

Common paediatric ENT procedures and deprivation A retrospective observational study of the impact of national guidance in Scotland.

Catriona Douglas¹, Ewan Lindsay², Kate Hulse³, David Young⁴, and Thushitha Kunanandam⁵

¹Gartnavel General Hospital

²University of Strathclyde

³NHS Lothian

⁴Strathclyde University

⁵Royal Hospital for Children

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Abstract

Objectives Tonsillectomy, grommet insertion and adenoidectomy are only permissible in the UK when specific criteria are met. , Children from deprived backgrounds are more likely to require tonsillectomy. Our aim was to assess correlation between tonsillectomy and deprivation plus tonsillectomy and related infections. Design Retrospective observational study of data provided by Information Service Division between 1996/7 and 2016/17. Socio-economic background was determined by Scottish Index of Multiple Deprivation (SIMD) score. Setting and Participants Complete national data for all patients under 16 years old admitted to Scottish NHS hospitals. Main outcome measures Admission to hospital for ENT procedures and ENT-related infections. Results 60,456 tonsillectomies were performed during the study period, significantly fewer following the introduction of SIGN guidelines. Children from the most deprived areas were 72.0% more likely to receive tonsillectomy than the least deprived. Significantly increased rates of tonsillitis were observed following the introduction of SIGN guidelines. The most deprived children were 59% more likely to be admitted with quinsy than the least deprived. Conclusion Tonsillectomy rates are highest in the most deprived. Complications of throat infection appear to be increasing following the introduction of SIGN and NICE guidelines.

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