

Pathway	
	Surgical removal of the palatal tonsils.
Exclusions	
	Biopsy to exclude significant disease, for example lymphoma.
Commissioned	
	<p>Tonsillectomy will only be funded for the following indications:</p> <ol style="list-style-type: none"> 1. Recurrent episodes of bacterial tonsillitis which are disabling and prevent normal functioning. Recurrent is defined as 7 episodes within the last 12 months, 10 episodes within the last 2 years or 9 within the last 3 years. 2. Quinsy requiring surgical intervention as an inpatient. 3. Conditions likely to be provoked or aggravated by episodes of tonsillitis, for example: <ul style="list-style-type: none"> • Nephritis associated with Henoch Schönlein Purpura • Recurrent febrile convulsions • Increased risk of bacterial endocarditis 4. Sleep disordered breathing in children, as evidenced by episodes of sleep apnoea and daytime symptoms associated with disrupted sleep cycles, where the tonsils by virtue of their size are contributory to the nocturnal upper respiratory tract obstruction.
Not Funded	
	<ul style="list-style-type: none"> • Tonsillotomy. • Removal of tonsiliths. • Tonsillectomy for sleep disordered breathing in adults.
Notes	
	<ul style="list-style-type: none"> ▪ In recurrent tonsillitis, provide evidence of contemporaneous documentation by clinician of past episodes. ▪ The clinical notes should support a bacterial cause of infection, for example as defined by the Centor criteria.
Rationale	
	<ul style="list-style-type: none"> ▪ Evidence-Based Interventions: Response to the public consultation and next steps. Published by NHS England in partnership with NHS Clinical Commissioners, the Academy of Medical Royal Colleges, NHS Improvement and the National Institute for Health and Care Excellence November 2018. ▪ Current evidence suggests that the benefit of tonsillectomy in children increases with the frequency and severity of episodes prior to tonsillectomy. In cases of doubt, a six-month period of watchful waiting is recommended, to establish the impact on the patient of the condition. ▪ Bacterial tonsillitis is more likely in the presence of three or more Centor criteria which are a) fever >38c b) tender or enlarged neck nodes c) tonsillar exudates d) absence of cough.
Cohort	
	Children and Adults.

Equality	Compliant with the Equality Act 2010.											
Status	RED as defined in the Prior Approval Scheme Policy.											
OPCS codes	<table border="1"> <tr> <td>Bilateral dissection tonsillectomy</td> <td>F34.1</td> </tr> <tr> <td>Bilateral guillotine tonsillectomy</td> <td>F34.2</td> </tr> <tr> <td>Bilateral laser tonsillectomy</td> <td>F34.3</td> </tr> <tr> <td>Bilateral excision of tonsil NEC</td> <td>F34.4</td> </tr> <tr> <td>Bilateral coblation tonsillectomy</td> <td>F34.7</td> </tr> </table>		Bilateral dissection tonsillectomy	F34.1	Bilateral guillotine tonsillectomy	F34.2	Bilateral laser tonsillectomy	F34.3	Bilateral excision of tonsil NEC	F34.4	Bilateral coblation tonsillectomy	F34.7
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Version History	No material changes from previous version.											
Authorised	April 2019											
Review	April 2024 Earlier if new evidence published by NICE or other authoritative body.											