Microdebrider Tonsillectomy Bests Electrocautery

BY ELAINE ZABLOCKI
Contributing Writer

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 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.

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"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