ADENOIDECTOMY SURGERY
SECONDARY CARE PRIOR APPROVAL (PA) POLICY

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Application Form	Prior Approval Form

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VERSION CONTROL

Document Status:	Current policy
Version:	2425.v2d

DOCUMENT CHANGE HISTORY		
Version	**Date**	**Comments**
1516.v1a	March 2016	New policy
1516.v1a	April 2017	Change to Somerset CCG policy template plus “General Principles” wording amendment
1516.v1b	January 2019	3-year review of policy, IFR to EBI
1819.v1c	December 2021	Adenoidectomy standalone surgery updated NICE publication, inclusion of all criteria for + grommet &/or tonsillectomy
2122.v2	July 2022	Amendment from SCCG to NHS Somerset ICB. New PALS email address
2223.v2a	March 2023	Wording change 3.6
2223.v2b	June 2024	Logo change with amendment to website link and clinical exceptionality wording on 3.6
2425.v2c	October 2024	3-year review, no clinical amendments and amendment to wording under general principles and EBI pathway

Equality Impact Assessment EIA	April 2018
Quality Impact Assessment QIA	March 2018
Sponsoring Director:	Dr Bernie Marden
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1 GENERAL PRINCIPLES PA (PRIOR APPROVAL)

1.1 Funding approval must be in place prior to treating patients for this prior approval treatment

Please note: Funding approval is given where there is evidence that the treatment requested is clinically effective and the patient has the potential to benefit from the proposed treatment

1.2 Receiving funding approval for the specified treatment requested, DOES NOT confirm that the patient will receive treatment or surgery. The patient MUST CONSENT to receiving treatment/ surgery prior to treatment being undertaken

1.3 The policy does not apply to patients with suspected malignancy who should continue to be referred under the NHS '2 week wait pathway' rules for assessment and testing as appropriate

1.4 Patients with an elevated BMI of 30 or more MAY experience more post-surgical complications including post-surgical wound infection and should be encouraged to lose weight further prior to seeking surgery

https://www.sciencedirect.com/science/article/pii/S1198743X15007193 (Thelwall, 2015)

1.5 Patients who are smokers should be referred to a smoking cessation service to reduce the risk of surgery and improve healing

1.6 Prior approval funding is available for one year commencing the date of approval

2 POLICY CRITERIA (Prior Approval)

Patients who are not eligible for treatment under this policy, please refer to Item 3 EVIDENCE BASED INTERVENTIONS APPLICATION PROCESS on how to apply for funding with evidence of clinical exceptionality

2.1 ADENIODECTOMY STANDALONE SURGERY

Please complete the **Adenoidectomy Standalone Surgery** Prior Approval Funding Application Form and provide the supporting clinical evidence

Adjuvant adenoidectomy **<u>for the treatment of glue ear</u>** should only be offered when one or more of the following clinical criteria are met:

a) Patients are 18 years of age or under

b) As part of treatment for obstructive sleep apnoea or sleep disordered breathing in children without tonsillectomy where only the adenoids are contributing to obstructive sleep apnoea or sleep disordered breathing in children

c) Has Glue Ear and persistent and / or frequent nasal obstruction which is contributed to by adenoidal hypertrophy (enlargement)

d) As part of the treatment of chronic rhinosinusitis

e) In preparation for speech surgery in conjunction with the cleft surgery team

If there is a history of cleft palate or palpable palate abnormality such as submucous cleft palate or a history of speech problems before the operation; full multidisciplinary assessment should be carried out before adenoidectomy

2.2 ADENOIDECTOMY +TONSILLECTOMY (ADENOTONSILLECTOMY) SURGERY

Please complete the **Adenoidectomy +Tonsillectomy (Adenotonsillectomy)** Prior Approval Funding Application Form and provide the following clinical evidence:

a) Patients are 18 years of age or under AND

b) The Adenoidectomy will be carried out in conjunction with a Tonsillectomy to manage Obstructive Sleep Apnoea (OSA) with symptoms of persistent obstructive sleep apnoea which can be diagnosed with a combination of the following clinical features:

- A positive sleep study
- A clear history of an obstructed airway at night: witnessed apnoea's, abnormal postures, increased respiratory effort, loud snoring or stertor
- Evidence of adeno-tonsillar hypertrophy: direct examination, hot potato or adenoidal speech, mouth breathing / nasal obstruction
- Significant behavioural change due to sleep fragmentation: daytime somnolence or hyperactivity
- OSA may also cause morning headache/failure to thrive/night sweats/enuresis

2.3 ADENIODECTOMY + GROMMET SURGERY INSERTION

Please complete the **Adenoidectomy + Grommet Insertion** Prior Approval Funding Application Form and provide the following clinical evidence:

a) Patients are 18 years of age or under

b) With bilateral Otitis Media with Effusion (OME) and without a secondary disability (such as Down's Syndrome or Cleft Palate)

c) Has Glue Ear and is undergoing grommet surgery for treatment of recurrent acute otitis media

d) The persistence of bilateral OME and hearing loss should be confirmed over a period of 3 months before intervention is considered. The hearing should be re-tested at the end of this time:

