

# NATIONAL CLINICAL GUIDELINE FOR THE REMOVAL OF TONSILS (TONSILLECTOMY)

## Quick guide

Treatment of children with tonsillar hypertrophy	
↑	Consider offering tonsillectomy to children under 12 years of age with sleep-disordered breathing and tonsillar hypertrophy (⊕⊕⊕○).
√	It is not good practice to offer tonsillectomy/tonsillotomy on a routine basis to children under 12 years of age with tonsillar hypertrophy and solely difficulty swallowing and/or speaking.
↑	Consider offering tonsillotomy rather than tonsillectomy to children under 12 years of age with obstructive symptoms and tonsillar hypertrophy (⊕⊕⊕○).
Treatment of infectious conditions	
↓	Tonsillectomy should only be offered to children under 15 years of age with recurrent acute tonsillitis upon due consideration, as there is only modest beneficial effect of tonsillectomy vs. no surgery (⊕⊕○○).
↑	Consider offering tonsillectomy to adolescents and adults (≥15 years of age) with recurrent acute tonsillitis, as there is a possible beneficial effect (⊕⊕○○).
√	It is good practice to offer tonsillectomy only to patients with recurrent acute tonsillitis who, as a minimum, meet the widespread criteria.
√	It is good practice to consider offering tonsillectomy to adolescents and adults (≥15 years of age) with chronic tonsillitis, particularly in patients with tonsil plugs accompanied by bad breath or bad taste in the mouth.
Tonsillectomy performed during hospitalisation or in an outpatient surgery setting	
√	It is good practice to consider offering tonsillectomy as outpatient surgery to older children and adults (>4 years or >20 kg)*.  * Hospitalisation should be offered to patients with significant comorbidity, increased risk of complications (e.g. acute infection, coagulopathy, obesity, sleep apnoea), or may be conditional upon the possibility for their relatives to observe the patient – and their ability to do so – as well as upon the duration of transportation to the nearest treatment facility
Postoperative pain management	
√	It is good practice to offer paracetamol and NSAIDs, supplemented with opioid if needed, for pain management in adolescents and adults (>12 years of age) following tonsillectomy.

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## About the quick guide

This quick guide contains the key recommendations from the national clinical guideline for the removal of tonsils (tonsillectomy). The guideline was prepared by the DHA.

The national clinical guideline focuses on indications for removal of tonsils by tonsillectomy, types of surgery and surgical setting as well as postoperative pain management.

Therefore, the guideline must be seen alongside the other guidelines, process descriptions etc. in this field.

The recommendations are preceded by the following indications of their strength:

- ↑↑ = a strong recommendation for
- ↓↓ = a strong recommendation against
- ↑ = a weak/conditional recommendation for
- ↓ = a weak/conditional recommendation against

The symbol (√) stands for good practice. This symbol is used in case of lack of evidence, when the working group wants to emphasise particular aspects of the established clinical practice.

The recommendations are followed by the following symbols which indicate the strength of the underlying evidence – from high to very low:

- (⊕⊕⊕⊕) = high
- (⊕⊕⊕○) = moderate
- (⊕⊕○○) = low
- (⊕○○○) = very low

In case of lack of evidence, a recommendation is not followed by a symbol. This applies to the good practice recommendations.

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### Further information at [sundhedsstyrelsen.dk](http://sundhedsstyrelsen.dk)

At [sundhedsstyrelsen.dk](http://sundhedsstyrelsen.dk), a full-length version of the national clinical guideline is available, including a detailed review of the underlying evidence for the recommendations.

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### About the national clinical guidelines

The national clinical guideline is one of the 47 national clinical guidelines to be prepared by the DHA during the period 2013-2016.

Further information about the choice of subjects, method and process is available at [sundhedsstyrelsen.dk](http://sundhedsstyrelsen.dk).

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