Tonsillectomy Case Report Form (CRF)

☐ Case submitted via RedCap survey

Site & Subject Information

Site ID *Must start with 2 letters and end with 4 numbers.*		**Email Address for Site Study Coordinator**	
Patient De-Identified Study Number *Value must begin with a number.*		**Subject Age** (in years rounded to nearest whole number)	
Sex at Birth	☐ Male ☐ Female ☐ Non-binary ☐ Prefer not to say		

Subject Characteristics

Height (cm)		**Weight (kg)**		**BMI (kg/m²)**	

Major Medical Comorbidities (select all that apply)

☐ Autoimmune condition (e.g., rheumatoid arthritis, SLE, vasculitis)
☐ Bleeding disorder
☐ Cardiac disease (e.g. congenital heart defect or valvular disease)
☐ Cerebral palsy
☐ Chronic kidney disease
☐ Craniofacial abnormalities (cleft palate/lip, Pierre Robin, craniosynostosis, hemifacial microsomia, etc.)
☐ Developmental delay
☐ Down Syndrome
☐ Diabetes (Type 1 or 2)
☐ Severe asthma / hyperactive airway disease
☐ Sickle cell disease
☐ Other neurological disorders
☐ Other: _____
☐ None
☐ Data unavailable

Anesthesia Preoperative Risk Class	☐ ASA I ☐ ASA II ☐ ASA III ☐ ASA IV ☐ ASA V ☐ Data unavailable

Tonsillectomy Indication (select all that apply)

☐ Recurrent tonsillitis
☐ Sleep disordered breathing and/or obstructive sleep apnea (diagnosed clinically or via pre-op testing)
☐ Peritonsillar abscess (acute or history of)
☐ Halitosis or tonsilliths
☐ Tonsillar hypertrophy interfering with eating, speaking, or breathing
☐ Tonsillar asymmetry / concern for neoplasm
☐ Other indication: _____

Were pre-operative overnight polysomnogram, pulse oximetry, or other similar testing performed?	☐ No ☐ Yes – Polysomnogram ☐ Yes – Pulse oximetry ☐ Yes – Other overnight sleep testing ☐ Data unavailable		
On preoperative polysomnography, what OSA severity was determined?	☐ Mild (1–4) ☐ Moderate (5–9) ☐ Severe (10 or greater) ☐ Not applicable ☐ Data unavailable		
From preop overnight oximetry — oxygen desaturation index (ODI)		**From preop overnight oximetry — O2 nadir, if available**	
If other preop sleep testing was performed, record available test results			
Grade of Pre-operative Palatine Tonsillar Hypertrophy	☐ Grade I (hidden within pillars) ☐ Grade II (extend to pillars) ☐ Grade III (extend beyond pillars) ☐ Grade IV (extend to midline) ☐ Data unavailable		

Operative Procedure

Additional procedure (e.g., adenoidectomy, turbinate reduction, other) performed at time of tonsil surgery?	☐ Yes ☐ No
If yes, what additional procedure was performed?	☐ Adenoidectomy ☐ Turbinate reduction ☐ Myringotomy with or without ear tube placement ☐ Other: _____
Dissection Type	☐ Intracapsular ☐ Extracapsular
Primary technique used for tonsillectomy / tonsillotomy	☐ Primary cold steel device (snare, scalpel, or microdebrider) ☐ Thermal powered device (bovie/electrocautery or coblator)
If thermal powered device — primary device used for procedure *If multiple devices were used, select the one primary device.*	☐ Bovie (unipolar) ☐ Suction bovie ☐ Coblator ☐ Bipolar ☐ Suture ligation ☐ Other: _____
If cold steel device — primary device used *If multiple devices were used, select the one primary device.*	☐ Snare ☐ Scalpel ☐ Microdebrider ☐ Fisher Tonsil Blade ☐ Hurd Dissector ☐ Other: _____
Tools used for hemostasis (select all that apply)	☐ Bovie (unipolar) ☐ Suction bovie ☐ Coblator ☐ Bipolar ☐ Suture ligation ☐ Other: _____
Intraoperative EBL (mL)	
Post-operative Discharge Status	☐ Same Day Discharge to Home ☐ Admitted to hospital overnight following surgery ☐ Other: _____
If admitted postoperatively — level of care for admission *ICU = specialty ward providing intensive care for critically ill/unstable patients.*	☐ Hospital Floor Bed ☐ ICU ☐ Other: _____

Postoperative Complications & 30-Day Course

30-day postoperative major complication (select all that apply)	☐ Hospital re-admission ☐ Need for unplanned surgical intervention ☐ Post-operative hemorrhage ☐ Other — specify: _____

If re-admitted — reason for re-admission (select all that apply)

☐ Poor oral intake (including dehydration or vomiting)
☐ Pain control
☐ Tonsil bleeding
☐ Post-operative infection (e.g. lower respiratory tract infection)
☐ Need for unplanned laryngo-tracheal intubation (distinct from intubation required for revision surgery)
☐ Other

If post-op hemorrhage — management strategy	☐ No intervention (observation) ☐ Conservative measures (e.g. IV hydration, medication, direct pressure) ☐ Surgical control of bleeding ☐ Other: _____		
If post-op hemorrhage — timing	☐ Primary (less than 24 hours from completion of surgery) ☐ Secondary (greater than 24 hours from completion of surgery)		
Postoperative 30-day mortality/death	☐ Yes ☐ No	**If yes — cause of death (as best as possible)**	