

Post-tonsillectomy complications more likely in kids from lower-income families

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Removing a child's tonsils is one of the most common surgeries performed in the United States, with approximately 500,000 children undergoing the procedure each year. New research finds that children from lower-income families are more likely to have complications following the surgery.

In the first study of its kind to analyze post-operative complications requiring a doctor's visit within the first 14 days after [tonsillectomy](#), researchers saw a significant disparity based on income status, race and ethnicity.

"Surprisingly, despite all children having a relatively uniform health status before surgery, we found significant differences in the numbers of children requiring revisits after their tonsillectomies," said co-author Dr. Nina Shapiro, director of pediatric otolaryngology at Mattel Children's Hospital UCLA and a professor of head and [neck surgery](#) at the David Geffen School of Medicine at UCLA.

To conduct the study, Shapiro and Dr. Neil Bhattacharyya, professor of otolaryngology at Harvard Medical School, examined the complication rate in close to 80,000 children who had tonsillectomy surgeries in an outpatient setting (with or without an adenoidectomy) in four states—California, Iowa, Florida and New York. They reviewed ambulatory surgery databases from 2010 and 2011 and linked them to emergency room and inpatient databases. The revisit rates and diagnoses in the 14 days after tonsil removal surgery were analyzed with respect to

gender, race and median household income level.

Among all cases reviewed in the study, approximately 8 percent of the children saw the doctor within two weeks following surgery for complications that included bleeding, pain and dehydration/fever.

However, they found that compared to those in the highest income group, children in the lowest income households had a one-and-a-half times greater likelihood of needing a doctor visit after surgery, and a one-and-one-third times greater likelihood of bleeding after surgery. They also found that black and Hispanic children were more likely to suffer from a complication than white children.

The importance of the research stands out if the rates of postoperative complications found in the study were applied to the 500,000 annual tonsillectomies performed in the United States. This would be equivalent to 3,000 additional children from lower-income families and beyond that 1,700 additional Hispanic children requiring a doctor's visit after their tonsillectomy compared to children from higher-income families and white children, Shapiro said.

The findings are published in the current online edition of *Otolaryngology–Head and Neck Surgery*, the official peer-reviewed publication of the American Academy of Otolaryngology–Head and Neck Surgery Foundation.

The authors believe several factors may have contributed to the disparities.

"One possibility is that families in the higher income group may have had easier access to communication with their doctor via phone or email, alleviating the need for doctor visits," Shapiro said. "Another possibility is that children in the lower income group may have had low-grade

chronic illnesses or infections, making them more susceptible to postoperative problems. Or, educational level and possible language barriers may have played a role in postoperative outcomes."

Bhattacharyya noted that the data was taken from surgeries that took place before the implementation of the Affordable Care Act (ACA). "Since this type of [surgery](#) is so common, the next stage of this research will look at the impact of the ACA on post-surgical complications based on demographic variables," he said. "Furthermore, these data have important implications as the public gains access to more transparent data regarding surgical complications."

Provided by University of California, Los Angeles

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