Derby and Derbyshire
Integrated Care Board

CLINICAL POLICY ADVISORY GROUP (CPAG)

Adult Snoring Surgery in the Absence of Obstructive Sleep Apnoea Policy

Statement

Derby and Derbyshire ICB, in line with its principles for procedures of limited clinical value has deemed that **Adult Snoring Surgery in the Absence of Obstructive Sleep Apnoea** should not routinely be commissioned.

These commissioning intentions will be reviewed periodically. This is to ensure affordability against other services commissioned by the ICB.

1. Background

Snoring is a noise that occurs during sleep that can be caused by vibration of tissues of the throat and palate. It is very common and as many as one in four adults snore. Snoring is not usually harmful to health as long as it is not complicated by periods of apnoea (temporarily stopping breathing) but can be disruptive especially to a person's partner.

This policy relates to surgical procedures in adults to remove, refashion or stiffen the tissues of the soft palate (Uvulopalatopharyngoplasty, Laser assisted Uvulopalatoplasty & Radiofrequency ablation of the palate) in attempt to improve the symptom of snoring.

This policy only relates to patients with snoring in the absence of Obstructive Sleep Apnoea (OSA) and should not be applied to the surgical treatment of patients who snore and have proven OSA who may benefit from surgical intervention as part of the treatment of the OSA. As such this policy should be read in conjunction with other DDICB ENT policies:

- The Surgical Treatment of Sleep Apnoea
- Rhinoplasty and Septo-Rhinoplasty
- Tonsillectomy and/or Adenoidectomy

Snoring can be associated with multiple other causes such as being overweight, smoking, alcohol or blockage elsewhere in the upper airways (e.g., nose or tonsils). Often these other causes can contribute to the noise alongside vibration of the tissues of the throat and palate.

2. Recommendation

NHS England EBI position is that on the basis of limited clinical evidence of effectiveness and the significant risks that patients could be exposed to, that this procedure should no longer be routinely commissioned in the management of simple snoring. There are several alternatives to surgery that can improve the symptom of snoring. These include:

- Weight loss
- Stopping smoking
- Reducing alcohol intake
- Medical treatment of nasal congestion (rhinitis)
- Mouth splints (to move jaw forward when sleeping)

3. Rationale for Recommendation

NHS England EBI Guidance states that in two systematic reviews of 72 primary research studies there is no evidence that surgery to the palate to improve snoring provides any additional benefit compared to other treatments. While some studies demonstrate improvements in subjective loudness of snoring at 6-8 weeks after surgery; this is not longstanding (> 2years) and there is no long-term evidence of health benefit.

This intervention has limited to no clinical effectiveness and surgery carries a 0-16% risk of severe complications (including bleeding, airway compromise and death). There is also evidence from systematic reviews that up to 58-59% of patients suffer persistent side effects (swallowing problems, voice change, globus, taste disturbance & nasal regurgitation). It is on this basis that this procedure should no longer be commissioned.

4. Useful Resources

- NHS Website: Snoring. https://www.nhs.uk/conditions/snoring/

5. References

- Academy of Medical Royal Colleges. Snoring Surgery in the Absence of Obstructive Sleep Apnoea. https://www.aomrc.org.uk/ebi/clinicians/snoring-surgery-in-the-absence-of-obstructive-sleep-apnoea/
- NHS England. Evidence-Based Interventions: FAQ. https://www.england.nhs.uk/wp-content/uploads/2018/11/ebi-frequently-asked-questions-v2.pdf
- NICE CKS. Obstructive Sleep Apnoea Syndrome https://cks.nice.org.uk/topics/obstructive-sleep-apnoea-syndrome/

6. Appendices

Appendix 1 - Consultation

All relevant providers/stakeholders will be consulted via a named link consultant/specialist. Views expressed should be representative of the provider/stakeholder organisation. CPAG will consider all views to inform a consensus decision, noting that sometimes individual views and opinions will differ.

Consultee	**Date**
ENT Consultant, CRHFT	November 2021
ENT Consultant, CRHFT	November 2021
Clinical Policy Advisory Group (CPAG)	February 2022
Clinical and Lay Commissioning Committee (CLCC)	March 2022
ENT Consultant, UHDBFT	October 2024
Consultant Oral & Maxillofacial Surgeon, UHDBFT	October 2024
ENT Consultant, CRHFT	October 2024
Clinical Policy Advisory Group (CPAG)	October 2024

Appendix 2 - Document Update

Document Update	**Date Updated**
Version 3.0 • Policy has been re-worded and reformatted to reflect the DDCCG clinical policies format. This includes the addition of background information, useful resources, references and consultation.	February 2022
Version 3.1 • In line with risk profile, CPAG agreed to extend the review date of this policy by 3 years, in agreement with clinical stakeholders, due to reduced capacity within the Clinical Policies team.	October 2024