- During the active observation period, advice on educational and behavioural strategies to minimise the effects of hearing loss should be offered
- Auto inflation (e.g., OTOVENT) has been trialled unless contra - indicated AND

e) At the end of 3 months the child has persistent bilateral OME with a hearing level in the better ear of 25–30 dBHL or worse averaged at 0.5, 1, 2 and 4 kHz (or equivalent dBA where dBHL not available) prior approval for Grommet insertion should be requested OR

f) At the end of 3 months the child has persistent bilateral OME with a hearing loss **less than** 25–30 dBHL but there is significant impact of the hearing loss on a child's developmental, social, or educational status, with one of the below:
- Delay in speech development
- Poor listening skills
- Inattention and behavioural problems
- Educational or behavioural problems attributable to the hearing loss period (hearing should be retested at the end of this time)

g) Has Glue Ear and is undergoing surgery for re-insertion of grommets due to recurrence of previously surgically treated otitis media with effusion

2.4 **ADENOIDECTOMY +TONSILLECTOMY (ADENOTONSILLECTOMY) +GROMMET INSERTION SURGERY**

Please complete the **Adenoidectomy +Tonsillectomy (Adenotonsillectomy) +Grommet Insertion** Prior Approval Application Form and provide the supporting clinical evidence

Please refer to the criteria detailed under
2.2 Adenoidectomy +Tonsillectomy (Adenotonsillectomy) AND
2.3 Adenoidectomy +Grommet Insertion

3 EVIDENCE BASED INTERVENTIONS APPLICATION PROCESS

3.1 Patients who are not eligible for surgery under this policy may be considered for surgery on an individual basis where the ‘CLINICIAN BEST PLACED’ believes exceptional circumstances exist that warrant deviation from the rule of this policy

‘THE CLINICIAN BEST PLACED’ is deemed to be the GP or Consultant undertaking a medical assessment and/or a diagnostic test/s to determine the health condition of the patient

3.2 Completion of a **Generic EBI Funding Application Form** must be sent to the EBI team by the ‘clinician best placed’ on behalf of the patient

Note. applications CANNOT be considered from patients personally

3.3 Only electronically completed EBI applications emailed to the EBI Team will be accepted

3.4 It is expected that clinicians will have ensured that the patient, on behalf of whom they are forwarding the funding application, has given their consent to the application and are made aware of the due process for receiving a decision on the application within the stated timescale

3.5 Generic EBI Funding Applications are considered against '**clinical exceptionality'**. To eliminate discrimination for patients, social, environmental, workplace, and non-clinical personal factors CANNOT be taken into consideration.
For further information on 'clinical exceptionality' please refer to the NHS Somerset ICB EBI webpage Evidence Based Interventions - NHS Somerset ICB and click on the section titled **Generic EBI Pathway**

3.6 Photographs can be forwarded with the funding application form to further support the clinical evidence provided where appropriate

4 ACCESS TO POLICY

4.1 If you would like further copies of this policy or need it in another format, such as Braille or another language, please contact the Patient Advice and Liaison Service on Telephone number: 08000 851067

4.2 **Or write to us**: NHS Somerset ICB, Freepost RRKL-XKSC-ACSG, Yeovil, Somerset, BA22 8HR or **Email** us: somicb.pals@nhs.net

5 REFERENCES

The following sources have been considered when drafting this policy:

5.1 The NHS Choices website: https://www.nhs.uk/conditions/adenoids-and-adenoidectomy/

5.2 **NICE guideline NG233** Overview | Otitis media with effusion in under 12s | Guidance | NICE

5.3 Obstructive sleep apnoea/hypopnoea syndrome and obesity hypoventilation syndrome in over 16s NG202
https://www.nice.org.uk/guidance/ng202

5.4 Rosenfeld RM, Shin JJ, Schwartz SR, et al. Clinical practice guideline: Otitis media with effusion executive summary (update). Otolaryngol Head Neck Surg. 2016;154(2):201-214. https://doi.org/10.1177/0194599815624407. doi: 10.1177/0194599815624407.

5.5 Schilder AG, Marom T, Bhutta MF, et al. Panel 7: Otitis media: Treatment and complications. Otolaryngol Head Neck Surg. 2017;156(4_suppl):S88-S105. doi: 10.1177/0194599816633697 [doi].

5.6 Van dA, Schilder A, Herkert E, Boonacker C, Rovers MM. Adenoidectomy for otitis media in children. Cochrane Database of Systematic Reviews. 2010(1). https://doi.org//10.1002/14651858.CD007810.pub2. doi: 10.1002/14651858.

5.7 European Rhinology Society
European Rhinologic Society | Website of the ERS