EMORY UNIVERSITY

OtoSurg 1

A Prospective Evaluation of Worldwide Tonsillectomy Indications, Techniques, and Outcomes

Data Dictionary v1.1
October 31, 2025

Data Dictionary

Pediatric Tonsillectomy Case	Required Data (description/comment)
Study Site Information	
Site ID (Unique ID for your study location.) Note: Must star with 2 letters and end with 4 numbers.	Text, required
Email address for site study coordinator	Text (email), required
Subject Demographics	
Patient De-identified Study Number (Unique deidentified code for the specific study subject)	Text, required
Sex at birth	Male / Female / Non-binary / Not reported
Subject Age (age in years at time of procedure; please round to the nearest whole year)	Text (integer, Min: 0, Max: 120), Required
Body mass Index (BMI) (kg/m^2)	(number; record to 1 decimal point)
Subject Characteristics	
Major Medical Comorbidities (Health Conditions)	1) Autoimmune condition (e.g., rheumatoid arthritis, systemic lupus erythematous, vasculitis) 2) Bleeding disorder 3) Cardiac disease (e.g. congenital heart defect or valvular disease) 4) Cerebral palsy

	5) Chronic kidney disease 6) Craniofacial abnormalities (i.e. Cleft palate or cleft lip, Pierre Robin, craniosynostosis, hemifacial microsomia, etc.) 7) Developmental delay 8) Down Syndrome 9) Diabetes (Type 1 or 2) 10) Severe asthma/ hyperactive airway disease 11) Sickle cell disease 12) Other neurological disorder 99) Other 0) None 999) Data unavailable
If other major medical comorbidity was noted, please specify:	Text
Anesthesia preoperative risk class (ASA physical status classification) (For additional information, please visit this link: ASA physical status classification): ASA I: an otherwise healthy child. ASA II: patient with mild systemic disease. - For example, a child with mild asthma, mild obstructive sleep apnea or a well-	ASA I / ASA II / ASA III / ASA IV / ASA V

managed abnormal heart rhythm. ASA III: patient with severe systemic disease. - For example, a child with severe asthma, a heart abnormality, epilepsy, or severe obstructive sleep apnea. ASA IV: patient with severe systemic disease that is a constant threat to life. - For example, a child with heart failure or dependent on a ventilator. ASA V: moribund patient who is not expected to survive without surgery. - For example, a child with a brain bleed or severe liver disease.	
Tonsillectomy indication	1) Recurrent acute tonsillitis / 2) Sleep disordered breathing and/or obstructive sleep apnea (either diagnosed clinically or via pre-operative testing) 3) Peritonsillar abscess (either acute or history of peritonsillar abscess) / 4) Halitosis or tonsilliths 5) Tonsillar hypertrophy interfering with eating, speaking, or breathing 6) Tonsillar asymmetry/ Concern for neoplasm 9) Other indication
If other indication, please specify.	Text

Were either a pre-operative overnight polysomnogram, pulse oximetry, or other similar testing performed?	No / Yes- Polysomnogram/ Yes- Pulse oximetry/ Yes- Other preoperative overnight sleep testing/ Data unavailable
On pre-operative polysomnogram, what OSA severity was determined?	Mild (1-4) /Moderate (5-9) / Severe (10 or greater) / Not applicable (NA)/ Data unavailable
From pre-operative overnight oximetry, please record value for oxygenic desaturation index (ODI):	Text
From pre-operative overnight oximetry, please record value for O2 nadir, if available:	Text
If other pre-operative sleep testing was performed, please record available test results:	Text
Please select grade of pre-operative palatine tonsillar hypertrophy:	Grade I (Tonsils hidden within pillars) / Grade II (Tonsils extend to pillars) / Grade III (Tonsils extend beyond pillars) / Grade IV (Tonsils extend to midline)/ Data unavailable
Operative procedure	
Was an additional procedure (e.g., adenoidectomy, turbinate reduction, or	Yes/No

other) performed at the time of tonsil surgery?	
If yes, what additional procedure was performed?	Adenoidectomy/ Turbinate reduction/ Myringotomy with or without ear tube placement/ Other (open response)
If other procedure was performed at time of tonsillectomy, please indicate:	Text
Dissection Type	Intracapsular (partial/tonsillotomy) / Extracapsular (total)
What was the primary technique used for tonsillectomy/tonsillotomy? (Please select the single answer that best describes the procedure)	Primary cold steel device (i.e. Snare or Scalpel or Microdebrider) / Thermal powered device (i.e. Bovie/electrocautery or Coblator)
If thermal powered device, what was the primary device used for procedure? (Note: If multiple devices were used, select only the one that you feel represents the primary device.)	Bovie (unipolar)/ Suction Bovie / Coblator / Bipolar / Other (open response)
If cold steel device, what was the primary device used? (Note: If multiple devices were used, select only the one that you feel represents the primary device.)	Snare / Scalpel / Microdebrider / Fisher Tonsil Blade/ Hurd Dissector/ Other (open response)

What tools were used for hemostasis? (Please select all that apply)	Bovie (monopolar)/ Suction Bovie / Coblator / Bipolar / Suture ligation/ Other (open response)
If other, please indicate what device was used for hemostasis:	Text
If other, please indicate what thermal powered device was used:	Text
If other, please indicate what cold steel device was used:	Text
What was the intraoperative estimated blood loss (EBL) for the procedure (in mL)?	Text (integer)
What was the patient's post-operative discharge status?	Same-day discharge to home/ Admitted to hospital overnight following surgery/ Other (please specify)
If patient was admitted postoperatively, please indicate level of care (floor, ICU) for admission:	Hospital floor bed/ Intensive care unit (ICU)
If postoperative discharge status is not listed above, please elaborate:	Text
Was an additional procedure (e.g., adenoidectomy, turbinate reduction, or other) performed at the time of tonsillectomy?	Yes / No
Postoperative complications and 30-day course	

30-day postoperative major complication (Select all that apply)	1) Hospital re-admission / 2) Need for unplanned surgical intervention / 3) Post-operative hemorrhage (greater than 15 mL) / 9) Other
If you believe another major postoperative complication occurred that is not reflected in the above choices, please specify:	Text
If postoperative complication was hospital readmission, reason for re-admission: (Please select all that apply)	1) Poor oral intake (including dehydration or vomiting) / 2) Pain control / 3) Tonsil bleeding / 4) Post-operative infection (e.g. lower respiratory tract infection)/ 5) Need for unplanned laryngo-tracheal intubation (distinct from intubation that may have been required for revision surgery) 9) Other
Management strategy for postoperative hemorrhage:	No intervention (observation) / Conservative measures (e.g. IV hydration, medication, or direct pressure) / Surgical control of bleeding Other
Timing of postoperative hemorrhage	Primary (less than 24 hours from completion of surgery)/ Secondary (greater than 24 hours from completion of surgery)

If other intervention for postoperative hemorrhage, please specify:	Text
Postoperative 30-day mortality/ death	Yes / No
Please describe postoperative cause of death (as best as possible):	Text