

Surgical Removal of the Palatine Uvula

Exceptional Funding Request

Palatine Uvula removal is not routinely commissioned.

Any unexplained ulceration should be referred through the 2WW pathway to rule out cancer e.g.

- a. **If the uvula has a lesion attached which requires biopsy.**
- b. **If there are warts or papillomata that require histological evaluation**

Before consideration of referral for management in secondary care, please review advice on the Remedy website (www.remedy.bnssg.icb.nhs.uk) or consider use of advice and guidance services where available.

Any unexplained ulceration should be referred through the 2WW pathway to rule out cancer e.g.

Exclusions:

- a. **If the uvula has a lesion attached which requires biopsy.**
- b. **If there are warts or papillomata that require histological evaluation.**

If the patient in question is clinically exceptional compared to the cohort, then an Exceptional Funding Application may be appropriate. The only time an EFR application should be submitted is when there is a strong argument for clinical exceptionality to be made. EFR applications will only be considered where evidence of clinical exceptionality is provided within the case history/primary care notes in conjunction with a fully populated EFR application form.

BNSSG ICB is responsible for making the best use of the NHS funds allocated to us to meet the health needs of our local population. The demand for services is greater than the resources available and therefore we have to prioritise the use of funds carefully. Our approach is to prioritise commissioning treatments, operations or drugs that are most effective in meeting the health needs of the population. All operations carry significant risks and where symptoms are mild or moderate it is likely that the risks outweigh the benefits. Not all conditions progress and when symptoms can be managed conservatively, that is the safest option.

The ICB does not commission the partial or complete removal of Palatine Uvula. The value provided by the removal does not outweigh the risks of the procedure.

Surgical Removal of the Palatine Uvula – Plain Language Summary

The “palatine uvula” is the fleshy extension at the back of the soft palate above the throat. Commonly referred to as the “dangly at the back of your throat”. The function of the palatine uvula is unclear but it is known to prevent food from entering the nasal cavity whilst swallowing. It is also proposed that it produces a large amount of saliva, which helps keep the throat lubricated. A known side effect of those who have had their palatine uvula removed is a lack of saliva. In addition the palatine uvula is also known to have a function in speech.

This policy has been developed with the aid of the following references:

1. NICE (2014) Radiofrequency ablation of the soft palate for snoring (NICE interventional procedures guidance 476) www.nice.org.uk
2. National Institute for health research (2010) Effects and side-effects of surgery for snoring and obstructive sleep apnea: a systematic review www.crd.york.ac.uk
3. National Library of Medicine (2006) What should we know about uvula doing uvulopalatoplasty (17357666) www.pubmed.ncbi.nlm.nih.gov
4. National Library of Medicine (2009) Effects and side-effects of surgery for snoring and obstructive sleep apnea: a systematic review (NBK77201) www.pubmed.ncbi.nlm.nih.gov

Connected Policies

Simple Snoring, CPAP, Tonsillectomy, Nasal Policy

Due regard

In carrying out their functions, the Bristol North Somerset and South Gloucestershire Clinical Policy Review Group (CPRG) are committed to having due regard to the Public Sector Equality Duty (PSED), and NHSE Evidence-Based Interventions (EBI). This applies to all the activities for which the CCGs are responsible, including policy development and review.

OPCS Procedure codes

Must have any of (primary only):

F32.4, F324, F32.5, F325, F32.6, F326, F32, Y11.4

Support

If you would like further copies of this policy or need it in another format, such as Braille or another language, please contact the Customer Services Team on: **0117 900 2655** or **0800 073 0907** or email them on BNSSG.customerservice@nhs.net.

Document Control

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Governance

Commissioning policies are assessed for their likely level of impact on BNSSG ICB and the population for which it is responsible. This determines the appropriate level of sign off. The below described the approval route for each score category.

Policy Category	Approval By
Level 1	Commissioning Policy Review Group.
Level 2	Chief Medical Officer, or Chief Nursing Officer, or System Executive Group Chair
Level 3	ICB Board