Tonsillectomy for obstructive sleep-disordered breathing or recurrent throat infection in children
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Record Status
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Citation

Authors' objectives
To systematically review evidence addressing tonsillectomy in children with obstructive sleep-disordered breathing (OSDB) or recurrent throat infections.

Authors' conclusions
Tonsillectomy can produce short-term improvement in sleep outcomes compared with no surgery in children with OSDB (moderate SOE). In children with recurrent throat infections undergoing tonsillectomy, number of throat infections (moderate SOE) and associated health care utilization and work/school absences (low SOE) improved in the first postsurgical year. These benefits did not persist, and data on longer term results are lacking. Short-term improvements must be weighed against the risk of PTH (high SOE for low frequency of PTH). Surgical technique had little bearing on return to normal diet or activity (low SOE). Perioperative dexamethasone and pre-emptive 5-HT receptor antagonist antiemetics reduced the need for additional analgesics or antiemetics (low SOE). Dexamethasone did not increase risk of PTH compared with placebo, but estimates had wide confidence bounds (low SOE). Little evidence addressed the use of postoperative medications for pain-related outcomes (insufficient SOE).

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