

## CLINICAL POLICY ADVISORY GROUP (CPAG)

### Tonsillectomy and Adenoidectomy Policy

#### **Statement**

NHS Derby and Derbyshire ICB (DDICB), in line with its principles for Evidence Based Interventions (EBI) of limited clinical value, has deemed that tonsillectomy and adenoidectomy should not routinely be commissioned unless the criteria listed within the policy are met.

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

# 1. Background

## Tonsillectomy

Tonsils are lymphatic tissue found on each side of the throat that forms part of the immune system in young children. As children get older the tonsils usually shrink and the immune system can fight infections without them.

Tonsillitis is the inflammation of the tonsils, which is often caused by a viral infection but can also be caused by bacteria. Tonsillitis is usually self-limiting and often resolves within three to four days. However, some can experience recurrent severe episodes of tonsillitis and the surgical removal of the tonsils may be the most appropriate management option for these patients. The surgical removal of tonsils is also known as tonsillectomy.

## Adenoidectomy

Adenoids are small glands at the back of the nose, above the roof of the mouth. In younger children adenoids form part of the immune system. A child's adenoids can become swollen or enlarged following a bacterial or viral infection, or an allergic reaction. Swollen adenoids often cause mild discomfort and treatment is not needed. As children get older the adenoids shrink and the immune system can fight infections without them.

Some children can experience severe discomfort, which can interfere with daily life. Swollen adenoids can block the nose, which can affect breathing and can cause snoring at night. They can also block the Eustachian tubes causing hearing loss and ear infections. Recurrent and severe inflammation of the adenoids can occasionally be managed through the surgical removal of the adenoids, which is also known as an adenoidectomy.

# 2. Recommendation

NHS Derby and Derbyshire ICB (NHSDDICB) will fund:

- Tonsillectomy for indications **A** in adults or children,  
OR
- Tonsillectomy and/or adenoidectomy for indication **B** in adults or children

**A.** Recurrent sore throat where criteria 1 **AND** 2 both apply, and the principal cause is tonsillitis:

1. 7 or more eligible episodes in the last year  
OR  
5 or more eligible episodes in each of the last 2 years  
OR  
3 or more eligible episodes in each of the last 3 years

NB. An “eligible episode” must meet either the following Centor or FeverPAIN criteria:

- Centor criteria - score three or more points
- FeverPAIN criteria - score four or more points

See [Appendix 4](#) for Centor and FeverPAIN criteria

2. A significant and documented impact on quality of life e.g. absence from school/work

The risks of tonsillectomy vs active monitoring have been discussed with the adult or child and their family or carer, and a shared decision has been made on whether to have the procedures. This decision should be documented.

**B. The Commissioner will fund tonsillectomy and/or adenoidectomy for any of the following indications:**

- Failure to thrive due to difficulty in eating solid foods (in children only)
- A strong clinical history suggestive of sleep apnoea
- A significant impact on quality of life e.g., loud and persistent noisy / mouth breathing leading to social difficulties, difficulty eating solid foods that creates unreasonably slow eating, difficulty exercising
- Those assessed to be at significant risk of choking/airway obstruction whilst eating

NB: The case is much more likely to be approved where there is supporting evidence such as growth charts, letters from GPs, employer or school.

Tonsillectomy is **not** routinely commissioned for tonsillar crypts/stones: conservative management is the treatment of choice.

The policy should also be read in conjunction with the [NHSD DICB Surgical Treatment of Sleep Apnoea policy](#)

### **Exclusion Criteria**

Referrals for the following indications are considered as being exceptions and therefore are excluded from the policy:

- Suspected malignancy
- More than one episode of peri-tonsillar abscess (quinsy)
- Acute upper airways obstruction
- Acute and chronic renal disease resulting from acute bacterial tonsillitis
- As part of the treatment of severe guttate
- Metabolic disorders where periods of reduced oral intake could be dangerous to health
- PFAPA (Periodic fever, Aphthous stomatitis, Pharyngitis, Cervical adenitis)
- Severe immune deficiency that would make episodes of recurrent tonsillitis dangerous

## **3. Rationale for Recommendation**

Some people can experience severe recurrent episodes of inflamed adenoids and tonsillitis that can be disabling to normal function. The removal the adenoids/tonsillectomy can be beneficial in these patient groups, but it should only be offered when the frequency of episodes set out by the policy are met.

The surgery carries a risk of bleeding and infection requiring readmission to hospital. Post-surgery pain can be severe, particularly in adults, for up to two weeks after surgery and can cause temporary swallowing difficulties.

