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| Intervention  | **137. Adenoidectomy** |
| For the treatment of  | Glue ear |
| Commissioning Position  | This intervention is commissioned as adjuvant treatment to grommet insertion; see also policy 088 Grommet insertion in children or adults.Adenoidectomy is also routinely commissioned and does not require prior approval:* As part of treatment for obstructive sleep apnoea or sleep disordered breathing in children (e.g. as part of tonsillectomy) OR
* As a part of treatment of chronic rhinosinusitis in children OR
* For adenoid hypertrophy causing persistent nasal obstruction in children or adults OR
* In preparation for speech surgery in conjunction with a cleft surgery team
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| Summary of Rationale | There is some evidence that adenoidectomy with or without unilateral or bilateral grommets reduces the presence or persistence of OME. If someone is already having general anaesthesia for grommets, the added risk of doing adenoidectomy at the same time is likely to be very small. However, adenoidectomy is likely to lead to velopharyngeal insufficiency or nasal regurgitation in children with an abnormality of the palate, so is not appropriate for this group  |
| References  | [Removal of adenoids for treatment of glue ear (EBI)](https://ebi.aomrc.org.uk/interventions/removal-of-adenoids-for-treatment-of-glue-ear/) |
| Effective from | July 2025 |
| Policy Review Date  | July 2028 |