Dear Editor,

On behalf of ENT UK we would like to respond to the recent publication in your journal:

**Incidence of indications for tonsillectomy and frequency of evidence-based surgery: a 12-year retrospective cohort study of primary care electronic records**

1. The current selection criteria have been applied to data from 2000-2016; in 2006, the threshold was 5 episodes/year not 7.
2. No consideration was given to time lost from school by sufferers. Seven bouts of tonsillitis probably equates to a potential loss of 10 weeks of school.
3. Some parents/patients will self-manage symptoms and then seek a referral.
4. Categorising 3-4 and 5-6 episodes of sore throat in 1 year as “non-evidence based” is somewhat arbitrary given points 1 and 2 above.
5. The apparent mismatch between “indicated” and “non-indicated” tonsillectomies as a proportion of the “indicated” pool probably reflects the fact that real life is a discussion between the doctor and patient about management.
6. A&E attendances for ENT have risen by 0.5% over the last 4 years with an exponential increase in admissions in the last decade for complications related to acute tonsillitis including abscesses and deep neck space infections with the associated morbidity and cost to the health economy.
7. Adenotonsillectomy in OSAS is performed to prevent cardiopulmonary complications and ameliorate the effects of chronic sleep deprivation. Quantifying these risks is difficult but we should recognise that an absence of evidence does not automatically equate to absence of benefit; simply that an appropriate study has not been performed. The clinical decision to operate in the majority of children is on the grounds that the
adverse effects of sleep disturbance on development and academic progress are well accepted.

8. With regards to tonsillectomy technique, intracapsular techniques are increasing in use and so the risk profile is changing significantly, as is the recovery time with dramatic improvement in outcomes\(^2\).

9. Given the difficulties in performing an ethical study in this age group, it is a significant leap to go from classifying this as a ‘non evidence based’ group to labelling it as ‘unnecessary surgery’. The statements in the discussion are border on sensationalism and are unhelpful at best. It is disappointing that such a paper should be published without discussion with otolaryngologists who would have been able to contextualise the results in relation to normal UK clinical practice.

Yours sincerely,

[Signature]

Professor Carl Philpott
Honorary Secretary, ENT UK

Mr Neil Bateman
Consultant Paediatric ENT Surgeon

Professor Nirmal Kumar
President Elect, ENT UK

Mr Brian Bingham
President, ENT UK

Mr Jeremy Davis
Consultant ENT Surgeon and Chair of the Specialist Advisory Committee in Otorhinolaryngology