

## SHIP 8 Clinical Commissioning Groups' Priorities Committee Policy

### CEC16/002 Adenoidectomy for children with recurrent upper respiratory tract infections

Date of issue (from SHIP 8 Priorities Committee): February 2016

Date of adoption (by NHS North Hampshire CCG): May 2016

The Priorities Committee recommends that adenoidectomy for the treatment of recurrent upper respiratory tract infections in children is a low priority and will not be routinely commissioned.

There is a lack of evidence to indicate that surgical intervention significantly affects the benign natural history of upper respiratory tract infections in children.

#### *Background*

- The adenoids are small areas of lymphoid tissue at the back of children's nasal cavities. They are sometimes surgically removed to prevent recurrent upper respiratory tract infection.
- Acute upper respiratory tract infection is the most common diagnosis made in children in primary care, occurring annually in one in two children aged under four years and one in ten aged five to nine years.

#### *Clinical effectiveness*

- One systematic review included two randomised controlled trials:
  - The first reported on 76 children aged less than 12 years with recurrent serous and purulent otitis media, frequent upper airway infections and nasal obstruction. After two years, there were no significant differences between the groups in numbers of episodes of common colds or in the frequency of nasal obstruction.
  - The second trial reported 180 children aged 10 months to two years with at least three episodes of acute otitis media during the previous six months. At six months, the mean number of days with rhinitis in children who underwent adenoidectomy was not significantly different from results in the control group.
  - The two trials were too heterogeneous to pool in a meta-analysis.
- In addition, one randomised controlled trial published since the search date of the systematic review, recruited 111 children aged one to six years with upper respiratory tract infections whose surgeons had proposed adenoidectomy. They were randomised between initial watchful waiting and immediate adenoidectomy with or without myringotomy.
  - There were no significant differences in:
    - the number of upper respiratory tract infections or middle ear complaints with fever
    - the number of days of upper respiratory tract infections or middle ear complaints with fever
    - health-related quality of life.
  - Children in the adenoidectomy group had significantly more days with fever than the children in the watchful waiting group.
  - The incidence of upper respiratory tract infection declined at a similar rate in the two groups during follow-up, indicating that surgery contributes little to the favourable natural course of this condition.

#### *Notes:*

*Exceptional circumstances may be considered where there is evidence of significant health impairment and there is also evidence of the intervention improving health status.*

*This policy may be reviewed in the light of new evidence or guidance from NICE.*