

Adult Snoring Surgery Commissioning Policy

Intervention	Adult Snoring Surgery (in the absence of OSA)
OPCS codes	F324; F325; F326
Description	In two systematic reviews of 72 primary research studies, there was no evidence that surgery to the palate to improve snoring provides any additional benefit compared to non-surgical treatments. The surgery has up to 16% risk of severe complications (bleeding, airway compromise, death). A number of alternatives to surgery can improve snoring. These include lifestyle changes (weight loss, smoking cessation and reducing alcohol intake) and medical treatment of nasal congestion.
Summary of intervention	<p>Snoring is a noise that occurs during sleep that can be caused by vibration of tissues of the throat and palate. It is very common and as many as one in four adults snore, as long as it is not complicated by periods of apnoea (temporarily stopping breathing) it is not usually harmful to health, but can be disruptive, especially to a person's partner.</p> <p>This guidance relates to surgical procedures in adults to remove, refashion or stiffen the tissues of the soft palate (Uvulopalatopharyngoplasty, laser assisted Uvulopalatoplasty & Radiofrequency ablation of the palate) in an attempt to improve the symptom of snoring. Please note this guidance only relates to patients with snoring in the absence of Obstructive Sleep Apnoea (OSA) and should not be applied to the surgical treatment of patients who snore and have proven OSA who may benefit from surgical intervention as part of the treatment for OSA.</p> <p>It is important to note that snoring can be associated with multiple other causes such as being overweight, smoking, alcohol or blockage elsewhere in the upper airways (e.g. nose or tonsils) and often these other causes can contribute to the noise alongside vibration of the tissues of the throat and palate.</p>
Commissioning position	<p>NHS Scarborough & Ryedale and Vale of York CCGs do not commission adult snoring surgery in the absence of evidence of OSA.</p> <p>The CCGs do not commission surgery in the presence of OSA unless Continuous Positive Airway Pressure (CPAP) and other lifestyle changes (e.g. weight loss, reduction in alcohol consumption where needed) have failed to improve symptoms.</p> <p>All requests for funding should be submitted to the CCG IFR panel.</p> <p>This is on the basis of limited clinical evidence of effectiveness and the significant risks that patients could be exposed to, this procedure should no longer be routinely commissioned in the management of simple snoring.</p> <p>Alternative Treatments</p>

Adult Snoring Surgery Commissioning Policy

	<p>There are a number of alternatives to surgery that can improve the symptom of snoring. These include:</p> <ul style="list-style-type: none"> • Weight loss • Stopping smoking • Reducing alcohol intake • Medical treatment of nasal congestion (rhinitis) • Mouth splints (to move jaw forward when sleeping)
Summary of evidence / rationale	<p>In two systematic reviews of 72 primary research studies there is no evidence that surgery to the palate to improve snoring provides any additional benefit compared to other treatments. While some studies demonstrate improvements in subjective loudness of snoring at 6-8 weeks after surgery; this is not longstanding (>2 years) and there is no long term evidence of health benefit. This intervention has limited to no clinical effectiveness and surgery carries a 0-16% risk of severe complications (including bleeding, airway compromise and death). There is also evidence from systematic reviews that up to 58-59% of patients suffer persistent side effects (swallowing problems, voice change, globus, taste disturbance and nasal regurgitation). It is on this basis the interventions should no longer be routinely commissioned.</p>
Date effective from	April 2019
Date published	March 2019
Review date	2021

References

- Franklin KA, Anttila H, Axelsson S, Gislason T, Maasilta P, Myhre KI, Rehnqvist N. Effects and side-effects of surgery for snoring and obstructive sleep apnoea – a systematic review. *Sleep*. 2009 Jan. 32 (1): 27-36
- Main C, Liu Z, Welch K, Weiner G, Jones SQ, Stein K. Surgical procedures and non-surgical devices for the management of non-apnoeic snoring; a systematic review of clinical effects and associated treatment costs. *Health Technol Assess* 2009; 13 (3). <https://www.ncbi.nlm.nih.gov/pubmed/19091167>
- Jones TM, Earis JE, Calverley PM, De S, Swift AC. Snoring surgery: A retrospective review. *Laryngoscope*. 2005 Nov 115 (11): 2015-20 <https://www.ncbi.nlm.nih.gov/pubmed/16319615>

Version	Created /actioned by	Nature of Amendment	Approved by	Date
v1	Senior Service Improvement Manager	Implementation of NHSE/I EBI policy	CCG Clinical Leads	Nov 18
V2	Senior Service Improvement Manager	Circulated to stakeholders for comments	No amendments required	Jan 18
FINAL	CCG Committees	Final policy	SRCCG Business Committee VoYCCG Executive Committee	Feb 18 Feb 18