

# Microdebrider Tonsillectomy Bests Electrocautery

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Intracapsular tonsillectomy performed with a microdebrider results in less pain and quicker recovery than does tonsillectomy involving electrocautery, Dr. Craig S. Derkay said at the annual meeting of the American Academy of Otolaryngology–Head and Neck Surgery Foundation.

A study of 300 patients aged 2-17 years

found that, compared with the electrocautery group, the microdebrider group returned to normal activities an average of 1.5 days earlier and stopped taking pain medications 2.5 days earlier.

Intracapsular tonsillectomy performed with a microdebrider “seems to result in a quicker recovery and resumption of normal activities than standard tonsillectomy. Because this method leaves the connective tissue capsule intact, the muscles of the pharynx aren’t exposed to secretions and

food, so patients experience less pain and are able to start eating sooner,” Dr. Derkay, director of pediatric otolaryngology at Eastern Virginia Medical School in Norfolk, said in an interview.

The prospective, single-blind, randomized controlled trial was funded by a grant from Medtronic Inc., which markets the debrider used in the study. A total of 300 children with obstructive sleep disorders were enrolled. Half received tonsillectomy using low-wattage electrocautery (15

watts); half received microdebrider intracapsular tonsillectomy. Adjuvant therapy was standardized, and the only variation was in the instrument used to remove the tonsils.

Dr. Derkay, who disclaimed any financial interest in Medtronic or the device, described the microdebrider as a powered instrument connected to suction and irrigation, with a small blade rotating 2,000 times per minute.

The researchers used validated quality-

## Avian Flu Pretest Yields Results in Hours, Not Days

A rapid test to detect human infection with avian influenza provides preliminary results in just 4 hours instead of the standard 2-3 days, according to officials with the Food and Drug Administration and the Centers for Disease Control and Prevention.

The test is being made available to the World Health Organization and individual countries in addition to its distribution throughout the United States.

The test, developed by the CDC and rushed through the FDA approval process, is intended to detect H5 viral strains from

**‘This provides a presumptive positive result, not a definitive result, and a negative result does not conclusively rule out infection.’**

respiratory secretions in patients suspected of being infected. Further testing is then required to identify specific subtypes such as the H5N1 subtype, which so far has been responsible for 166 human infections and 88

deaths worldwide.

“This provides a presumptive positive result, not a definitive result,” Dr. Steve Gutman of the FDA said in a teleconference sponsored by that agency. “And a negative result does not conclusively rule out infection.” He said the test is not intended as a screening tool but rather to investigate signs and symptoms of avian influenza in people who have possibly been exposed to the virus.

Within the United States, the test, which is known as the Influenza A/H5 (Asian Lineage) Virus Real-Time RT-PCR Primer and Probe Set, is being distributed to about 140 designated laboratories in the Laboratory Response Network. About 87% of the country’s population lives within 1 hour of such a lab, said the CDC’s Steve Monroe, Ph.D. Physicians wishing to test a patient should send their samples directly to the closest Laboratory Response Network lab.

The availability of the test provides a powerful tool for the timely detection of avian influenza, Dr. Gutman said.

—Kate Johnson

Can't describe the way his tummy hurts.<sup>1</sup>

Needs a doctor who can read between the lines.

Children who have GERD may have difficulty communicating what they feel. Even parents may not understand that their child's symptoms such as abdominal pain, heartburn, or chronic cough might be associated with GERD.<sup>1</sup> Fortunately, at PREVACID, we are committed to helping you identify symptoms of GERD.

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PREVACID is the only FDA-approved PPI for patients as young as 12 months.<sup>2-7</sup>



### Important Safety and Other Information

- The safety and effectiveness of PREVACID have been established in patients 12 months to 17 years of age for the short-term treatment of symptomatic GERD and erosive esophagitis. Individual results may vary.
- PREVACID use in this population is supported by evidence from adequate and well-controlled studies in adults along with additional clinical and PK/PD studies performed in pediatric patients. (The pediatric studies were uncontrolled, open-label studies performed in 66 patients aged 1 to 11 years old and 87 patients aged 12 to 17 years old.) The safety and effectiveness of PREVACID have not been established in patients <1 year of age.
- The most frequently reported adverse events in patients aged 1 to 11 years were constipation (5%) and headache (3%). In patients aged 12 to 17 years, the most frequently reported adverse events were headache (7%), abdominal pain (5%), nausea (3%), and dizziness (3%). The adverse events profile in children and adolescents resembled that of adults taking PREVACID, where the most common adverse events were diarrhea (3.8%), abdominal pain (2.1%), and nausea (1.3%). Symptomatic response to therapy does not preclude the presence of gastric malignancy. PREVACID formulations are contraindicated in patients with known hypersensitivity to any component of the formulation.

See adjacent page for brief summary of prescribing information.

**References** 1. Rudolph CD, Mazur LJ, Liptak GS, et al. *J Pediatr Gastroenterol Nutr.* 2001;32(suppl 2):S1-S31. 2. PREVACID Complete Prescribing Information. 3. Aciphex® (rabeprazole sodium) Complete Prescribing Information. 4. Nexium® (esomeprazole magnesium) Complete Prescribing Information. 5. Prilosec® (omeprazole) Complete Prescribing Information. 6. Protonix® (pantoprazole sodium) Complete Prescribing Information. 7. Zegerid™ (omeprazole) Complete Prescribing Information.

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