

P71

POST-OPERATIVE DISCHARGE TIMES FOLLOWING PAEDIATRIC ADENOIDECTOMY-ONLY SURGERY: A NATIONAL SURVEY OF APAGBI LINKMEN

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Introduction and aims:

The Royal Alexandra Children's Hospital is a tertiary referral centre for paediatric ENT surgery. We embarked on a quality improvement journey in 2007 with a day case adeno-tonsillectomy rate of 2.8%. Through recurrent audit cycles and policy reviews over the last decade, we have managed to increase our day case rate to 75%. This has resulted in significant improvement in our PROMs (Patient Reported Outcome Measures) as well as improved in-patient and high dependency resource utilisation. Following the last review in 2018, we decided to explore whether the discharge time for adenoideotomy-only surgery can be reduced to 2 hours post-operative to further improve our PROMs and better our day case resource utilisation.

Methods:

In absence of any formal guidelines (1, 2, 3) for post-operative discharge times for adenoideotomy-only surgery, we decided to approach the APAGBI for help in conducting a national survey of Linkmen Members. 139 members were emailed a short 6-question survey in May 2019.

Results:

Twenty-eight linkmen responded from across the UK (response rate: 20.1%), including 19 District General Hospitals, 3 Non-Specialist Paediatric Tertiary University Hospitals, 5 Specialist Paediatric Tertiary University Hospitals and 1 Standalone Specialist Paediatric Tertiary Centre.

For adenoideotomy alone, most centres discharge the patients at either 4 hours (10 out of 28: amounting to 35.7%) or at 6 hours (10 out of 28: amounting to 35.7%) post-operative. 2 centres discharged at 2 hours, 1 centre discharged at 3 hours, 2 centres at 4 to 6 hours, whereas 2 centres responded with 'Unknown' and 1 centre did not have an agreed time for discharge post-op.

Just over half (15 out of 28: amounting to 53.6%) of the centres have a hospital policy for paediatric tonsillectomies, adeno-tonsillectomies and adenoideotomies. 10 (35.7%) centres do not have a policy and 3 respondents did not know if their centre had a policy.

Discussion and conclusion:

Although the study suffers from a poor response rate, the spread of types of institutions (District General vs University hospitals, and Non-Specialist vs Specialist centres) gives us a broad overview of the practice across the country. The practice across the UK is evenly spread between 4-hour and 6-hour discharges (both at 35.7%). Furthermore, the percentage of discharges at or before 4 hours (13 out of 28, amounting to 46.4%) does not vary significantly from discharges after 4 hours (12 out of 28, amounting to 42.9%). However there is very little evidence for discharges before 4 hours post-op (3 out of 28, amounting to 10.7%) We are therefore encouraged to relax the our local discharge time

for paediatric adenoidectomy-only surgery to 4 hours while awaiting further evidence to relax it any further.

References:

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(3) Safe Delivery of Paediatric ENT Surgery in the UK: A National Strategy: A Report of a Combined Working Party of the British Association for Paediatric Otolaryngology (BAPO), ENT UK, The Royal College of Anaesthetists (RCOA) and the Association of Paediatric Anaesthetists of Great Britain and Ireland (APAGBI)