

SHIP8 Clinical Commissioning Groups Priorities Committee

No. 8

Policy Recommendation: Adenoidectomy

Date of issue: Feb 2016, reviewed July 2019 and revised March 2020

The Priorities Committee has reviewed the previous recommendations made in February 2016 and July 2019.

There is a lack of evidence to indicate that surgical intervention significantly affects the benign natural history of upper respiratory tract infections in children; the Committee recommends that adenoidectomy in isolation for the treatment of recurrent upper respiratory tract infections in children is a LOW PRIORITY and will not be routinely commissioned.

There is however a small cohort of young children with chronic rhinosinusitis (CRS) who have ongoing symptoms which are resistant to optimal conservative treatment (including antibiotics); one hypothesis within the literature is that biofilms (a thin layer adhering to the surface of the adenoids containing bacteria) may be an important factor to explaining this resistance to conventional therapy. The latest guidance from The European Position on Rhinosinusitis and Nasal Polyps (EPOS) 2020 states that the adenoid may act as a reservoir for pathogenic bacteria.

Advice from clinicians identifies that children with treatment resistant CRS are likely to be unwell with disturbed sleep, frequent acute respiratory tract infections, mouth breathing and recurrent malaise.

Treatment should be conservative in the first instance with intranasal corticosteroids, nasal saline douching, or ideally sinus rinses (but this may be poorly tolerated in younger children) for at least 3 months' management in primary care utilising secondary care Advice and Guidance where appropriate.

If this fails AND symptoms interfere significantly with daily life, then referral for ENT review and consideration of surgical adenoidectomy is supported. This may be subject to prior approval depending on individual CCG position.

Whilst the panel recognised the considered expert advice of NICE in their recommendation as well as the national Evidence Based Interventions Programme. The Committee also had a duty to prioritise spending of a finite resource locally and made a decision which it felt gave the most equitable and effective use of investment