Derby and Derbyshire
Integrated Care Board

CLINICAL POLICY ADVISORY GROUP (CPAG)

Surgical Treatment of Sleep Apnoea Policy

Criteria:
Black – criteria required to be met prior to referral
Blue – criteria to be met prior to procedure

Statement

Derby and Derbyshire ICB, in line with its principles for procedures of limited clinical value has deemed that the **Surgical Treatment of Sleep Apnoea** should not routinely be commissioned unless the criteria within this policy are met:

The ICB will fund **Surgical Treatment of Sleep Apnoea** where EACH OF the following Criteria have been met:

• Patient has already tried continuous positive airways pressure (CPAP) unsuccessfully for 6 months prior to being considered for surgery **OR** • Patient had major side effects to CPAP such as significant nosebleeds **OR** • Patient cannot use CPAP due to a physical barrier in the nose
AND • Patient has a score of greater than or equal to 15 on the Epworth Sleepiness Scale OR patient is sleepy in dangerous situations such as driving or operating machinery (i.e., has significant symptoms regardless of Epworth sleepiness scale score)
AND • Patient has significant sleep disordered breathing (as measured during a sleep study, usually by the Apnoea/Hypopnoea Index)
AND • Patient has a BMI of less than 35kg/m^2

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

1. Background

Sleep apnoea happens if your airways become too narrow while you sleep – the most common type is obstructive sleep apnoea (OSA). This causes your breathing to stop and start while you sleep.

There are two types of breathing interruption characteristic of OSA:

- Apnoea – where the muscles and soft tissues in the throat relax and collapse sufficiently to cause a total blockage of the airway; it's called an apnoea when the airflow is blocked for 10 seconds or more
- Hypopnoea – a partial blockage of the airway that results in an airflow reduction of greater than 50% for 10 seconds or more

As such it is also referred to as obstructive sleep apnoea/hypopnoea syndrome (OSAHS)

Symptoms of Sleep Apnoea mainly happen while you sleep. They include:

- Breathing stopping and starting
- Making gasping, snorting or choking noises
- Waking up a lot
- Loud snoring

This policy only relates to patients who have proven OSA and who may benefit from the surgical intervention of their OSA. It should not be applied to patients who do not have OSA. As such this policy should be read in conjunction with other DDICB ENT policies:

- Adult Snoring Surgery in the Absence of Obstructive Sleep Apnoea
- Rhinoplasty and Septo-Rhinoplasty
- Tonsillectomy and Adenoidectomy
- Surgical Intervention for Chronic Rhinosinusitis

2. Recommendation

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The ICB will fund **Surgical Treatment of Sleep Apnoea** where the EACH OF the following Criteria have been met:

• Patient has already tried continuous positive airways pressure (CPAP) unsuccessfully for 6 months prior to being considered for surgery **OR** • Patient had major side effects to CPAP such as significant nosebleeds **OR** • Patient cannot use CPAP due to a physical barrier in the nose
AND • Patient has a score of greater than or equal to 15 on the Epworth Sleepiness Scale OR patient is sleepy in dangerous situations such as driving or operating machinery (i.e., has significant symptoms regardless of Epworth sleepiness scale score)
AND • Patient has significant sleep disordered breathing (as measured during a sleep study, usually by the Apnoea/Hypopnoea Index)
AND • Patient has a BMI of less than 35kg/m^2

Additional notes:
Due to uncertainties regarding long term efficacy NICE does not recommend the use of Uvulopalatopharyngoplasty, Laser Assisted Uvulopalatoplasty and Soft Palate Implants for the treatment of this condition.

3. Rationale for Recommendation

OSA tends to occur more often in males, those with a large neck, those aged over 40 (both men and women) as well as having a family history of OSA. There are other risk factors for OSA including: obesity, large tonsils, large adenoids, smoking, high alcohol intake, nasal congestion, deviated septum and sedative medication.

OSA does not always need to be treated if it's mild, but OSA is a long-term condition and may require lifelong treatment. Reduction and/or treatment of the risk factors for OSA may reduce the need for any intervention for the treatment of OSA. Sleep apnoea can be treated with a continuous positive airways pressure (CPAP) machine and mandibular advancement device.

Surgical treatments include tonsillectomy and/or adenoidectomy. NICE NG202 advises to consider tonsillectomy for people with obstructive sleep apnoea/hypopnoea syndrome (OSAHS) who have large obstructive tonsils and a body mass index (BMI) of less than 35 kg/m^2. It also advises that surgery for the right people would improve their quality of life.

NICE IPG241 does not recommend the use of soft-palate implants for the treatment of OSA due to the inadequate evidence that the procedure is efficacious in the treatment of OSA especially when other treatments exist.

Other treatment options for OSA include the treatment of chronic rhinitis and correction of any nasal passage deviations.

4. Useful Resources

- NHS Website. Sleep Apnoea. https://www.nhs.uk/conditions/sleep-apnoea/
- NHS Inform Scot. Obstructive Sleep Apnoea. https://www.nhsinform.scot/illnesses-and-conditions/lungs-and-airways/obstructive-sleep-apnoea

5. References

- NICE NG202. Obstructive Sleep Apnoea/Hypopnoea Syndrome and Obesity Hypoventilation Syndrome in over 16s. https://www.nice.org.uk/guidance/ng202
- NICE CKS. Obstructive Sleep Apnoea Syndrome. https://cks.nice.org.uk/topics/obstructive-sleep-apnoea-syndrome/
- NICE IPG241. Soft-Palate Implants for Obstructive Sleep Apnoea https://www.nice.org.uk/guidance/ipg241
- NICE IPG476. Radiofrequency Ablation of the Soft Palate for Snoring. https://www.nice.org.uk/guidance/ipg476

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**
Consultant ENT Surgeon, UHDBFT	April 2022
Consultant ENT Surgeon, CRHFT	April 2022
Clinical Policy Advisory Group (CPAG)	June 2022
Population Health and Strategic Commissioning Committee (PHSCC)	July 2022

Appendix 2 - Document Update

Document Update	**Date Updated**
<u>Version 4.0</u> • Policy has been re-worded and reformatted to reflect the DDICB clinical policies format. This includes the addition of background information, useful resources, references and consultation. • Referral criteria one has been separated into 3 separate criteria. • The Criterion "Referral has been made to a weight management service where the patient is overweight or obese (BMI over 25kg/m^2)" has been replaced with "BMI is less than 35kg/m^2". in line with NICE NG202. • Reference to SIGN 73 has been removed as this was withdrawn by SIGN in 2013.	June 2022
<u>Version 4.1</u> • Removal of reference to prior approval.	July 2024