Peer Review File

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Reviewer A:

Despite being one of the most commonly performed operations in Australia, very few centres have published audits exploring readmissions and bleed rates. Australia does not have national databases providing national let alone regional rates for these data points. Thus papers like this one provide a goal post for other centres to compare outcomes. This paper in particular discusses the regional approach to tonsillectomy which may differ to that provided in a metropolitan centre.

Reply 1: Thank you for your comment highlighting the relevance of the paper in its Australian context. Regional surgeons aim to provide high quality, safe and accessible patient care.

I would caution the authors in regards to the conclusions they have made about TXA - with only 20 patients receiving this postoperatively there is likely a strong bias towards patients in who the surgeon had concerns regarding the risk of post tonsillectomy bleeds. This was not given in a randomised or even cohort manner and very little high level evidence can be drawn from these results.

Reply 2: This conclusion has been removed and the paper rewritten. It is highlighted as a limitation of the study and used to highlight clinical acumen and clinical decision making on when to use TXA.

I think instead of correlating TXA to bleed rate it may be better to correlate to intraoperative bleeding. And perhaps discussing that TXA didn't appear to reduce the risk of bleeding by its use in this fashion.

Reply 3: This has been addressed in the revised manuscript. It is important clinicians review the indication for TXA and its intended effect.

I think it would be worth outlining within the paper what the routine care is for patients in Wagga. Are there any restrictions to return home in regards to distance based age or other factors?

Reply 4: This has been provided in the method section of the paper for clarity of surgical technique and routine post-operative care. During the period of study there were no restrictions placed on patient's or their families return to home. Rough guidelines are in place for high-risk cases with co-morbidities for referral to a paediatric centre in collaboration with the local paediatric department. An appendix of the draft guideline for acute management of PTB have been included as an appendix.

It would seem unlikely that a 2 month old child would be discharged home if they lived over 100km away. Does the department have any guidelines? Non English speaking families? Families must have car? Adults must live with another adult? Access to other health services within a certain distance.
Reply 5: On review of the raw data there had been an issue with operative date and DOB where the same date resulting in a child with an age of 0. This has been corrected and there are no patients under the age of 2 years old in our cohort. There are no formal department guidelines for the criteria you have listed above, outside standard NSW health policies.

Does Wagga operate on children of any age? Many regional centres won't do children under 2, mostly due to anaesthetic restrictions but also due to risk of secondary bleeds. Some centres also use weight - under 10kg and some centres wouldn't do children with an elevated BMI. I note the 2 monther in the demographics - this sounds like an outlier and vey unusual. It would be useful in the demographics to explain any restrictions to service in Wagga.
Reply 6: The restrictions during the study period have been outlines in the methods section.

Many centres have taken to delivering TXA at the time of a secondary bleed. What is the Wagga protocol for post tonsillectomy bleeds? Ab's? TXA? . What is the protocol for transfer versus watchful waiting at a more regional centre? This information would improve the use of this article by providing guidelines as to how a regional centre can safely perform tonsillectomy and mange post tonsillectomy complications.

Reply 7: The draft 2019 guidelines for acute management of PTB at WWBH have been included as an appendix.

Line 118 - risk increased with age. Can the authors elaborate on this. What age?
Reply 8: for every 1 year increase in age they have increased odds of bleeding

The authors give no information on timing of secondary bleeds.
Reply 9: secondary bleeding occurred on median day 6 in our cohort with a range of 2 to 15 days. This has been added to the result section.

Line 148 - not sure what the statement "published data yields varying results " means
Reply 10: This sentence has been removed.

Am not sure that there is any reason there should be an increase bleed rate based on geography. More importantly is the increase complications in relation to a bleed based on geographic distance. Which it would seem the results in this paper would suggest are not significant ie no increase risk of return to theatre or transfusion based on distance.
Reply 11: This has been amended in both the discussion and conclusion.

Table 1 and 2 could be combined
Reply 12: New results tables have been produced and included in the revised manuscript.

Reviewer B:

Your cannot conclude anything about TXA in this study. The TXA was only administered to patients who were "oozy" at the primary surgery - 20 cases (1.5%) of your sample
As predicted intra-operatively 25% bled (5 cases)
Perhaps you could conclude that patients in whom you think there is an increased risk of bleeding you should consider advising them to stay local
To make any conclusions you should preform a prospecitve study and randomise

you patients into TXA or non-TXA arms

Reply 13: This conclusion has been removed and the paper rewritten. It is highlighted as a limitation of the study and used to highlight clinical acumen and clinical decision making on when to use TXA.

I am amazed at you age range - 2 months to 7 years - did a 2 month old infant really undergo a tonsillectomy in a regional centre?

Reply 14: On review of the raw data there had been an issue with operative date and DOB where the same date resulting in a child with an age of 0. This has been corrected and there are no patients under the age of 2 years old in our cohort.

How were PTB assessed. You are open to significant under-reporting without follow up of all patients clinically with at least a phone call.

Reply 15: This is recognized in the limitations of the study. Routine follow-up is with local medical officers.

This paper could be re-submitted as a case series of patients who underwent tonsillectomy in a regional centre but does not add much to the existing literature.

Reply 16: A case series was the intended purpose of the paper with a focus on regional Australian management. Was not intended to provide significant changes to the existing literature.