



NHS Birmingham and Solihull CCG
NHS Sandwell and West Birmingham CCG

Policy for Adenoidectomy

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The CCG policy has been reviewed and developed by the Treatment Policies Clinical Development Group in line with the groups guiding principles which are:

81. CCG Commissioners require clear evidence of clinical effectiveness before NHS resources are invested in the treatment;
82. CCG Commissioner require clear evidence of cost effectiveness before NHS resources are invested in the treatment;
83. The cost of the treatment for this patient and others within any anticipated cohort is a relevant factor;
84. CCG Commissioners will consider the extent to which the individual or patient group will gain a benefit from the treatment;
85. CCG Commissioners will balance the needs of each individual against the benefit which could be gained by alternative investment possibilities to meet the needs of the community
86. CCG Commissioners will consider all relevant national standards and take into account all proper and authoritative guidance;
87. Where a treatment is approved CCG Commissioners will respect patient choice as to where a treatment is delivered; AND
88. All policy decisions are considered within the wider constraints of the CCG's legally responsibility to remain fiscally responsible.

Category: Restricted

Adenoids

Adenoids are small lumps of tissue at the back of the nose, above the roof of the mouth. You can't see a person's adenoids by looking in their mouth.

Adenoids are part of the immune system, which helps fight infection and protects the body from bacteria and viruses.

In most cases only children have adenoids. They start to grow from birth and are at their largest when a child is around three to five years of age.

By age seven to eight, the adenoids start to shrink and by the late teens, they're barely visible. By adulthood, in most people they will have disappeared completely.

Adenoids can be helpful in young children, but they're not an essential part of an adult's immune system.

Adenoids can sometimes become swollen or enlarged. This can happen after a bacterial or viral infection, or after a substance triggers an allergic reaction.

In most cases, swollen adenoids only cause mild discomfort and treatment isn't needed. However, for some, it can cause severe discomfort and interfere with their daily life.

Adenoidectomy

The adenoids can be removed during an adenoidectomy.

The operation is usually carried out by an ear, nose and throat (ENT) surgeon and takes around 30 minutes. Afterwards, the patient will need to stay in the recovery ward until the anaesthetic has worn off.

Adenoidectomies are sometimes day cases if carried out in the morning, in which case you / your child may be able to go home on the same day. However, if the procedure is carried out in the afternoon, you / your child may need to stay in hospital overnight.

Eligibility Criteria

Adenoids may be removed in the following clinical circumstances:

- Documented medical problems caused by obstruction of the airway by enlarged adenoids **AND** all conservative treatments have been exhausted.

For the purposes of this eligibility criteria, a medical problem is defined as a medical problem that continually impairs sleep and/or breathing, e.g.

- difficulty sleeping – the patient has problems sleeping and may start to snore; in severe cases, some patients may develop [sleep apnoea](#) (irregular breathing during sleep and excessive sleepiness during the day) due to enlarged adenoids
- recurrent or persistent problems with the ears – such as [middle ear infections](#) (otitis media) or [glue ear](#) (where the middle ear becomes filled with fluid)
- recurrent or persistent [sinusitis](#) – leading to symptoms such as a constantly runny nose, facial pain and nasal-sounding speech.

All clinical circumstances which meet the above eligibility criteria, must have failed conservative medical treatment, before being eligible for surgical intervention.

Conservative medical treatments include:

Topical nasal steroids.

Investigations for suspected or proven malignancy are outside the scope of this policy and should be treated in line with the relevant cancer pathway.

This means **(for patients who DO NOT meet the above criteria)** the CCG will **only** fund the treatment if an Individual Funding Request (IFR) application proves exceptional clinical need and that is supported by the CCG

Guidance

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