Tonsillectomy

Policy

Suspected or confirmed malignancy – this is an absolute indication to refer. Please use the two week cancer referral form.

Referral criteria

Referral for tonsillectomy should be considered for the following indications:

Tonsillectomy in Adults:

- Recurrent severe sore throat in adults where Group A Streptococcal infection is suspected.
- Two or more quinsys (peri-tonsillar abscesses)
- Co-existing complications such as neck abscess or tonsillar enlargement causing upper airway obstruction.

Tonsillectomy in Children:

NWL CCGs will fund tonsillectomy in children where sore throats are acute, due to tonsillitis and are causing disabling symptoms.

Recurrent acute sore throat in children where the following conditions are met;

- *seven or more well documented, clinically significant, adequately treated sore throats in the preceding year*
- *five or more such episodes in each of the preceding two years*
- *three or more such episodes in each of the preceding three years*

Two or more quinsys (peri-tonsillar abscesses)

Co-existing complications, such as neck abscess or tonsillar enlargement causing upper airway obstruction.

Failure to thrive where recurrent tonsillitis is considered a contributory factor.

Sleep apnoea. Tonsillectomy will be considered where one or more of the following apply:

- *A positive sleep study*
- *Demonstrable significant impact on quality of life*
- *A strong clinical history suggestive of sleep apnoea*

Note: Patients who smoke should have attempted to stop smoking 8 to12 weeks before referral to reduce the risk of surgery and the risk of post-surgery complications. Patients should be routinely offered referral to smoking cessation services to reduce these surgical risks.

These polices have been approved by the eight Clinical Commissioning Groups in North West London (NHS Brent CCG, NHS Central London CCG, NHS Ealing CCG, NHS Hammersmith and Fulham CCG, NHS Harrow CCG, NHS Hillingdon CCG, NHS Hounslow CCG and NHS West London CCG).

Background

Tonsillectomy is the surgical removal of the tonsils usually after recurrent episodes of tonsillitis.

Evidence Base

Tonsillectomy offers relatively small clinical-benefit. In the year after the operation the number of days not attending school is reduced by approximately 2.8 days. The mortality risk of tonsillectomy is between 1:8000 and 1:35 000 cases.

The quality of the evidence for tonsillectomy in children is poor, but it suggests that surgery may be beneficial in selected cases. In adults, evidence from a small randomized controlled trial with a short follow up time of only 3 months suggested that tonsillectomy may benefit people with recurrent infection. A six-month period of watchful waiting by an ENT surgeon is recommended prior to tonsillectomy to establish firmly the pattern of symptoms and allow the patient to consider fully the implications of the operation. Once a decision is made for tonsillectomy, this should be performed as soon as possible, to maximise the period of benefit before natural resolution of symptoms might occur. Watchful waiting is more appropriate than tonsillectomy for children with mild sore throats.

References

- Scottish Intercollegiate Guidelines Network. 117 Management of sore throat and indications for tonsillectomy. ISBN 978 1 905813 62 9. Published April 2010
- Burton MJ, Glasziou PP. *Tonsillectomy or adeno-tonsillectomy versus non-surgical treatment for chronic/recurrent acute tonsillitis*. Cochrane Database of Systematic Reviews 2009, Issue 1
- Lim J, McKean MC. Adenotonsillectomy for obstructive sleep apnoea in children. *Cochrane Database of Systematic Reviews* 2009, Issue 2. Art. No.: CD003136. DOI:10.1002/14651858.CD003136.pub2.