

**Peer Review File**

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**Reviewer A:**

**Comment 1:** This survey, which has highlighted differences in practice between New Zealand and Australia, is of interest to the otolaryngologist. It could be strengthened by including data on readmissions to hospital, although this data would be difficult to acquire. I would like to know what instructions are given to patients who are allowed to leave hospital proximity 1 day after surgery.

**Reply 1:**

Thank you for your review of our manuscript. We agree, this study would definitely be strengthened by outcome data – in particular, readmission and emergency retrieval rates, which has not been accessible on this scale.

This is an area we have included in the discussion that would be of benefit for future compilation and study, in particular for comparison between regional and metropolitan hospitals. In keeping with comments below, we have added mention of the new Australian Otolaryngology Quality Assurance network (AOQAN) as a surgical database, as a means to monitor and strengthen our study with outcome data in the future (page 14, paragraph 1).

The study was able to obtain some brief comments in regard to advice offered on discharge as several survey questions allowed for the entry of text – however there were insufficient respondents and inconsistent replies to provide valuable detail on this occasion. We agree, this may also be an area of future research to identify consensus in practice given this is such a common procedure, and we have included this in the revision discussion, page 14, paragraph 1.

**Reviewer B:****Comment 2:**

This is a well written manuscript on the Tonsillectomy practices in New Zealand and Australia. It good to note that you have used the Strobe checklist.

This survey has focused on practice in remotely living patients. It is a weakness that it is not divided into adults and children. The risk of secondary bleed is dramatically different and the information regarding opioids has to be seen in the light of the age of patients.

1. Hence I would like to see a stronger section on strength and weaknesses of the study.

**Reply 2:**

Thank you for your review of this manuscript. Your notes have been included in the discussion sections with thanks. In particular, we have added points to discuss

strengths and weaknesses –

- Acknowledge potential for sample bias in regard to the response rate from New Zealand participants (page 12, paragraph 2)
- Discussion of survey fatigue page 17, paragraph 2
- Discussion regarding gaps in survey questions re retrieval availability and impact on disposition and hospital protocols on page 17, paragraph 2

**Comment 3:**

2. Also firmer emphasis on knowledge gaps identified by the study and recommendations to overcome this.

**Reply 3:** We have made the following amendments:

- Page 14, paragraph 1 – emphasized gap in retrieval and readmission data
- Page 14, paragraph 1 - Highlight scope for gauging discharge instructions as area of further study

**Comment 4:**

ASOHNS new AOQAN should be mentioned as well

**Reply 4:** Thanks for this point – AOQAN has been included in page 14, paragraph 1, following our description of how outcome, retrieval and readmission rates would be a valuable supplement to strengthen this data. Also added to references and page 17, paragraph 2

**Comment 6:**

3. Better referencing

**Reply 6:** Endnote update of references has been performed and our local librarian has assisted to double check formatting in Vancouver style.

**Comment 7:**

Citing Cochrane has it's risks as Cochrane ignore anything that is not RCT. In surgery, an outcome register will provide much better data due to it's large number of procedures done by all sorts of surgeons on all sorts of patients, whereas RCT in surgery the procedure will be done on carefully selected patients by especially interested surgeons. Here are 2 references that may be of interest and provide more solid data than ref 16, when discussing techniques and complications, n= 98 979

Practice, complications and outcome in Swedish tonsil surgery 2009–2018. An observational longitudinal national cohort study. Lundström F, Stalfors J, Østvoll E, Sunnergren O. Acta Oto-Laryngologica. 2020 May

Reducing post-tonsillectomy haemorrhage rates through a quality improvement project using a Swedish National quality register: a case study. Odhagen E, Sunnergren O, Söderman AH, Thor J, Stalfors J. Eur Arch Otorhinolaryngol. 2018

Jun;275(6):1631-1639.

**Reply 7:** Thanks for your advice and recommendations for supporting literature, We have added the Swedish register to the discussion of hot/cold surgical techniques. This has served to supplement the discussion of UK practice and shift in practice away from “hot” techniques following these quality improvement studies (page 15). We have also removed the reference to the Cochrane systematic review which, as you have suggested, is likely not the best representation of surgical practice.