Tonsillectomy for Recurrent Tonsillitis in adults and children
(Excluding Peri-Tonsillar Abscess)

Tonsillectomy will only be funded where the following criteria are met:

- Seven or more well documented clinically significant and appropriately treated sore throats in the preceding year;

OR

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

OR

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

Tonsillectomy will be funded if appropriate following peri-tonsillar abscess.

Tonsillectomy will **NOT** be funded for tonsil stones or halitosis.

Tonsillectomy may be appropriate for significant hypertrophy causing OSA and where the pathway for OSA is being followed (including confirmation of diagnosis by sleep/respiratory studies, etc).

Procedures carried out for one of the funded indications above do not require prior authorisation of funding.

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<th>Strength of evidence</th>
<th>Clinical Effectiveness</th>
<th>Cost Effectiveness</th>
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<td>Inadequate</td>
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**Comment**

There is a lack of evidence to compare outcomes from tonsillectomy compared to medical management/watchful waiting. There is evidence for patient/parent preference for surgical approach. There is a lack of evidence for cost effectiveness.

In view of the absence of a robust evidence base, funding will follow established consensus guidelines as reflected in the policy recommendation.
Summary of evidence


Tonsillectomy or adeno-tonsillectomy versus non-surgical treatment for chronic/recurrent acute tonsillitis, Cochrane Ear, Nose and Throat Disorders Group (2008).


Tonsillectomy or adeno-tonsillectomy effective for chronic and acute tonsillitis, Cochrane Pearls 2009.


Reason for Requesting a Policy Recommendation:

Reviewed as part of the Effective Use of Resources Project.

Replaces the CRC Recommendation 03/09: The treatment of recurrent Tonsillitis for children and adults, with Tonsillectomy surgery, as a High Priority, subject to best practice criteria.

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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