**Tonsillitis- Clinical Pathway KS13/14**

**GP Assessment of Sore Throat**
- Acute inflammatory condition of tonsil tissue
- Often start as viral and may become secondarily infected with bacteria
- Adenoids without acute otitis media or otitis externa.

**Seems Bacterial:**
- temp > 38°C
- No cough
- swollen anterior cervical nodes
- tonsillar swelling/pus

- Clarithromycin BD
- Erythromycin QDS
- Phenoxymethylpenicillin QDS

- Paracetamol (soluble/suspension if required)
- +/- Ibuprofen (suspension if required) for analgesia
- +/- Benzydamine (Difflam®) gargle/spray may be helpful.

**Seems Viral:**
- Consider bloods if patient may have glandular fever

**No Response**
- >3 episodes per year
- Chronic symptoms>3/12

- No Response
- Consider FBC

**Red Flags**
- Malignancy (e.g. unilateral tonsillar enlargement)
- Suspected embedded foreign body
- Airway obstruction

**Referral Challenge**
- Quality of Referral
- Missing Information
- Exceptional Rx

**Referral Management & Booking Service**
- GP/ENT Specialist Triage

**Refer to Specialist if:**
- Above criteria met
- not responding to beta-lactamase resistant antibiotics
- Tonsil or adenoid hypertrophy causing upper airway obstruction
- Severe dysphagia
- Sleep disorders
- Dental malocclusion

**Criteria for surgery for recurrent tonsillitis:**
- >5 episodes per year (or >9 episodes in 3 years)
- Symptoms for at least 1 year
- Disabling and preventing normal function
- Documented school absence or GP attendance

**Community Clinic**
- Currently no Community Service, but please refer via RMBS for planning purposes.

**Secondary Care**
Infection mononucleosis is caused by a virus (the Epstein-Barr virus). It tends to cause a severe bout of tonsillitis in addition to other symptoms. See separate leaflet called 'Glandular Fever' for more details.

**Quinsy - also known as peritonsillar abscess**
Quinsy is an uncommon condition where an abscess (a collection of pus) develops next to a tonsil due to a bacterial infection. It usually develops just on one side. It may follow a tonsillitis or develop without a preceding tonsillitis. The tonsil on the affected side may be swollen or look normal, but is pushed towards the midline by the abscess next to the tonsil. Quinsy is very painful and can make you feel very unwell. It is treated with antibiotics, but also the pus often needs to be drained with a small operation.

**Non-infective causes of a painful or swollen tonsil**
These are rare. For example, cancer of the tonsil is rare, but pain can be the first symptom. The 'take home' message is ... see a doctor if symptoms of a sore throat are severe, unusual, or if they do not ease within 3-4 days. In particular, seek urgent medical attention if you develop: difficulty in breathing; difficulty swallowing saliva; difficulty opening your mouth; severe pain; a persistent high temperature; a severe illness, especially with symptoms are mainly on one side of the throat.

Therefore, for the sake of completeness, the sort of things to look out for include the following:

**Possible complications**
Sometimes the infection can spread from the tonsils to other nearby tissues. For example, to cause an ear infection, sinus infection or chest infection.

**Infectious mononucleosis (glandular fever)**
Infectious mononucleosis is caused by a virus (the Epstein-Barr virus). It tends to cause a severe bout of tonsillitis in addition to other symptoms. See separate leaflet called 'Glandular Fever' for more details.

**Restricted Access Policy:**

2.11 TONSILLECTOMY


Tonsillectomy will not be funded except in cases of suspected malignancy or significant severe impact on quality of life indicated by:
- 5 or more episodes of sore throat per year
- the episodes of sore throat are disabling and prevent normal functioning
- documented evidence of absence from school or attendance at GP or other health care setting.

**Rationale:**
Tonsillectomy offers relatively small clinical-benefit, measured best in terms of time taken away from school.

The benefit in the year after the operation is roughly 2.8 days less taken away from school.

Tonsillectomy carries a risk of mortality estimated to lie between 1 in 8,000 and 1 in 35,000 cases.

**Things to look out for (patient.co.uk)**
In nearly all cases, a tonsillitis or sore throat clears away without leaving any problems. However, occasionally a typical tonsillitis may progress to cause a complication. Also, a sore throat or tonsillitis is sometimes due to an unusual, but more serious, illness.

Are there alternatives to having the tonsils removed?
https://entuk.org/docs/patient_info_leaflets/09018_sore_throats

**Patient information Leaflets**
http://www.patient.co.uk/pdf/4403.pdf
www.entuk.org
https://entuk.org/ent_patients/throat_conditions/tonsil_surgery

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