

**Kent and Medway Policy Recommendation and Guidance Committee
Policy Recommendation**

Policy:	PR 2020-04: Surgical treatments for tonsil stones
Issue date:	March 2020
<p>The Kent and Medway Policy Recommendation and Guidance Committee (PRGC) considered NICE, national and professional society guidance, the evidence base, baseline position, other CCGs policies, the views of local specialists and the potential impact of changing policy. All decisions were made with reference to the Ethical Framework. Taking these into account the PRGC recommends:</p> <ul style="list-style-type: none"> • Patients with tonsil stones should only be referred to secondary care for consideration of surgery where both of the following criteria are met: <ul style="list-style-type: none"> ○ Symptoms of tonsil stones are having a significant negative impact on the patient’s quality of life, AND ○ Symptoms of tonsil stones have persisted for one year despite conservative management¹. <p>This policy recommendation will be reviewed when new information becomes available that is likely to have a material effect on the current recommendation.</p> <p>Clinical Commissioning Groups (CCGs) in Kent and Medway will always consider appropriate individual funding requests (IFRs) through their IFR process.</p>	

Supporting documents

NEL Health Policy Support Unit (HPSU) (2020) *Surgical treatments for tonsil stones – Briefing note*
Equality Analysis Screening Tool – Surgical treatments for tonsil stones (2020)

¹ The PRGC recommended that patients should only be referred to secondary care for consideration of surgery where symptoms of tonsil stones are having a significant negative impact on the patient’s quality of life, AND have persisted for two years despite conservative management. However, the Kent and Medway Clinical Cabinet determined – when considering this recommendation – that one year of symptoms (despite conservative management) having a significant negative impact on the patient’s quality of life was sufficient, taking into account the absence of NICE, NHS England or professional society guidelines on this topic and the lack of evidence on the natural disease course of tonsil stones to specifically support the two year provision.

Key points

What are tonsil stones?

Tonsilloliths (also known as tonsil stones) are oropharyngeal concretions stemming from a reactive foreign nidus such as bacteria and organic debris within a tonsillar crypt. Tonsils contain crypts, which are twisted tubular invaginations extending from the tonsillar surface and penetrating deeply through the parenchyma. These crypts, depending on the depth, may retain exfoliated epithelium cells, keratin debris, and foreign particles, causing the accumulation of secretion and caseum formation. They are not cancerous growths.

Often tonsil stones cause no symptoms at all, however potential symptoms include: a feeling of something being stuck at the back of the throat, halitosis, a sore throat or discomfort when swallowing, difficulty swallowing, bad taste in the mouth, irritating cough or earache.

Tonsil stones can occur at any age but are more common in adults than in children.

How are tonsil stones managed?

If there are symptoms, options for treating tonsil stones include:

- Regular gargling with mouthwash or a salt water solution (this may dislodge tonsil stones).
- Gentle irrigation (gently shooting water at the back of the mouth) to try to dislodge tonsil stones. It is possible to buy a syringe especially for this purpose or an irrigation kit.
- Surgical removal for recurring/ persistent tonsil stones. This may involve cryptolysis (flattening the surface of the tonsils either using laser or coblation) or tonsillectomy (surgical removal of the tonsils).

What does NICE guidance say?

There is currently no NICE guidance on the management of tonsil stones.

NICE interventional procedures guidance (IPG)² on electrosurgery (diathermy and coblation) for tonsillectomy ([IPG150](#), 2005), tonsillectomy using ultrasonic scalpel ([IPG178](#), 2006) and tonsillectomy using laser ([IPG186](#), 2006) all state that current evidence on the safety and efficacy of these procedures appears adequate to support their use provided that normal arrangements are in place for consent, audit and clinical governance.

What does other national guidance say?

