Triaging of Tonsillectomy via Advanced Audiology Practitioner (AAP) Clinic, A Feasibility Study

Chie Katsura[1], Michelle Pokorny[2]

[1] Department of Otorhinolaryngology, Te Whatu Ora Counties Manukau, Auckland

[2] Department of Audiology, Te Whatu Ora Counties Manukau, Auckland

ORL 26 27–30 OCTOBER 2026 THE CORDIS HOTEL, AUCKLAND www.orl26.nz BEYOND SURGERY

Introduction

Advanced Audiology Practitioners (AAP) clinic in Counties Manukau offer direct referral for children with persistent otitis media with effusion and conductive hearing loss, to the elective surgical waitlist for grommet insertion ± adenoidectomy with an Otorhinolaryngologist (ORL) oversight. However, children who may benefit from tonsillectomy for sleep disordered breathing (SDB) or recurrent tonsillitis, require further assessment in ORL clinic, which may increase waiting time for surgery and/or require unnecessary additional appointments. There is minimal evidence assessing outcomes and accuracy of surgical waitlisting by non-ORL clinicians, however, nurse-led models have been shown to be safe with a 4.7% bleeding complication rate in the UK[1].

Aims

To assess the accuracy of AAP assessment for tonsillectomy and post-op complications.

Methods

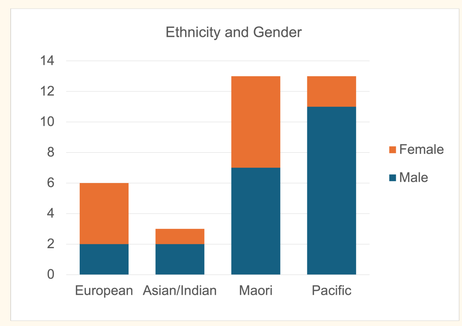
A retrospective observational study was conducted of children seen in the AAP clinic at the Manukau Super Clinic between March 2023 and December 2024. AAP and ORL clinic letters and AAP clinic proforma were reviewed. Paediatric obstructive sleep apnoea syndrome (OSAS) questionnaire scores, preoperative and intraoperative documented tonsil size, patient demographics, and waiting time were collected. Normality was assessed using the Shapiro–Wilk test and statistical significance using the chi-square test ($p<0.05$). Ethics approval was obtained from the University of Auckland.

Results

330 children were assessed in AAP clinic between March 2023 – December 2024 and waitlisted for grommet surgery. 35 (11%) children were considered appropriate for tonsillectomy in addition to grommet insertion and adenoidectomy. They were referred to ORL clinic for further assessment of suitability of tonsillectomy.

Patient demographics:

- The mean age was 7 years (IQR 4, range 2–13).
- 22 were male and 13 female.
- Māori and Pacific children comprised 74% of the cohort.



Indications for tonsillectomy

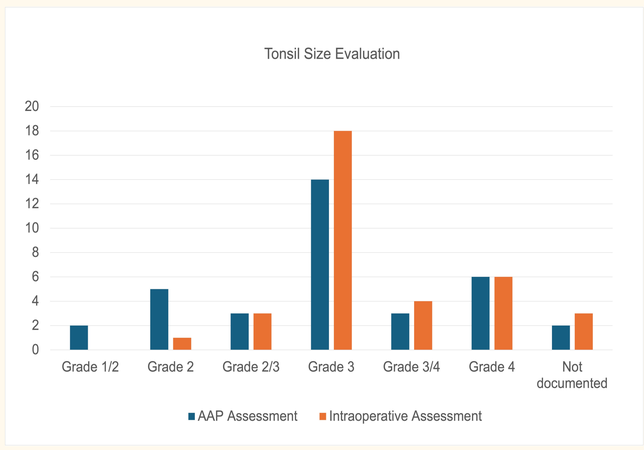
- 29 children had high OSAS score (>0.33[2]).
- 4 children had symptoms of SDB, although did not complete the OSAS questionnaire.
- 5 children had recurrent tonsillitis (>3 episodes within 6 months, or >4 episodes in 12 months).

Waiting time

- 51% of patients were seen by an ORL surgeon on the same day as the AAP assessment. The average wait time to see an ORL specialist in clinic was 37 days (IQR 45, range 0-343).
- The average waiting time for operation was 190 days (IQR 145, range 40-393).

Tonsil size evaluation

- Description of the tonsil size in AAP clinic compared with intraoperative findings were congruent in 24 patients (73%), incongruent in 5 (15%), p=0.045.
- Tonsillectomy was performed in 33 out of 35 patients.
- 1 patient had secondary post tonsillectomy bleed on day 6, which required return to theatre (3%).



Conclusions

Despite the small sample size, this study demonstrated that AAPs can accurately identify children who may benefit from tonsillectomy. Post-operative bleeding complication rate was consistent with reports from nurse-led models and standard care. These findings support further investigation into the potential role of AAPs as part of inter-disciplinary ORL teams with larger long-term cohort studies.

Reference

[1] Wu, K., Walker, E., & Owen, G. (2007). Nurse-led 'one stop' clinic for elective tonsillectomy referrals. *The Journal of laryngology and otology*, *121*(4), 378–381. https://doi.org/10.1017/S0022215106003239

[2] Paediatric Sleep Medicine Clinical Network, New Zealand Guidelines for the Assessment of Sleep-Disordered Breathing in Childhood, Appendix 3, 2014