**If clinician considers need for clinical intervention on clinical grounds outside of these criteria, please refer to the SY ICB's Individual Funding Request policy for further information.*

Removal of adenoids in glue ear

Please refer to National Guidance for full details, complete the checklist and file for future compliance audit.

Evidence Based Interventions Phase II policy confirms this procedure will only be funded when the following criteria are met:

Adjuvant adenoidectomy should not be routinely performed in children undergoing grommet insertion for the treatment of otitis media with effusion.

The following checklist should be completed and referral to IFR panel made in all cases.

	Delete as appropriate	
Adjuvant adenoidectomy for the treatment of glue ear should only be offered when one or more of the following clinical criteria are met:		
• The child has persistent and / or frequent nasal obstruction which is contributed to by adenoidal hypertrophy	Yes	No
• The child is undergoing surgery for re-insertion of grommets due to recurrence of previously surgically treated otitis media with effusion	Yes	No
• The child is undergoing grommet surgery for treatment of recurrent acute otitis media	Yes	No

This guidance only refers to children undergoing adenoidectomy for the treatment of glue ear and should not be applied to other conditions where adenoidectomy should continue to be routinely funded. These include:

- As part of treatment for obstructive sleep apnoea or sleep disordered breathing in children (e.g. as part of adenotonsillectomy)
- As part of the treatment of chronic rhinosinusitis in children
- For persistent nasal obstruction in children and adults with adenoidal hypertrophy
- In preparation for speech surgery in conjunction with the cleft surgery team

**All requests for this treatment should be referred to the SY ICB's Individual Funding Request panel and should be accompanied by a clinical letter and a copy of the GP referral.*