- [Royal College of Surgeons \(RCS\)/ ENT-UK guidance on tonsillectomy](#) (2016) sets out pathways for recurrent tonsillitis/ sore throat or its complications and obstructive sleep disordered breathing (in children aged <16 years); this does not include recommendations on the management of tonsil stones.
- [SIGN clinical guideline 117](#) on the management of sore throat and indications for tonsillectomy (2010) does not include recommendations on the management of tonsil stones.
- [NHS England Evidence Based Interventions \(EBI\) guidance](#) (2018)³ includes recommendations on tonsillectomy for recurrent tonsillitis, but does not consider the management of tonsil stones.

What is the evidence base for surgery for tonsil stones?

Five studies assessing the clinical effectiveness of surgical treatments for tonsil stones were identified by a systematic literature search. None assessed tonsillectomy; instead they all reviewed the effectiveness of less invasive options such as cryptolysis. The total number of participants across all studies was 659. No cost-effectiveness studies were identified.

All of the studies indicated improvement in symptoms such as halitosis and foreign body sensation in 77% to 91% of patients. However, the measures used were often subjective and do not appear to have been validated for use in this context. Where improvements in symptoms were reported, it is unclear whether these were clinically meaningful.

² NICE interventional procedure guidance makes recommendations on the safety and efficacy of the procedure. It does not consider how much the procedures would cost the NHS, or whether the NHS should allocate funding for them.

³ In 2018 NHS England published *Evidence-Based Interventions: Guidance for CCGs*. This guidance sets out recommendations on 17 interventions; 4 that should not be routinely offered to patients unless there are exceptional circumstances and 13 interventions that should only be offered to patients when certain clinical criteria are met. According to NHS England, CCGs need to be able to demonstrate that they have had 'regard to' this new national guidance.

The procedures generally had minimal complications; the most common complication reported was bleeding.

What is the baseline position?

Kent and Medway CCGs have a policy on tonsillectomies (with or without adenoidectomies), but this does not address funding of surgical procedures for tonsil stones.

In 2018/19 there was an estimated maximum of 29 admissions of Kent and Medway patients receiving surgery for tonsil stones at an estimated cost of £34,200. Most patients attended their local acute trust for surgery. A significantly larger number of patients are likely to be seen in outpatient appointments but not progress to surgery.

Change sheet

Reason for review:

A review of surgical treatments for tonsil stones is required because Kent and Medway CCGs do not currently have a formal area-wide policy on this topic.

Change from baseline:

There is currently no Kent and Medway-wide policy on the management of tonsil stones.

PR2020-04 includes both referral and surgical criteria for tonsil stone removal. Implementation of PR2020-04 will ensure that eligibility criteria for both referral and surgical intervention are consistently applied across Kent and Medway.

Rationale for PR2020-04:

- According to local specialists tonsil stones may have a negative impact on quality of life and lead to psychological distress and chronic pain in a minority of patients with severe persistent symptoms. The eligibility criteria detailed in PR2020-04 ensure that people who will benefit most will be able to continue to access surgical treatment.
- Surgical removal of tonsil stones is currently performed at local acute trusts, however in the absence of national or local guidance, surgical access criteria appear to differ amongst local specialists. Implementation of PR2020-04 will ensure that eligibility criteria for both referral and surgery are consistently applied across Kent and Medway.
- Introducing referral criteria will ensure that only patients who have tried conservative measures and have persistent tonsil stones that require surgical treatment will be referred to secondary care.

Estimated cost impact of implementing PR2020-04:

Implementation of PR2020-04 is unlikely to lead to a large change in activity and expenditure on surgical treatments for tonsil stones, especially in absolute terms considering that expenditure across Kent and Medway was ~£34,000 in 2018/19. A local specialist indicated that implementation of PR2020-04 may result in a reduction in activity and expenditure on tonsil stones due to fewer operations and outpatient referrals. This is because currently no specific referral or surgical criteria are in place and some referrals and operations to remove tonsil stones are likely to be taking place before symptoms have persisted for two years despite conservative management.