NHS
Bedfordshire
Clinical Commissioning Group

Procedure that requires Prior Approval

NHS England Evidence based Interventions (EBI) statement

Number	24
Subject	NHSE EBI Tonsillectomy for recurrent Tonsillitis in children and adults and the management of tonsilloliths
Date refreshed	May 2019
Date refreshed	December 2019: EBI[1] statement added
Date review due	May 2022

GUIDANCE

Intervention

This guidance relates to surgical procedures to remove the tonsils as a treatment for recurrent sore throats in adults and children. Recurring sore throats are a very common condition that presents a large burden on healthcare; they can also impact on a person's ability to work or attend school. It must be recognised however, that not all sore throats are due to tonsillitis and they can be caused by other infections of the throat. In these cases, removing the tonsils will not improve symptoms.

Recommendation

The NHS should only commission this surgery for treatment of recurrent severe episodes of sore throat when the following criteria are met, as set out by the SIGN guidance and supported by ENT UK commissioning guidance:

- Sore throats are due to acute tonsillitis AND
- The episodes are disabling and prevent normal functioning AND
- Seven or more, 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.

There are a number of medical conditions where episodes of tonsillitis can be damaging to health or tonsillectomy is required as part of the on-going management. In these instances tonsillectomy may be considered beneficial at a lower threshold than this guidance after specialist assessment:

- 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.

[1] https://www.england.nhs.uk/evidence-based-interventions/ebi-programme-guidance/

- PFAPA (Periodic fever, Apthous stomatitis, Pharyngitis, Cervical adenitis)
- Severe immune deficiency that would make episodes of recurrent tonsillitis dangerous

Further information on the Scottish Intercollegiate Guidelines Network guidance can be found here: http://www.sign.ac.uk/assets/sign117.pdf

Please note this guidance only relates to patients with recurrent tonsillitis. This guidance should not be applied to other conditions where tonsillectomy should continue to be funded, these include:

- Obstructive Sleep Apnoea / Sleep disordered breathing in Children
- Suspected Cancer (e.g. asymmetry of tonsils)
- Recurrent Quinsy (abscess next to tonsil)
- Emergency Presentations (e.g. treatment of parapharyngeal abscess)

It is important to note that national randomised control trial is underway comparing surgery versus conservative management for recurrent tonsillitis in adults in underway which may warrant review of this guidance in the near future.

Rationale

Recurrent sore throats are a very common condition that presents a considerable health burden. In most cases they can be treated with conservative measures. In some cases, where there are recurrent, documented episodes of acute tonsillitis that are disabling to normal function, then tonsillectomy is beneficial, but it should only be offered when the frequency of episodes set out by the Scottish Intercollegiate Guidelines Network criteria are met.

The surgery carries a small risk of bleeding requiring readmission to hospital (3.5%). A previous national audit quoted a 0.9% risk of requiring emergency surgery to treat bleeding after surgery but in a more recent study of 267, 159 tonsillectomies, 1.88% of patients required a return to theatre. Pain after surgery can be severe (especially in adults) for up to two weeks after surgery; this requires regular painkillers and can cause temporary difficulty swallowing. In addition to bleeding; pain or infection after surgery can require readmission to hospital for treatment. The Getting it Right First Time ENT report (Nov 2019)[2] presents readmission rates in relation to tonsillectomy:

Table 1 Readmission rates following tonsillectomy

	Tonsillectomies		Readmissions within 30 days	Overall readmission dates	Variation in high volume providers >200 procedures
	Number	%	Number	%	
Paediatric	48,747	68%	-	9.4%	3.7% to 18.6%
Adult	22,889	32%	-	18.4%	9.2% to 31.2%

[2] https://gettingitrightfirsttime.co.uk/girft-reports/

Total	71,636	100%	8,784	12.3%	

Data source: Hospital Episode Statistics, April 2015 – September 2016.

There is no alternative treatment for recurrent sore throats that is known to be beneficial, however sometimes symptoms improve with a period of observation.

Additional BHPF criteria for management of 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.

Codes

OPCS codes:

F341-49

Subsidiary Codes Y08.1 – 08.9 and Y10.1 – 13.9 with code Z25.7.

ICD10 codes:

J03%

J03.9 Acute tonsillitis, unspecified is the code that should be used to identify recurrent tonsillitis, but coding will not identify how many times the patient had this condition prior to the procedure.

References

1. Rubie I, Haighton C, O'Hara J, Rousseau N, Steen N, Stocken DD, Sullivan F, Vale L, Wilkes S, Wilson J. The National randomised controlled Trial of Tonsillectomy IN Adults (NATTINA): a clinical and cost-effectiveness study: study protocol for a randomised control trial. Trials. 2015 Jun 6;16:263. https://www.ncbi.nlm.nih.gov/pubmed/26047934

2. http://www.sign.ac.uk/assets/sign117.pdf

3. Osbourne MS, Clark MPA. The surgical arrest of post-tonsillectomy haemorrhage: Hospital Episode Statistics 12 years on. Annals RCS. 2018. May (100) 5: 406-408

7. Oda M, Kito S, Tanaka T, Nishida I, Awano S, Fujita Y, Saeki K, Matsumoto-Takeda S, Wakasugi-Sato N, Habu M, Kokuryo S. Prevalence and imaging characteristics of detectable tonsilloliths on 482 pairs of consecutive CT and panoramic radiographs. BMC Oral Health. 2013 Dec;13(1):54.

8. Ram S, Siar CH, Ismail SM, Prepageran N. Pseudo bilateral tonsilloliths: a case report and review of the literature. Oral Surgery, Oral Medicine, Oral Pathology, Oral Radiology, and Endodontology. 2004 Jul 1;98(1):110-4.

9. Yüksel S, Zorlu DG, Özhan B. Bad breath and painful swallowing in a boy. Archives of Disease in Childhood-Education and Practice. 2018 Jul 30:edpract-2018.

10. https://patient.info/health/sore-throat-leaflet/tonsillolith-tonsil-stones

11. https://newsnetwork.mayoclinic.org/discussion/tuesday-q-and-a-self-care-steps-may-help-prevent-tonsil-stones-from-returning/