Electrosurgery (diathermy and coblation) for tonsillectomy
National Institute for Health and Clinical Excellence

Record Status
This is a bibliographic record of a published health technology assessment. No evaluation of the quality of this assessment has been made for the HTA database.

Citation

Authors' objectives
This study aims to assess the current evidence on electrosurgery (diathermy and coblation) for tonsillectomy.

Authors' conclusions
1.1 Current evidence on the safety and efficacy of electrosurgery (diathermy and coblation) for tonsillectomy appears adequate to support the use of these techniques, provided that normal arrangements are in place for consent, audit and clinical governance.

1.2 Surgeons should avoid excessive use of diathermy during tonsillectomy. Surgeons using diathermy in tonsillectomy for dissection and/or haemostasis should be fully trained in its use and should understand the potential complications.

1.3 Use of coblation for tonsillectomy can result in higher rates of haemorrhage than other techniques and clinicians wishing to use coblation should be specifically trained. The British Association of Otorhinolaryngologists - Head and Neck Surgeons has agreed to produce standards for training.

1.4 Surgeons should ensure that patients or their parents/carers understand the risk of haemorrhage after tonsillectomy using these techniques. In addition, use of the Institute's "Information for the public" is recommended (available from www.nice.org.uk/IPG150publicinfo).

1.5 Surgeons should audit and review the rates of haemorrhage complicating tonsillectomy in their own practices and in the context of the techniques they use. Publication of further information about the influence of different techniques and other factors (such as age) on the incidence of haemorrhage after tonsillectomy would be useful in guiding future practice.

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