NHS
Bath and North East Somerset, Swindon and Wiltshire
Integrated Care Board

TONSILLECTOMY – ADULTS & CHILDREN

A watchful wait approach is more appropriate than tonsillectomy surgery for both children and adults with mild sore throats. Fast track referral for specialist assessment and investigation for malignancy (which may include tonsillectomy for biopsy), or emergency presentations are not restricted and are exclusions to this policy. There are also rare indications, where as part of an underlying illness, it is good medical practice to perform a tonsillectomy.

CRITERIA BASED ACCESS for the following indication only:

Recurrent peritonsillar abscess (quinsy), which has required a hospital admission or antibiotics/drainage

PRIOR APPROVAL REQUIRED

Prior Approval is required prior to referral for the following:

Tonsillitis:

Before referral to secondary care, discuss with patient/parents or carers the benefits and risks of tonsillectomy vs. active monitoring. Referral for consideration of surgery will be funded if the following criteria are met:

The patient must have:

- Sore throats due to acute recurrent tonsillitis where the episodes are disabling and cause significant functional impairment.

WITH

- Seven or more well documented clinically significant, treated sore throats in the preceding 12 months,

OR

- Five or more such episodes in each of the preceding 2 years

OR

- Three or more such episodes in each of the preceding 3 years

Clinical details (e.g., dates when antibiotics were prescribed) are to be included in the prior approval submission.

PRIOR APPROVAL REQUIRED

Obstructive sleep apnoea / Obstructive sleep disordered breathing in children (aged 18 and under)

Adenotonsillectomy may be considered as part of treatment for obstructive sleep disordered breathing in children.

Obstructive Sleep Apnoea in children should be diagnosed clinically:

- A history of witnessed sleep apnoeic attacks in the presence of snoring.

AND

- The presence of large and obstructive tonsils

AND

- Failure to thrive (documented impact on development, behaviour and quality of life, height and weight, hyperactivity, daytime somnolence)

AND

- Absence of any neurological deficit which might cause Central Sleep Apnoea.

(A sleep study i.e., polysomnography is not required for the diagnosis of Obstructive Sleep Apnoea in children.)

Of note - children with simple snoring without symptoms or signs of apnoea are unlikely to benefit from adenotonsillectomy.

Obstructive sleep apnoea/hypopnoea syndrome in adults:

NICE guidance recommends that tonsillectomy may be considered for people with OSAHS who:

- Have large obstructive tonsils

AND

- A body mass index (BMI) of less than 35 kg/m2

Primary care must obtain funding before referring patients to secondary care providers and secondary care providers must satisfy themselves that the patient has funding secured prior to seeing the patient. This is to ensure inappropriate out-patient appointments are avoided and patient expectations are properly managed.

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INTERVENTIONS NOT NORMALLY FUNDED

Exceptional Funding Required

- Tonsillectomy procedures for tonsil stones or halitosis.
- Tonsillectomy for simple snoring (without symptoms or signs of apnoea)
- Asymmetry of the tonsils where malignancy is not suspected