

Procedure that requires prior approval

Bedfordshire, Hertfordshire, West Essex, Luton and Milton Keynes Priorities Forum statement

Number	24
Subject	Tonsillectomy in children and adults and the management of tonsilloliths
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OPCS codes:
F341-49

GUIDANCE

This policy addresses indications for referral of children and adults for assessment where tonsillectomy may be an appropriate treatment option. In this policy an episode of tonsillitis is defined according to the paradise criteria which includes (1);

- A sore throat plus the presence of **one or more** of the following;
 - Temperature >38.3°C
 - Swollen tender anterior cervical lymph nodes >2cm
 - Tonsillar exudates
 - Positive culture for group A Beta-Haemolytic Streptococcus

Funding for tonsillectomy will be routinely approved when the following criteria have been met (2,3,4,5,6):

- The patient and clinician have engaged in the Shared Decision Making process to ensure the patient has had all the treatments options made available to them and they have actively participated in the decision to proceed with surgery.

AND one of the following

- Recurrent tonsillitis which is documented to be disabling and prevent normal functioning. Recurrent tonsillitis is to be defined by:
 - Seven or more well documented, clinically significant, adequately treated sore throats in the preceding year 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
- Peritonsillar abscess (quinsy)
- Guttate psoriasis which is exacerbated by recurrent tonsillitis

Other indications for referral include (2,5) :

Enlarged tonsils causing obstruction of the airway, which may be the cause of obstructive sleep apnoea;

Please refer to Adenoidectomy Policy 40.

Additional points (3):

- Watchful waiting is more appropriate than tonsillectomy for children with mild sore throats.
- Tonsillectomy is recommended for recurrent severe sore throats in adults
- When in doubt as to whether tonsillectomy would be beneficial, a six month period of watchful waiting is recommended prior to consideration of tonsillectomy to establish firmly the pattern of symptoms and allow the patient to consider fully the implications of an operation.

Tonsilloliths (tonsil stones)

Tonsillectomy is not routinely commissioned for tonsilloliths. Removal of the stone under local anaesthetic in the outpatient setting may be appropriate for symptomatic patients where self-care has failed. Requests for tonsillectomy for tonsilloliths will need to be via the Individual Funding requests department.

Tonsilloliths (also known as tonsil stones) are concretions stemming from a reactive foreign nidus such as exfoliated epithelium cells, keratin debris, organic debris and bacteria. Tonsilloliths form in the tonsillar crypts (7). They can occur in up to 10% of the population and often form following recurrent episodes of tonsillitis. They most commonly occur in young adults and are not frequently seen in children(8). Patients with tonsilloliths may be asymptomatic or may present with halitosis (bad breath), sore throat, difficulty swallowing and the sensation of a foreign body in the throat(9). Diagnosis is usually made on clinical signs and symptoms (inspection).

Management and National guidelines:

There are no published guidelines on the management of tonsilloliths. Consensus as summarised on patient.info and Mayo clinic website describes:

Good dental hygiene helps to prevent tonsil stones. Teeth should be brushed twice a day as advised by the patient's dentist, including the spaces in between them, to stop any debris accumulating. A tongue scraper may keep the tongue clear of any bacteria which might contribute to a stone forming. Regular gargling with a mouthwash or salt water solution may also help. Smoking and alcohol should be avoided as they may make tonsilloliths more likely to build up.

Treatment is not necessarily needed if there are no symptoms. If there are symptoms, options for tonsil stone self-management include:

- Regular gargling (then spitting out) with mouthwash or a salt water solution. This may dislodge the stones.
- When stones form, the patient can remove them either by gently pressing them out with a cotton swab or the back of a tooth brush, or by washing them out with a low-pressure water irrigator. This device can be used to aim a gentle stream of water at the tonsil craters and rinse out debris that may be caught in them.

References

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- 4 Electrosurgery (diathermy and coblation) for tonsillectomy. National Institute for Clinical Excellence. 2005
- 5 Indications for tonsillectomy: Position Paper ENT UK 2009. Royal College of surgeons of England. http://www.entuk.org/position_papers/documents/tonsillectomy. Accessed 16.08.11
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