Adenoidectomy

Adenoidectomy is not routinely funded as an isolated procedure.

Adenoidectomy will only be funded in the following clinical situations:

IN CHILDREN

- For the treatment of obstructive sleep apnoea or upper airways resistance syndrome in combination with tonsillectomy (in line with DHSC 02: Tonsillectomy for Recurrent Tonsillitis in adults and children [Excluding Peri-Tonsillar Abscess] listed in that policy are met)

- In conjunction with grommet insertion where there are significant nasal symptoms, in order to prevent repeat grommet insertion for the treatment of glue ear or recurrent otitis media (in line with DHSC03: Insertion of Grommets for Otitis Media with Effusion [OME] listed in that policy are met).

When undertaken in line with the two indications listed above, prior authorisation of funding is not required.

<table>
<thead>
<tr>
<th>Strength of evidence</th>
<th>Clinical Effectiveness</th>
<th>Cost Effectiveness</th>
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<tbody>
<tr>
<td>Inadequate</td>
<td>Inadequate</td>
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Summary of evidence

Boonacker CW, Rovers MM, Browning GG, Hoes AW, Schilder AG, Burton MJ. Adenoidectomy with or without grommets for children with otitis media: an individual patient data meta-analysis. Health Technology Assessment 2014;18(5)


Adenoidectomy for recurrent or chronic nasal symptoms in children The Cochrane Library 2010.


Updated systematic review of tonsillectomy and adenoidectomy for treatment of paediatric obstructive sleep apnoea/hypopnea syndrome (Structured abstract) Centre for Reviews and Dissemination 2013.
**NICE “Do not do” recommendation:**

Once a decision has been taken to offer surgical intervention for otitis media with effusion (OME) in children, insertion of ventilation tubes is recommended. Adjuvant adenoidectomy is not recommended in the absence of persistent and/or frequent upper respiratory tract symptoms.”

**Reason for Requesting a Policy Recommendation:**

Reviewed within Effective Use of Resources Project

Where a patient is considered to have exceptional need for and capacity to benefit from a treatment that is not routinely funded, a request for individual funding may be made to the Individual Funding Requests Panel. The patient must be made aware that the Panel may not support the request and must not be given any expectation that they will be able to have the treatment until a decision to fund has been received in writing from the Panel.

Further information contact:

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