

## Thames Valley Priorities Committee Commissioning Policy Statement

**Policy No. TVPC 22**                      **Tonsillectomy for surgical management of recurrent tonsillitis and obstructive sleep apnoea in children and adults.**

**Recommendation made by the Priorities Committee:**                      **May 2015/ Updated September 2019<sup>1</sup>**

**Date of issue:**                                      **November 2019**

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, Aphthous stomatitis, Pharyngitis, Cervical adenitis)
- Severe immune 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

---

<sup>1</sup> Criteria updated; medical exclusions and new or updated guidance added.

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.

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 \(2019\)](#) and the [Royal College of Surgeons Commissioning Guide: Tonsillectomy \(2016\)](#).

**NOTES:**

- Potentially exceptional circumstances may be considered by a patient's CCG 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 will be reviewed in the light of new evidence or new national guidance, e.g., from NICE.
- Thames Valley clinical policies can be viewed at <http://www.fundingrequests.cscsu.nhs.uk/>

**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