

**Commissioning Statement:**

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| <b>Condition or Treatment:</b> | 2019 NHSE Evidence Based Intervention for Tonsillectomy for Recurrent Tonsillitis  |
| <b>Background:</b>             | <p>This guidance relates to surgical procedures to remove the tonsils as a treatment for recurrent sore throats in adults and children.</p> <p>Recurring sore throats are a very common condition that presents a large burden on healthcare; they can also impact on a person's ability to work or attend school. It must be recognised however, that not all sore throats are due to tonsillitis and they can be caused by other infections of the throat. In these cases, removing the tonsils will not improve symptoms.</p>   |
| <b>Commissioning Position:</b> | <p>Surgery for treatment of recurrent severe episodes of sore throat is commissioned when the following criteria are met, as set out by the SIGN guidance and supported by ENT UK commissioning guidance:</p> <ul style="list-style-type: none"> <li>• Sore throats are due to acute tonsillitis <b>AND</b></li> <li>• The episodes are disabling and prevent normal functioning <b>AND</b></li> <li>• Seven or more, documented, clinically significant, adequately treated sore throats in the preceding year <b>OR</b></li> <li>• Five or more such episodes in each of the preceding two years <b>OR</b></li> <li>• Three or more such episodes in each of the preceding three years.</li> </ul> <p>There are a number of medical conditions where episodes of tonsillitis can be damaging to health or tonsillectomy is required as part of the on-going management. In these instances tonsillectomy may be considered beneficial at a lower threshold than this guidance after specialist assessment:</p> <ul style="list-style-type: none"> <li>• Acute and chronic renal disease resulting from acute bacterial tonsillitis.</li> <li>• As part of the treatment of severe guttate psoriasis.</li> <li>• Metabolic disorders where periods of reduced oral intake could be dangerous to health.</li> <li>• PFAPA (Periodic fever, Aphthous stomatitis, Pharyngitis, Cervical adenitis)</li> <li>• Severe immune deficiency that would make episodes of recurrent tonsillitis dangerous</li> </ul> <p>Further information on the Scottish Intercollegiate Guidelines Network guidance can be found here: <a href="https://www.sign.ac.uk/our-guidelines/management-of-sore-throat-and-indications-for-tonsillectomy/">https://www.sign.ac.uk/our-guidelines/management-of-sore-throat-and-indications-for-tonsillectomy/</a></p> |

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|   | <p>Please note this guidance only relates to patients with recurrent tonsillitis. This guidance should not be applied to other conditions where tonsillectomy should continue to be funded, these include:</p> <ul style="list-style-type: none"> <li>• Obstructive Sleep Apnoea / Sleep disordered breathing in Children</li> <li>• Suspected Cancer (e.g. asymmetry of tonsils)</li> <li>• Recurrent Quinsy (abscess next to tonsil)</li> <li>• Emergency Presentations (e.g. treatment of parapharyngeal abscess)</li> </ul> <p>It is important to note that national randomised control trial is underway comparing surgery versus conservative management for recurrent tonsillitis in adults in underway which may warrant review of this guidance in the near future.</p> <p>Exceptional cases can be referred to the CCG's Individual Funding Request Panel for prior approval.</p> <ul style="list-style-type: none"> <li>• HRW/SR GP Practices: <a href="https://ifryh.necsu.nhs.uk/">https://ifryh.necsu.nhs.uk/</a></li> <li>• HaRD GP practices: <a href="#">Referral Form</a></li> </ul>   |
| <p><b>Effective From:</b></p>                 | <p>1 July 2021</p>   |
| <p><b>Summary of evidence/ rationale:</b></p> | <p>Recurrent sore throats are a very common condition that presents a considerable health burden. In most cases they can be treated with conservative measures. In some cases, where there are recurrent, documented episodes of acute tonsillitis that are disabling to normal function, then tonsillectomy is beneficial, but it should only be offered when the frequency of episodes set out by the Scottish Intercollegiate Guidelines Network criteria are met.</p> <p>The surgery carries a small risk of bleeding requiring readmission to hospital (3.5%). A previous national audit quoted a 0.9% risk of requiring emergency surgery to treat bleeding after surgery but in a more recent study of 267, 159 tonsillectomies, 1.88% of patients required a return to theatre. Pain after surgery can be severe (especially in adults) for up to two weeks after surgery; this requires regular painkillers and can cause temporary difficulty swallowing. In addition to bleeding; pain or infection after surgery can require readmission to hospital for treatment. The Getting it Right First Time ENT report published in 2019 presented updated figures on readmission rates in relation to tonsillectomy.</p> <p>There is no alternative treatment for recurrent sore throats that is known to be beneficial, however sometimes symptoms improve with a period of observation.</p> |
| <p><b>Date:</b></p>                           | <p>September 2020</p>  |

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| <b>Review Date:</b> | July 2023  |
| <b>Contact:</b>     | Dr C Ives, Governing Body GP North Yorkshire CCG |

**Additional Information/References:**

1. Rubie I, Houghton C, O'Hara J, Rousseau N, Steen N, Stocken DD, Sullivan F, Vale L, Wilkes S, Wilson J. The National randomised controlled Trial of Tonsillectomy IN Adults (NATTINA): a clinical and cost-effectiveness study: study protocol for a randomised control trial. *Trials*. 2015 Jun 6;16:263.

<https://www.ncbi.nlm.nih.gov/pubmed/26047934>

2. <https://www.sign.ac.uk/our-guidelines/management-of-sore-throat-and-indications-for-tonsillectomy/>

3. Osbourne MS, Clark MPA. The surgical arrest of post-tonsillectomy haemorrhage: Hospital Episode Statistics 12 years on. *Annals RCS*. 2018. May (100) 5: 406-408