## **4. Personalised Care**

*[Personalised care](#) simply means that people have more control and choice when it comes to the way their care is planned and delivered, considering their individual needs, preferences and circumstances. It includes supporting shared decision making and self-management.*

*[Shared decision-making](#) means people are supported to:*

- *understand the care, treatment and support options available and the risks, benefits and consequences of those options*

- *decide on a preferred course of action, based on evidence based, good quality information and their personal preferences.*

Supported self-management means increasing the knowledge, skills and confidence a person has in managing their own health and care. This involves using self-management education, peer support, and health coaching.

Decision support tools, also called patient decision aids support shared decision making by making treatment, care and support options explicit. They provide evidence-based information about the associated benefits/harms and help patients to consider what matters most to them in relation to the possible outcomes, including doing nothing.

## 5. Useful Resources

- Adenoidectomy, NHS, last reviewed 10/03/23, assessed 08/11/24, <https://www.nhs.uk/conditions/Adenoids-and-adenoidectomy/>
- [Adenoid Surgery - UPDATE | ENT UK](#), accessed 05/04/23
- Tonsillitis, NHS, Last reviewed 08/03/2024, accessed 08/11/2024 <https://www.nhs.uk/conditions/tonsillitis/>
- NICE NG202 Obstructive sleep apnoea/hypopnoea syndrome and obesity hypoventilation syndrome in over 16s, published 20/08/21, accessed 05/04/23, [Overview | Obstructive sleep apnoea/hypopnoea syndrome and obesity hypoventilation syndrome in over 16s | Guidance | NICE](#)
- [Information for Patients, Surgery to Treat Tonsillitis](#), Evidence Based Interventions, accessed 26/04/23
- Making a decision about recurrent tonsillitis in children and adults, NHS England & Improvement, updated March 2023, accessed 22/05/23, [NHS Recurrent tonsillitis decision aid \(england.nhs.uk\)](#)

## 6. References

- [Tonsillectomy for recurrent tonsillitis - EBI](#), accessed 08/11/24
- Adenoidectomy, NHS, last reviewed 10/03/23, accessed 08/11/24 <https://www.nhs.uk/conditions/Adenoids-and-adenoidectomy/>
- [Adenoid Surgery - UPDATE | ENT UK](#), accessed 05/04/23
- [Tonsillectomy for recurrent tonsillitis](#), Evidence-Based Interventions, Academy of Medical Royal Colleges, updated August 2022, accessed 26/04/23
- Tonsillitis, NHS, Last reviewed 10/02/21, accessed 05/04/23, [Tonsillitis - NHS \(www.nhs.uk\)](#)
- [Commissioning guide: Tonsillectomy, ENTUK, RCS](#), published October 2013, revised publication January 2021, accessed 27/04/2023
- NICE NG202 Obstructive sleep apnoea/hypopnoea syndrome and obesity hypoventilation syndrome in over 16s, published 20/08/21, accessed 05/04/23, [Overview | Obstructive sleep apnoea/hypopnoea syndrome and obesity hypoventilation syndrome in over 16s | Guidance | NICE](#)
- [How do I diagnose the cause of a sore throat?, Sore throat – acute, NICE CKS](#), last revised January 2023, accessed 28/04/23
- NICE NG

## 7. 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
Clinical Policy Advisory Group (CPAG)	November 2024
Consultant Ears, Nose and Throat Surgeon, CRHFT	November 2024
Consultant Ear, Nose and Throat, Head and Neck Surgeon, CRHFT	November 2024
Consultant Ear, Nose and Throat Surgeon, UHDBFT	November 2024
Consultant Ear, Nose and Throat Surgeon, UHDBFT	November 2024
Consultant Ear, Nose and Throat Surgeon, UHDBFT	November 2024
Clinical Policy Advisory Group (CPAG)	January 2025

### Appendix 2 - Document Update

Document Update	Date Updated
<u>Version 6.0</u> <ul style="list-style-type: none"><li>Policy updated – addition of following statement included from EBI updated guidance September 2024<ul style="list-style-type: none"><li>The risks of tonsillectomy vs active monitoring have been discussed with the adult or child and their family or carers, and a shared decision has been made on whether to have the procedure. This discussion should be documented.</li></ul></li><li>Addition of 'Personalised Care' section.</li></ul>	January 2025

### Appendix 3 - OPCS Code(s)

E201, E208, E209, F341, F342, F344, F345, F346, F348, F349, F361, F368, F369

### Appendix 4 - Criteria to Confirm Eligible Episode of Streptococcal Infection

- Centor criteria: score three or more points

Criteria	Score
Tonsillar exudates	1 point
Tender anterior cervical lymph nodes	1 point

History of fever (>38°C)	1 point
Absence of cough	1 point

Table 1: Centor clinical prediction tool

- FeverPAIN criteria: score four or more points

Criteria	Score
Fever in past 24 hours	1 point
Absence of cough or coryza	1 point
Symptom onset $\leq$ 3 days	1 point
Purulent tonsils	1 point
Severe Tonsil Inflammation	1 point

Table 2: FeverPAIN clinical prediction tool