

ADENOIDECTOMY IN CHILDREN UNDER 18

CRITERIA BASED ACCESS

Adenoids are lymphatic tissue in the roof of the upper part of the throat (pharynx) behind the nose. They are only usually present in children and tend to grow from birth, reaching the largest size when a child is between 3 and 5 years of age, before slowly shrinking away by adulthood.

Adjuvant adenoidectomy should only be offered when one of the of the following clinical criteria is met:

- Children with glue ear who meet the NICE recommendations for ventilation tubes (grommets) in the presence of persistent and/or frequent upper respiratory tract infections.

OR

- The child is undergoing surgery for re-insertion of grommets due to recurrence of previously surgically treated otitis media with effusion.

OR

- The child is undergoing grommet surgery for treatment of recurrent acute otitis media.

OR for any of the following indications:

- ❖ As part of treatment for obstructive sleep disordered breathing (including obstructive sleep apnoea) in children (e.g., as part of adenotonsillectomy).

Of note - children with simple snoring and no symptoms or signs of apnoea are unlikely to benefit from adenotonsillectomy. Sleep disordered breathing in children should be diagnosed clinically (documented impact on development, behaviour, and quality of life, e.g., height and weight, hyperactivity, daytime somnolence, nasal obstruction, taking into consideration the size of adenoids and role of obesity) and as part of this, if necessary, evidence from a smartphone video may be presented to a doctor.

Use of weight management services, nasal saline irrigation, intranasal steroids, and/or allergy testing, where appropriate, should have been tried/considered prior to referral for surgery.

- ❖ As part of the treatment of chronic rhinosinusitis in children (Please refer to BSW policy for management of chronic rhinosinusitis).
- ❖ For persistent and / or frequent nasal obstruction, to which adenoidal hypertrophy (enlargement) contributes.
- ❖ In preparation for speech surgery (in conjunction with the cleft palate surgical team).

Reference:

NHS England Evidence Based Interventions Programme (2020) Removal of adenoids for treatment of glue ear.