

# Guideline for Hospital Admission

## Ministry of Public Health - Lebanon

### Tonsillectomy

Tonsillectomy is defined as the surgical excision of the palatine tonsils. Indications for this procedure remain controversial.

- Tonsillectomy may be required for enlarged tonsils that cause upper airway obstruction, severe dysphagia, sleep disorders, or cardiopulmonary complications.
- Tonsillectomy may be required for peritonsillar abscess that is unresponsive to medical management and drainage documented by surgeon.
- Tonsillectomy may be required for tonsillitis resulting in febrile convulsions
- Tonsillectomy may be required for tonsils requiring biopsy to define tissue pathology or for unilateral tonsil hypertrophy that is presumed to be neoplastic.
- Tonsillectomy may be required for chronic or recurrent tonsillitis in a streptococcal carrier not responding to beta-lactamase-resistant antibiotics
- For children with mild sore throats, watchful waiting is more appropriate than tonsillectomy.
- In adults with recurrent severe sore throat tonsillectomy may be recommended.
- In both adults and children with recurrent acute sore throat, the following are recommended as indications for consideration of tonsillectomy:
  - i. Sore throats are due to acute tonsillitis
  - ii. Episodes of sore throat are disabling and prevent normal functioning
  - iii. 7 or more well documented, clinically significant, adequately treated sore throats in the preceding 1 year.
  - iv. 5 or more such episodes in each of the preceding 2 years.
  - v. 3 or more such episodes in each of the preceding 3 years.

### **References:**

- Management of sore throat and indications for tonsillectomy- a national clinical guideline. Scottish Intercollegiate Guidelines Network, 2010.
- American Academy of Otolaryngology–Head and Neck Surgery (AAO-HNS)

**Checklist:**

<b>Condition</b>	<b>Present</b>	<b>Absent</b>
Enlarged tonsils that cause upper airway obstruction, severe dysphagia, sleep disorders, or cardiopulmonary complications.		
Peritonsillar abscess that is unresponsive to medical management and drainage documented by surgeon.		
Tonsils requiring biopsy to define tissue pathology or for unilateral tonsil hypertrophy that is presumed to be neoplastic.		
Tonsillitis resulting in febrile convulsions		
Chronic or recurrent tonsillitis in a streptococcal carrier not responding to beta-lactamase-resistant antibiotics		
Adult with recurrent severe sore throat		
<b>Adult or child with recurrent acute sore throat given that</b>		
i. Sore throats are due to acute tonsillitis		
ii. Episodes of sore throat are disabling and prevent normal functioning		
iii. 7 or more well documented, clinically significant, adequately treated sore throats in the preceding 1 year.		
iv. 5 or more such episodes in each of the preceding 2 years.		
v. 3 or more such episodes in each of the preceding 3 years.		

---