

# Surgery for Tonsillitis: Tonsillectomy and Adenoidectomy

## Scope

This policy covers the referral for surgery (tonsillectomy or adenoidectomy) for patients with tonsillitis. Other related Cambridgeshire and Peterborough CCG policies cover referral for surgery for [nasal obstruction or deformity](#), [otitis media](#) and [obstructive sleep apnoea](#) in adults and children.

This policy does not include emergency surgery for abscess, trauma or suspected malignancy.

## Policy

**It is the responsibility of referring and treating clinicians to ensure compliance with this policy. Referral proforma should be attached to the patient notes to aid the clinical audit process and provide evidence of compliance with the policy. For patients not meeting the policy criteria, clinicians can apply for funding to the Exceptional Cases Panel by completing the exceptional funding section of the [referral proforma](#).**

**Tonsillectomy:** The CCG will fund tonsillectomy (with/without adenoidectomy as a single episode of care) for episodes of acute recurrent sore throat where<sup>1</sup>:

- sore throats are due to acute tonsillitis (inflammation of the tonsils); **AND**
- the episodes are documented as clinically significant\*, adequately treated sore throats, that have been disabling and that have prevented normal functioning; **AND**
- meet one of the minimum threshold number of episodes:
  - seven or more episodes in the preceding year; **OR**
  - five or more episodes in each of the preceding two years; **OR**
  - three or more episodes in each of the preceding three years.

For patients not meeting these criteria, exceptional case funding is required.

**Surgical removal of Tonsil Stones (Tonsilloliths)** is a lower clinical priority and unless the patient meets the criteria above is not funded without exceptional cases panel approval.

**Adenoidectomy** as a stand-alone procedure is a lower clinical priority and will not be funded without exceptional case panel approval.

\*A Clinically significant episode is characterised by at least one of the following:

1. Oral temperature of at least 38.3°C.
2. Tender anterior cervical lymph nodes.
3. Tonsillar exudates.
4. Positive culture of group A beta haemolytic streptococci.
5. Tonsillar enlargement giving rise to symptoms of upper airways obstruction.

**Note:** Patients who smoke should be advised to attempt to stop smoking and referred to stop-smoking services – see [stop smoking policy](#).

## Evidence and Rationale

### Tonsillectomy for sore throats

In children with moderate/severe tonsillitis, in RCTs, tonsillectomy gave a small reduction in episodes of tonsillitis (1 less episode) and days off school (2 less days) compared with no surgery<sup>2-4</sup> over 1 year. However, in an RCT with longer follow up, there was no difference between tonsillectomy and no surgery at 3 years<sup>3</sup> and it is unclear whether the benefit remains at longer-term follow up. In children with mild tonsillitis, RCTs suggest no significant benefit of tonsillectomy/Adenotonsillectomy compared with no surgery<sup>5, 6</sup>.

In adults, RCTs comparing tonsillectomy with no surgery do show positive effects on rates of sore throat episodes<sup>7,8</sup>, but studies only followed up for 6 months and long-term effectiveness is unclear.

Recovery time following tonsillectomy may be around 6 days for children<sup>3,5</sup> and 13 days for adults<sup>7,8</sup>. Given the unclear evidence for effectiveness, but reasonable morbidity associated with tonsillectomy, SIGN guidance recommends strict criteria, where tonsillectomy is only undertaken in children and adults who have had numerous previous episodes of suspected tonsillitis and watchful waiting is recommended in children with mild sore throats.<sup>1</sup>

### **Tonsillectomy for tonsil stones** (tonsilloliths, or tonsil crypt debris)

A tonsillolith or tonsillar stone is material (usually calcium) that accumulates on the tonsil in crypts or scars caused by previous episodes of tonsillitis. They may be unpleasant due to persistent niggling pain, itch or halitosis (bad breath). They are usually managed with conservative management such as oral hygiene advice<sup>11</sup>.

### **Adenoidectomy for URTIs in children**

RCTs show no benefit of adenoidectomy compared to watchful waiting in children with URTIs<sup>9,10</sup>, and this intervention is therefore not routinely funded.

## References

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## Glossary

- Adeno-tonsillectomy:** Surgical removal of the adenoids and tonsils.
- Exudate:** A fluid rich in protein and cellular elements that oozes out of blood vessels due to inflammation and is deposited in nearby tissues.
- Sleep apnoea:** Cessation of breathing for ten seconds during sleep.

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