

Obese children at significantly greater risk for post-adenotonsillectomy complications

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Obesity in children significantly increases the risk of major and minor respiratory complications following surgery to correct sleep disordered breathing (SDB), according to new research presented at the 2009 American Academy of Otolaryngology-Head and Neck Surgery Foundation (AAO-HNSF) Annual Meeting & OTO EXPO, in San Diego, CA.

The study, which followed the post-operative recovery of 49 <u>obese</u> <u>children</u> compared with a control group, revealed that 75.5 percent of the obese children experienced one or more post-surgical respiratory complications, compared with just 26.5 percent of the control group. Particularly, airway obstruction in the obese was significantly more frequent than that of the control group. Obese children were also more likely to be admitted to the hospital, and had a longer duration of stay.

The likelihood of developing these adverse events was greater as the body mass index increased, and in boys.

Obstructive sleep apnea, the most common type of SDB, occurs when the upper airway obstructs or collapses during sleep, causing a decrease in oxygenation. This can result in cognitive and behavioral consequences in children. The main treatment for SDB in <u>children</u> is to surgically remove the tonsils and adenoids that could obstruct the upper airway.

The authors believe this information impacts the risk/benefit assessment of surgery for SDB in obese populations, especially since the benefit of



surgery for this group is limited, if not questionable.

Source: American Academy of Otolaryngology

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