

Risk higher in younger children for tonsillectomy complications

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HBFs (0.2 to 5 percent), and more than 10 times higher than in patients in FSFs (0 to 0.38 percent). Higher rates of airway and respiratory complications were observed among inpatients aged 0 to 9 years, particularly for airway complications in children aged 0 to 11 months (odds ratio, 7.5; 95 percent confidence interval, 3.1 to 18.2).

"Large numbers of pediatric patients undergo T&A in ambulatory settings despite higher rates of complications in younger patients and patients with more comorbidities," the authors write.

"Fortunately, a high percentage of these patients has been appropriately triaged to the inpatient setting."

More information: [Abstract](#)
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(HealthDay)—Although many pediatric patients undergo tonsillectomy and adenoidectomy (T&A) in ambulatory settings, an inpatient setting may be safer for younger children who are at higher risk of complications, according to research published in online Feb. 25 in *JAMA Otolaryngology-Head & Neck Surgery*.

Misha Amoils, M.D., of Stanford University in California, and colleagues conducted a retrospective analysis of data for [children](#) undergoing T&A in hospitals (18,622 patients; mean age, 5.4 years) and ambulatory settings, including hospital-based facilities (HBFs) and free-standing facilities (FSFs) (96,592 patients; mean age, 7.6 years). Rates of airway, respiratory, and cardiovascular complications were measured.

The researchers found that pediatric inpatients undergoing T&A had more comorbidities (?8) than those in HBFs (?4) or FSFs (?3). Complication rates were two to five times higher in pediatric inpatients (1 to 12 percent) than in patients in

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