Factors Contributing to Cost in Partial versus Total Tonsillectomy

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ABSTRACT

OBJECTIVES
We will examine differences between total tonsillectomy and partial intracapsular tonsillectomy techniques that may lead to differences in global cost and resource utilization between these two procedures. Preoperative, perioperative, and postoperative management and outcome factors will be examined.

STUDY DESIGN
Retrospective review at two university-based tertiary care hospitals from Jan 2007-June 2010.

MATERIALS AND METHODS
Pediatric patients with obstructive symptoms were divided into those undergoing total tonsillectomy and those undergoing partial intracapsular tonsillectomy. The records of 389 patients who underwent total tonsillectomy and 289 patients who underwent partial intracapsular tonsillectomy were reviewed.

RESULTS
The average age of patients undergoing total and partial tonsillectomies was 4.99 years and 5.0 years, respectively. Significant differences were identified in age, sex, and various postoperative factors. In all, patients undergoing partial tonsillectomy had a lower rate of postoperative hemorrhage and number requiring second operations for tonsillar regrowth. There were a number of other factors that contribute to differences in cost between the two techniques that we could not measure due to the retrospective manner of our study. These factors include loss of wages and loss of productivity during time spent out of work by caregivers, as well as differences in postoperative analgesic use. Our next goal is to perform a prospective study in which a blinded observer may record these and other variables.

DISCUSSION
Tonsillectomy is one of the most common surgical procedures performed in the United States, with 300,000-400,000 tonsillectomies performed annually. Due to the number of tonsillectomies performed, small differences in cost between techniques can create large disparities in cost and resource utilization when viewed on a global scale.

REFERENCES