

Surgical Intervention of Snoring

Exceptional Funding Request

All Patients

All surgical treatments of snoring, including but not exclusively those listed within this policy, are not routinely commissioned.

This policy should be read in conjunction with the Continuous Positive Airway Pressure (CPAP) Treatment of Obstructive Sleep Apnoea / Hypopnoea Syndrome (OSAHS) policy.

If the patient in question is clinically exceptional compared to the cohort, then an Exceptional Funding Application may be appropriate. The only time when 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.

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.

Bristol North Somerset and South Gloucestershire Integrated Care Board (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.

Surgical Intervention for Snoring – Plain Language Summary

Surgery for snoring includes uvulopalatopharyngoplasty (UPPP), laser-assisted uvuloplasty (LAUP), soft palate implants and radiofrequency ablation. In addition, patients with nasal blockage have sought a Septorhinoplasty in order to correct deformity and improve airflow in order to address concerns with snoring.

Snoring is primarily due to vibration of the soft palate, but it can also originate from the supraglottis, tonsils or tongue. It is estimated that 40% of the population snore.

Patients complaining of the impact of snoring should be counselled without referral to secondary care and advice should be given on implementing the following lifestyle changes where appropriate:

- Weight reduction if above recommended BMI
- To stop smoking (offer to refer the patient to smoking cessation services)
- Reduce or stop evening alcohol intake
- Keeping the nose clear (including therapies such as nasal sprays or strips)
- Partners using ear plugs whilst asleep to minimise sleep disruption
- Self-training to alter their sleep position to avoid lying on back (e.g. sewing lump into back of pyjamas/nightdress as temporary training method).

Obtaining a mandibular advancement device to be worn at night from their orthodontist. The patient must be advised that this device is not funded by the NHS

Connected Policies

- Continuous Positive Airway Pressure (CPAP) Treatment of Obstructive Sleep Apnoea/Hypopnoea Syndrome (OSAHS)
- Surgical Removal of the Palatine Uvula

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

1. NICE (2021) Continuous positive airway pressure for the treatment of obstructive sleep apnoea/hypopnoea syndrome (Technology appraisal guidance [TA139])
www.nice.org.uk

2. The BMJ (1997) Snoring and breathing pauses during sleep: telephone interview survey of a United Kingdom population sample. Medical Journal - 314/7084/860
www.bmj.com
3. NHS England (2019) Evidence-Based Interventions (consultation document)
www.england.nhs.uk
4. The BMJ (1997) Snoring and breathing pauses during sleep: telephone interview survey of a United Kingdom population sample. Medical Journal - 314/7084/860
www.bmj.com
5. National Health Service (2020) Health A to Z: Snoring [online]
www.nhs.uk/conditions
6. National Library of Medicine (2009) Effects and side-effects of surgery for snoring and obstructive sleep apnea--a systematic review - 19189776 (Online)
www.pubmed.ncbi.nlm.nih.gov
7. National Library of Medicine (2005) Snoring surgery: a retrospective review - 16319615 (Online) www.pubmed.ncbi.nlm.nih.gov
8. National Library of Medicine (2009) Surgical procedures and non-surgical devices for the management of non-apnoeic snoring: a systematic review of clinical effects and associated treatment costs - 19091167 (Online)
www.pubmed.ncbi.nlm.nih.gov

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). This applies to all the activities for which the ICB is responsible, including policy development and review.

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

OPCS Procedure codes

Must have any of (primary only):

Procedures challenged in this policy:

OPCS Code: F324, F325, F326, E036

Relevant diagnoses for this policy:



ICD10 Code: None

Diagnoses for which the above procedures are permitted:

ICD10 Codes: G473 or G479

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.