

Adult tonsillectomy complications and health care expenses

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A study released today of 36,210 adult tonsillectomy patients finds that 20 percent will have a complication, offering valuable new insights to a decades long discussion. The study, featured in the April 2014 issue of *Otolaryngology—Head and Neck Surgery*, examines the prevalence of complications in adult tonsillectomies and the impact on health care expenditures.

"Researchers have been examining variation in tonsillectomy for years," explained corresponding author, Dennis Scanlon, PhD. "Yet most research has been documented in pediatric populations. Much less is known about the safety and risks to [adult patients](#) that undergo the procedure."

The study is the first of its kind to examine a large [adult population](#), across institutions and provider practices. Data for the study came from MarketScan®, a large insurance database of [patients](#) with employer-sponsored insurance who had an outpatient tonsillectomy between 2002 and 2007. Previous studies have focused on small numbers of patients within particular institutions and have not considered a wider spectrum of complications beyond post-tonsillectomy hemorrhage. The findings suggest that of the 20 percent who will have a complication, 10 percent will visit an emergency room, and approximately 1.5 percent will be admitted to a hospital within 14 days of the procedure. Six percent were treated for postoperative hemorrhage, 2 percent for dehydration, and 11 percent for ear, nose or throat pain within 14 days of surgery. These estimated complication rates are significantly higher than those reported

in prior studies.

The study results highlight the challenges patients face when making informed decisions about medical and surgical treatments, as well as the excess costs and harm incurred due to complications. On average, the amount paid for a tonsillectomy without complication was \$3,832 whereas [tonsillectomy](#) with hemorrhage resulted in an average expenditure of \$6,388.

"Patients expect to compare the risks and benefits of treatment options, but as our study shows, credible patient centered information is often lacking, even for a common procedure that has been in practice for many, many years. The availability of important risk or benefit information should be expedited and providers need to be trained to engage patients in how to use this information to make informed choices," said Dr. Scanlon.

Provided by American Academy of Otolaryngology

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