

Evidence based referral pathway Tonsillectomy

A six month period of watchful waiting under the care of the GP is recommended prior to tonsillectomy to establish firmly the pattern of symptoms and to allow the patient time to fully consider the implications of the operation.

Patients may be considered for tonsillectomy if they meet **ALL** of the following criteria:

Referral criteria	
A	Sore throats are due to tonsillitis;
	AND five or more episodes of sore throat per year; (evidence required)
	AND symptoms for at least a year;
	AND the episodes of sore throat are disabling and prevent normal functioning. (Eg. Time off work / school, pyrexia, inability to swallow, difficulty breathing)
or B	(Applicable to teenagers and adults only). Severe halitosis (offensive breath odour) which has been demonstrated to be due to tonsil crypt debris

Once a decision is made for tonsillectomy, this should be performed as soon as possible, to maximize the period of benefit before natural resolution of symptoms might occur (without tonsillectomy).

Rationale behind the decision

Tonsillectomy is one of the most frequently performed surgical operations. The incidence of tonsillectomy has risen since the early 1990s, although levels are still much lower than in the 1930s, when 100,000 operations were performed in UK school children. In 2003/04, 50,531 patients underwent tonsillectomy within English NHS trusts, of which 49,765 (98%) were elective admissions. Just over half of the operations were performed on children under the age of fifteen. From a clinical point of view, although tonsillectomy is a low risk operation, it has appreciable perioperative morbidity and complication rate of around 2%.

The main aim of this policy is to ensure that current best clinical guidelines are being practised throughout Calderdale and Kirklees. It is well known that rates of surgical procedures vary between different areas. There are some surgical procedures, which are overused and carried out in patients who either benefit very little or do not benefit at all. One such procedure is tonsillectomy.

References (accessed April 2017)

1. NICE Interventional procedure IPG9, Coblation Tonsillectomy (September 2003). Available online at: <http://guidance.nice.org.uk/IPG9>
2. NICE Interventional procedure IPG186, Tonsillectomy using laser (July 2006). Available online at: <http://guidance.nice.org.uk/ipg186>

3. NICE Interventional procedure IPG150, Electrosurgery (diathermy and coblation) for tonsillectomy (December 2005). Available online at: <http://guidance.nice.org.uk/IPG150>
4. NICE Interventional procedure IPG178, Tonsillectomy using ultrasonic scalpel (June 2006). Available online at: <http://guidance.nice.org.uk/IPG178>
5. SIGN No.117 (2010) – management of Sore Throat and Indications for Tonsillectomy. Available online at: <http://www.sign.ac.uk/pdf/sign117.pdf>

Working in partnership:

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