NHS
Bedfordshire, Luton and Milton Keynes
Integrated Care Board

Policy title	**Tonsillectomy for recurrent tonsillitis (children and adults) and tonsillectomy for tonsilloliths** **Version 1.1**
Policy position	**Criteria Based Access:** **Tonsillectomy for recurrent** **Intervention Not Normally Funded:** **Tonsillectomy for tonsilloliths**
Date of CCG recommendation	**December 2019**

Recurrent tonsillitis

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 NHS should only commission tonsillectomy surgery for treatment of recurrent severe episodes of sore throat when the following criteria are met:

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

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)

For related policy on adenoidectomy please refer to policy: Grommets and adenoidectomy in children for otitis media with effusion (glue ear) (2021)

Tonsilloliths (tonsil stones)

Tonsillectomy is **not normally funded** for tonsilloliths. Removal of the stone under local anaesthetic in the outpatient setting may be appropriate for symptomatic patients where self- care has failed.

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. Diagnosis is usually made on clinical signs and symptoms. 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 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:

1. NHS England (2018) Evidence-Based Interventions: Guidance for CCGs.
2. 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.
3. 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.
4. 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.
5. Patient: Info Tonsilloliths

NOTE:

- This policy will be reviewed in the light of new evidence or new national guidance e.g. from NICE
- Where a patient does not meet the policy criteria or the intervention is not normally funded by the NHS, an application for clinical exceptionality can be considered via the ICB's Individual Funding Request (IFR) Policy and Process

Clinical coding:

OPCS codes: F341-49 and F361

ICD10 codes:
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.
CA0F Chronic diseases of tonsils or adenoids (tonsilloliths)

Key words: Tonsillectomy, tonsillitis, tonsilloliths