectomy

- The report describes results from Evelina London Children’s Hospital, which had the lowest paediatric readmission rate of all UK providers (3.7% in 1,147 cases)
  - 63% of cases used intracapsular COBLATION tonsillectomy
- The readmission rate for bleeding in children treated with intracapsular COBLATION tonsillectomy was 88% lower than with other techniques (Figure 2)

“The Evelina’s figures clearly show that intracapsular COBLATION offers promise for improving outcomes for paediatric tonsillectomy when it is performed in a standardised manner in high volumes with appropriate training and expertise.”

Figure 2. Readmissions for bleeding at Evelina London Children’s Hospital in 1,147 cases

88% relative reduction

3.3% Other techniques
0.4% Intracapsular COBLATION tonsillectomy

Considerations

The reduced readmission rate outlined above is only representative of one UK centre. Use of intracapsular COBLATION tonsillectomy should be balanced against:

- Appropriate training
- Local audit of outcomes and revision rates
- Volume of procedure performed

Only consider intracapsular COBLATION tonsillectomy for infective symptoms once surgeons have developed expertise on patients with obstructive symptoms.

Additional published evidence supports intracapsular COBLATION tonsillectomy

- Excellent results for obstructive and infective symptoms
- Reduced morbidity versus extracapsular tonsillectomy
- Low incidence of post-tonsillectomy haemorrhage (PTH)

References


Conclusions

To reduce readmissions, NHS GIRFT recommends that intracapsular tonsillectomy is considered for paediatric patients with obstructive or infective symptoms where there is appropriate clinical expertise, training and resource.

Read the report at: bit.ly/readNHSGIRFTReport