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.

A clinically significant sore throat is defined as a sore throat with one or more of the following features:

- Temperature greater than 38.3 degrees C; **OR**
- Cervical lymphadenopathy (tender cervical lymph nodes or nodes >2cm); **OR**
- Tonsillar exudate; **OR**
- A positive culture for group A b-haemolytic streptococcus

AND

- The sore throats are disabling and prevent normal functioning (e.g. school or work attendance).

Tonsillectomy **WILL BE** funded if clinically indicated 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). **This must be fully documented within the notes.**

Tonsillectomy for indications other than those specified above will not be funded.

	Clinical Effectiveness	**Cost Effectiveness**
Strength of evidence	Inadequate	Inadequate
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.	

[1] Addition of definition of significant sore throat and updating of evidence references

Summary of evidence

Management of sore throat and indications for tonsillectomy, Scottish Intercollegiate Guidelines Network, Guideline 117, 2010.

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

Tonsillectomy for recurrent bacterial tonsillitis, Evidence note 23, Health Improvement Scotland, 2008.

Health Technology Assessment of Scheduled Surgical Procedures: Tonsillectomy, Health Improvement and Quality Authority, Ireland, 2013
https://www.hiqa.ie/sites/default/files/2017-02/HTA-Tonsillectomy-April13%20%281%29.pdf

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

Tonsillectomy, Commissioning Guide, Royal College of Surgeons/ENT-UK, 2016.

Lock C, Wilson J, Steen N, et al, North of England and Scotland Study of Tonsillectomy and Adeno-tonsillectomy in children – a pragmatic randomised controlled preference study, Health Technology Assessment, 2010
https://www.ncbi.nlm.nih.gov/pubmed/20302811

Reason for Requesting a Policy Recommendation:

Reviewed as part of the Effective Use of Resources Project.

Replaces DHSC02: 3 March 2017, which replaced the CRC Policy 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.

For Further information contact:

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