Top Five "Myths" of Tonsillectomy

Approximately 600,000 tonsillectomies are performed each year, yet parents hold a variety of misconceptions about the popular procedure, which stands as the second most common childhood surgery. A recent survey of nearly 600 American parents, conducted by Harris Interactive on behalf of the American Academy of Otolaryngology – Head and Neck Surgery (AAO-HNS) and funded by an educational grant from ArthroCare® Corporation, pointed to five prevalent "myths" surrounding tonsillectomy.

The five most common "myths" surrounding tonsillectomy include:

Myth: Doctors don't remove tonsils anymore.
Fact: Sixty percent of parents surveyed believe that tonsillectomies have been on the decline over the past 25 years and more than half believe that tonsillectomies are old fashioned, outdated or unnecessary. In reality, there are approximately 600,000 tonsillectomies performed each year on children and adults. The AAO-HNS identifies tonsillectomy as the second most common childhood surgery.

Myth: Tonsils are mainly removed for chronic sore throats and tonsillitis.
Fact: Almost 80 percent of parents surveyed believe the main reason for removing a child's tonsils was to stop frequent sore throats. While this was true in the past, the most common reason for performing a tonsillectomy today is to remove enlarged tonsils. In fact, according to AAO-HNS, 75 percent of all tonsillectomies are now performed for this reason.

Enlarged tonsils can cause sleep-disordered breathing, such as snoring and pediatric obstructive sleep apnea. Left untreated, sleep-disordered breathing can lead to sleep deprivation, behavior problems, obesity and bedwetting. One study showed that children who snore are almost twice as likely as their peers to have attention deficit hyperactivity disorder (ADHD).[1]

The survey revealed only 38 percent of parents know that enlarged tonsils are associated with sleep-disordered breathing and only 18 percent knew that tonsillectomy is a common treatment for sleep-disordered breathing such as pediatric obstructive sleep apnea.

Myth: A child will be in pain for up to two weeks after a tonsillectomy.
Fact: Pain associated with tonsillectomy was a top concern for more than 90 percent of the parents surveyed. Sixty-five percent of parents whose children had their tonsils removed said it was difficult or very difficult to see their child in pain. Ninety-five percent of parents were interested in a tonsillectomy procedure that was less painful and required a shorter recovery period than other methods.

[1] Ronald D. Chervin, Kristen Hedger Archbold, James E. Dillon, Parviz Panahi, Kenneth J. Pituch, Ronald E. Dahl, and Christian Guilleminault. Inattention, Hyperactivity, and Symptoms of Sleep-Disordered Breathing. *Pediatrics*, Mar 2002; 109: 449 - 456.

Nearly 60 percent of parents whose children have not had their tonsils removed believe it would take seven or more days for them to return to normal activity. However newer, more advanced technologies, such as Coblation®, use lower temperatures (40 to 70° C) and has been shown in research to reduce recovery time and pain after surgery compared to older, heat-based technology such as electrocautery (400 ° C).[2,3,4]

Myth: Children can eat only ice cream after having their tonsils removed.
Fact: One-half of all parents believe eating ice cream is the best way to recover from a tonsillectomy. Sixty-nine percent of parents whose children have not had their tonsils removed believe it takes children seven or more days to return to a normal diet. Today's more advanced methods of tonsillectomy, such as Coblation, speed a child's return to normal diet.[4]

Instead of the prolonged recovery period (up to two weeks) common with other tonsillectomy methods, studies have shown that Coblation tonsillectomy patients are back to their normal diet three times faster on average, while also reducing the risk of dehydration and rapid weight loss.

Myth: Tonsillectomies have been performed the same way for decades.
Fact: More than 90 percent of parents surveyed were not aware that modern technology was available for performing tonsillectomies. Scalpels and high temperature technology are still used, but according to a study published in *Otolaryngology--Head and Neck Surgery*, the advent of low-temperature technology in the last several years has been shown to improve patient recovery when compared to electrocautery. That study revealed that Coblation Tonsillectomy has been shown to cause less pain, have a shorter recovery period and require less post-operative narcotics than other methods of tonsillectomy.[4]

For more information, visit www.entnet.org or www.tonsilfacts.org.

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[2] Stoker KE, Don DM, Kang DR, et al. Pediatric total tonsillectomy using Coblation compared to conventional electrosurgery: a prospective, controlled single-blind study. *Otolaryngol Head Neck Surg*. 2004;130(6):666-675.
[3] Walner DL. Pediatric tonsillectomy: Coblation versus electrocautery. Presented at: Annual Meeting of the AAO-HNS; September 22-24, 2004; San Diego, CA.
[4] Temple RH, Timms MS. Paediatric Coblation Tonsillectomy. *International Journal of Pediatric Otorhinolaryngology, 2001; 61: 195-198.*