Buckinghamshire, Oxfordshire & Berkshire West
Integrated Care Board

BOB ICB and Frimley ICB Priorities Committee Clinical Commissioning Policy Statement

Policy Number/ Name	BOBFPC22 - Tonsillectomy for Surgical Management of Recurrent Tonsillitis and Obstructive Sleep Apnoea in Children and Adults
Date of BOB ICB Adoption	January 2024

A watchful waiting approach is more appropriate than tonsillectomy for both children and adults with mild sore throats.

Referral for consideration of tonsillectomy for recurrent severe episodes of sore throat in both children (all ages) and adults will be funded if the following criteria are met:

- sore throats are due to acute tonsillitis **AND**
- the episodes of sore throat are disabling and prevent normal functioning **AND**
- there are **seven or more** well documented, clinically significant, adequately
- treated sore throats in the preceding year; Centor score 3-4* **OR**
- **five or more** such episodes in each of the preceding two years **OR**
- **three or more** such episodes in each of the preceding three years

OR

Where episodes of tonsillitis can be damaging to health or tonsillectomy is required as part of the on- going management of the following conditions:

- Acute and chronic renal disease resulting from acute bacterial tonsillitis.
- As part of the treatment of severe guttate psoriasis
- Metabolic disorders where periods of reduced oral intake could be dangerous to health
- PFAPA (Periodic fever, Apthous stomatitis, Pharyngitis, Cervical adenitis)
- Severe immume deficiency that would make episodes of recurrent tonsillitis dangerous.

* Centor criteria

- Tonsillar exudate
- Tender anterior cervical lymphadenopathy or lymphadenitis
- History of fever (over 38°C)
- Absence of cough

Each of the Centor criteria score 1 point (maximum score of 4). A score of 0, 1 or 2 is thought to be associated with a 3 to 17% likelihood of isolating streptococcus. A score of 3 or 4 is thought to be associated with a 32 to 56% likelihood of isolating streptococcus.

Indications for considering tonsillectomy for sleep disordered breathing in children (<16)

- confirmed diagnosis of sleep disordered breathing either on basis of history and examination or, if necessary, findings from further investigations (e.g. Sleep study)
- consider impact on quality of life, behaviour and development
- consultation with parent/carers about management options using shared decision making strategies and tools where appropriate
- management options: tonsillectomy or adenotonsillectomy, or if appropriate, referral to paediatrician or discharge back to primary care

Indications for considering tonsillectomy for sleep apnoea in adults

- confirmed diagnosis of OSAHS (obstructive sleep apnoea/hypopnea syndrome) in the presence of large tonsils and a body mass index of less than 35kg/m2

This policy statement has been informed by the SIGN guideline: Management of sore throat and indications for tonsillectomy (2010), recommendations from the Evidence-Based Interventions Programme (2019) , NICE guideline 202: Obstructive sleep apnoea/Hyponoea syndrome and obesity hypoventilation syndrome in over 16s, and the Royal College of Surgeons Commissioning Guide: Tonsillectomy (2016).

Primary diagnosis codes
J039-Acute tonsillitis, unspecified
G47.3 Sleep Apnoea

Procedure code
F341 Bilateral dissection tonsillectomy
F342 Bilateral guillotine tonsillectomy
F343 Bilateral laser tonsillectomy
F344 Bilateral excision of tonsil NEC
F345 Excision of remnant of tonsil
F346 Excision of lingual tonsil
F347 Bilateral coblation tonsillectomy
F348 Other specified excision of tonsil
F349 Unspecified excision of tonsil

NOTES:

- Potentially exceptional circumstances may be considered by a patient's ICB where there is evidence of significant health status impairment (e.g. inability to perform activities of daily living) and there is evidence that the intervention sought would improve the individual's health status.
- This policy was developed and recommended by Thames Valley Priorities Committee which was the predecessor of Buckinghamshire, Oxfordshire, and Berkshire West ICB and Frimley ICB Priorities Committee.
- This policy will be reviewed in the light of new evidence or new national guidance, e.g. from NICE.
- BOBFPC clinical policies can be viewed at Clinical Commissioning Policy Statements & IFRs | BOB ICB

Version	Date	Reason for change
Version 1.0	May 2015	
Version 1.1	September 2019	Criteria updated; medical exclusions and new or updated guidance added.
Version 2.0	November 2022	Reviewed following the publication of NG202 – Obstructive sleep apnoea/hypopnoea syndrome and obesity hypoventilation syndrome in over 16s