

<b>Policy statement:</b>	<b>Adenoidectomy-Adjuvant</b>
<b>Status:</b>	<b>Individual Prior Approval</b>

M&SECCGs commission adenoidectomy on a restricted basis. This policy should be read in conjunction with commissioning policy **Grommets** and **Tonsillectomy**

Adenoids are small lumps of tissue at the back of the nose, above the roof of the mouth. Adenoids are part of the immune system, which only children have. They start to grow from birth and are at their largest when a child is around three to five years of age. Adenoids tend to shrink by adulthood and will often have disappeared.

**Adjuvant adenoidectomy** is funded in patients meeting the criteria listed below:  
Children 18 years of age or under

**AND**

- with Otitis Media with Effusion (OME) who meet the CCG commissioning criteria for ventilation tubes (grommets) **and** in the presence of persistent and/or frequent upper respiratory tract infections (see Grommets)

**OR**

- Children where obstructive sleep apnoea (OSA) is demonstrated by sleep study or diagnosed clinically in the presence of excessively large tonsils and adenoids with documented evidence of failure to thrive assessed as per NICE guidance- NG 75 (see Tonsillectomy)

**Adenoidectomy as a separate procedure will not be funded.**

Patients not meeting the above criteria will not be funded unless there are **clinically exceptional circumstances**.

Individual funding requests should only be made where the patient demonstrates clinical exceptionality.

Further information on applying for funding in exceptional clinical circumstances can be found by clicking the link below.

[Value Based Commissioning Policies](#)

**Ref:** Faltering growth: recognition and management of faltering growth in children (NG 75) September 2017

<https://www.nice.org.uk/guidance/ng75/chapter/Recommendations#weight-loss-in-the-early-days-of-life>