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Policy:	**Tonsillectomy**			**GM Ref:**	**GM028**
First issue date:	**April 2014**	**Current version:**	**3.0**	**Last reviewed:**	**May 2017**

Policy exclusions

Suspicion of possible malignant disease of the tonsil.

Funding mechanism: Refer via the 2 week pathway.

NOT commissioned

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

Policy inclusion criteria

See High Value Care Pathway section 1.1 Pathway for children (<16 years) with obstructive sleep disordered breathing: ENT UK Tonsillectomy revised commissioning guide 2016

Tonsillectomy is commissioned for children and adults who meet the following criteria:

- Sore throats are due to acute tonsillitis and recorded as such in medical notes.

AND

- The episodes of sore throat are disabling and prevent normal functioning.

AND

- Where there is a history of:
  - Seven or more well documented, clinically significant, adequately treated sore throats in the preceding year

  OR

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

  OR

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

  OR

  - A second episode of Quinsy, irrespective of the timescale.

Tonsillectomy for snoring and sleep apnoea in children

See High Value Care Pathway section 1.2 Pathway for children (<16 years) with obstructive sleep disordered breathing: ENT UK Tonsillectomy revised commissioning guide 2016

- Do not refer children with simple snoring without symptoms or signs of apnoea as they are unlikely to benefit from adeno-tonsillectomy.
  - Consider allergy testing and appropriate treatment.
- In older children >6 years with mild/moderate symptoms of obstructive sleep disordered breathing consider a trial of nasal saline irrigation and/or intranasal steroids for 6-8 weeks.
- Refer for a specialist opinion if there are ongoing concerns about obstructive sleep disordered breathing.

If the request is for surgery to treat apnoea and is from secondary care a statement that the following been undertaken should be included:

- A reassessment of the patient's clinical history and examination and if available (to the requesting clinician) a recording of the child's sleep.
- Evidence that a discussion of management options has taken place with the patient / family using shared decision making strategies and tools where appropriate, including surgery where there is a clear diagnosis of obstructive sleep apnoea.
- Evidence that there has been a follow-up period of children with moderate signs and symptoms prior to a decision of surgery with (if indicated) the results of overnight pulse oximetry, ideally at home or in selected cases an overnight Polysomnogram to determine further management (where the diagnosis is less certain).

NOTE: Children with suspected severe apnoea need urgent specialist assessment.

Funding mechanism: Monitored approval: Referrals may be made in line with the criteria without seeking funding. **NOTE:** May be the subject of contract challenges and/or audit of cases against commissioned criteria.

If the patient does not meet the criteria: an individual funding request can be made if there is a good case for clinical exceptionality. Requests should be submitted with all relevant supporting evidence, which must be provided with the request.

Related to Adult Sleep Apnoea

For adults (>16 years), tonsillectomy for obstructive sleep apnoea will require consideration via the Individual Funding Request (IFR) exceptionality route until such time as a sleep apnoea policy is in place.

Funding mechanism: Individual funding request (exceptional case) approval: Requests should be submitted with all relevant supporting evidence, which must be provided with the request.