

Analysis of studies evaluates tonsillectomy techniques

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A review of tonsillectomy-technique studies found that some new methods have advantages over traditional methods, but others are equivalent, according to a report in the June issue of *Archives of Otolaryngology–Head and Neck Surgery*.

As background information, the article states that tonsillectomy is well established in terms of safety, but is often accompanied by pain, postsurgical bleeding, and a prolonged recovery. Traditionally, the operation has been performed using cold steel and/or electrocautery dissection (CS/EC). Newer methods involve vessel sealing systems (VSS) that close off blood vessels, a Harmonic Scalpel (HS) that uses sound waves and radiofrequency ablation (such as Coblation) that uses radio waves. "Yet, no definite consensus has been reached regarding the optimal technique with the lowest morbidity rates," write the authors.

Vangelis G. Alexiou, M.D., M.Sc., from Northampton General Hospital in England, and colleagues conducted a meta-analysis of studies comparing tonsillectomy methods. The authors selected randomized, controlled trials of tonsillectomy techniques (VSS, HS or Coblation compared with CS/EC) from 1990 through July 14, 2010. In all, 33 trials including 3,139 patients were selected.

Analysis of the studies revealed that HS only outperformed CS/EC in terms of perioperative bleeding. Coblation did not appear to offer any benefits when compared with CS/EC. Patients who underwent tonsillectomies with VSS were significantly more likely than those

undergoing CS/EC procedures to experience shorter surgeries, less bleeding, and less pain.

"In conclusion, despite its limitations, this meta-analysis provides evidence that the use of Coblation and HS for [tonsillectomy](#) is equivalent to the use of the conventional CS/ES technique," write the authors.

"Surgeon experience, training, and preferences, as well as cost-effectiveness criteria, should be considered." They note that VSS appeared to offer benefits to CS/ES, and call for further research to supplement the limited data with regards to this technique.

More information: *Arch Otolaryngol Head Neck Surg.* 2011;137[6]:558-570.

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