NHS
Bristol, North Somerset and South Gloucestershire
Integrated Care Board

Adenoidectomy
Criteria Based Access
Patients Under 16 Years

Before consideration of referral for management in secondary care, please review advice on the Remedy website (https://remedy.bnssg.icb.nhs.uk/) or consider use of advice and guidance services where available.

Adenoidectomy

Surgical treatment will only be provided by the NHS for patients meeting criteria set out below.

1. Adenoidectomies will normally only be provided to children under 16 years of age;

   And

   a. The Adenoidectomy will be carried out in conjunction with a Tonsillectomy (where funding for this intervention has been secured) to manage Obstructive Sleep Apnoea (also known as an Adenotonsillectomy).

   OR

   b. The Adenoidectomy will be carried out where there is Sleep Apnoea and, as part of treatment for Chronic Rhinosinusitis where there is persistent Nasal obstruction with Hypertrophy.

   OR

   In preparation for speech surgery in conjunction with the Cleft Surgery team.

   OR

   c. The Adenoidectomy will be carried out conjunction with the insertion of grommets to manage persistent Otitis Media Effusion or recurrent Acute Otitis Media (where relevant funding for this intervention has been secured).

NOTE: Interventions for Simple Snoring are not funded by BNSSG ICB. Refer to the ICB's commissioning for Surgical Intervention for Simple Snoring at Snoring - Surgical Intervention for Simple Snoring - NHS BNSSG ICB

NOTE:
If the patient in question is clinically exceptional compared to the cohort, then an Exceptional Funding Application may be appropriate. The only time when an EFR application should be submitted is when there is a strong argument for clinical exceptionality to be made. EFR applications will only be considered where evidence of clinical exceptionality is provided within the case history/primary care notes in conjunction with a fully populated EFR application form.

BRAN

For any health- related decision, it is important to consider "BRAN" which stands for:

- **B**enefits
- **R**isks
- **A**lternatives
- Do **N**othing

Benefits

- For children with glue ear, over three years of age, removing the adenoid at the same time as putting grommets in the ears, seems to help stop the glue ear coming back.
- Reduces colds and sinus infections, removing the adenoid may reduce the problem of a blocked nose and sinus problems when your child has a cold.

Risks

- Failure to resolve the underlying breathing problems, ear infections, or nasal drainage
- Excessive bleeding (very rare)
- Permanent changes in vocal quality
- Infection
- Risks from the use of anaesthesia

Alternatives

- Intranasal corticosteroids and leukotriene receptor antagonists may be considered useful in decreasing adenoid pad size and the severity of symptoms related to adenoidal hypertrophy. Children with adenoidal hypertrophy should be considered for non-surgical treatment before surgery is planned.

Do Nothing

Remember, you always have the option to do nothing. Doing nothing is an equally reasonable option to doing something. Sometimes "not yet" is a good enough answer until you gather more information.

Adenoidectomy – Plain Language Summary

Adenoids are lymphoid (glandular) tissue, much the same as tonsils. They are part of a ring of lymphoid tissue (Waldeyer's ring), which also includes tonsils. Adenoids are located at the back of the nose, at the roof of the throat, above and behind the soft palate. These lymphoid tissues are supposed to trap and destroy viruses and bacteria entering the breathing passages.

Adenoids are only present in children. They start to grow from birth and are biggest when your child is approximately three to five years old. By the age seven to eight they start to shrink and by the late teens, are barely visible. By adulthood, the adenoids will have disappeared completely.

If the adenoids are enlarged, the patient may have a persistent blocked nose, may snore and may be prone to ear problems. These symptoms are common in childhood, becoming less troublesome as the child becomes older.

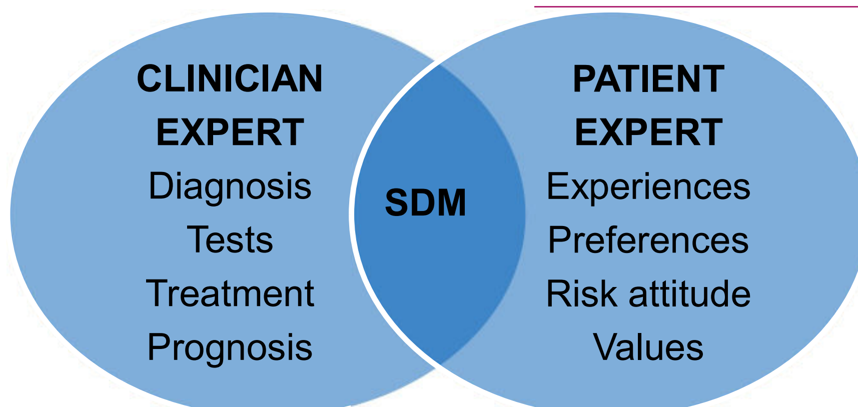
Adenoidectomy is a surgical procedure performed to remove the adenoids. In general, adenoidectomy is not warranted unless the effect on the child of large adenoids is considerable and persists.

No form of medical treatment (decongestants, nasal sprays etc) has been proved to have any helpful effect on large adenoids.

Shared Decision Making

If a person fulfils the criteria for Adenoidectomy it is important to have a partnership approach between the person and the clinician.

Shared Decision Making (SDM) is the meeting of minds of two types of experts:



It puts people at the centre of decisions about their own treatment and care and respects what is unique about them. It means that people receiving care and clinicians delivering care can understand what is important to the other person.
The person and their clinician may find it helpful to use 'Ask 3 Questions':

1. What are my options? (see sections above)
2. What are the pros and cons of each option for **me**?
3. How can I make sure that I have made the right decision?

This policy has been developed with the aid of the following:

1. NICE (2009) Suction diathermy adenoidectomy(Interventional procedures guidance [IPG328]) www.nice.org.uk
2. National Health Service (2020) Health A to Z: Adenoidectomy [online] www.nhs.uk/conditions
3. National Library of Medicine (2009) Adenoidectomy - NBK535352 (Online) www.pubmed.ncbi.nlm.nih.gov

Due regard

In carrying out their functions, the Bristol, North Somerset and South Gloucestershire Clinical Policy Review Group (CPRG) are committed to having due regard to the Public Sector Equality Duty (PSED). This applies to all the activities for which the ICB is responsible, including policy development and review.

Document Control

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Governance

Commissioning policies are assessed for their likely level of impact on BNSSG ICB and the population for which it is responsible. This determines the appropriate level of sign off. The below described the approval route for each score category.

Policy Category	Approval By
Level 1	Commissioning Policy Review Group.
Level 2	Chief Medical Officer, or Chief Nursing Officer, or System Executive Group Chair
Level 3	ICB Board

OPCS Procedure codes

Must have any of (primary only):
Procedures challenged in this policy:
OPCS Code: E201, E204, E208,E209
Relevant diagnoses for this policy:
ICD10 Code: No appropriate diagnosis codes
Procedures for which the above procedures are permitted (if in the same attendance):
OPCS Code: D151, D158, D159, D202, D201, F341, F343, F347, F342

Support

If you would like further copies of this policy or need it in another format, such as Braille or another language, please contact the Customer Services Team on: **0117 900 2655** or **0800 073 0907** or email them on BNSSG.customerservice@nhs.net.