Worcestershire Acute Hospitals NHS Trust

Guidelines for operating on Ear, Nose & Throat (ENT) patients, Children and young people

This guidance does not override the individual responsibility of health professionals to make appropriate decision according to the circumstances of the individual patient in consultation with the patient and /or carer. Health care professionals must be prepared to justify any deviation from this guidance.

Introduction

This guideline outlines the referral criteria for ENT surgery within the Worcestershire Acute Hospitals NHS Trust.

This guideline is for use by the following staff groups :
ENT Surgeons, Anaesthetists

Lead Clinician(s)

Mr Steven Lewis	Consultant ENT Surgeon
Dr James Hutchinson	Consultant Anaesthetist
Dr Kate Blyth	Consultant Anaesthetist

Approved by ENT Clinical Director and Governance Lead on:	12th February 2025
Approved by Theatre and Anaesthetic Governance meeting on:	August 2024
Approved by Medicines Safety Committee:	14th May 2025
Review Date:	12th February 2028

This is the most current document and is to be used until a revised version is available

Key amendments to this guideline

Date	Amendment	Approved by:
March 2014	New guideline	
August 2016	Document extended for 12 months as per TMC paper approved on 22nd July 2015	TMC
March 2017	Further extension as per TMC paper approved 22nd July 2015	TMC
December 2017	Sentence added in at the request of the Coroner	
March 2018	Document extended for 3 months as approved by TLG	TLG
June 2018	Document extended for 3 months as per TLG recommendation	TLG
13th June 2018	Full review of document undertaken and document reviewed with no changes and approved for further two years	Mr Lewis
June 2020	Document extended for 6 months during COVID-19 period	
6th Jan 2021	Document review date extended by 12 months in line with amendment to Key Document Policy	Mr Lewis
18th November 2021	Document approved for 3 years with no amendments	Mr Lewis/ Mr Daultrey
August 2024	Emergency and unplanned surgery age reduced to 2 years. Guidance given on children aged 20-24 months. Weight changed to 12kgs (from 15kgs) 2019 ENT UK document included. Addition of specific KTC criteria for paediatric surgery including guidance on mild sleep apnoea	Dr James Hutchinson Dr Blyth
February 2025	Guidance on medication for tonsillectomy required to standardise approach, maximise non-opioid medications and reduce risks from opioids.	Dr James Hutchinson Dr Blyth

Guidelines for operating on Ear, Nose & Throat (ENT) patients Children and young persons

Introduction

This guideline outlines the referral criteria for ENT surgery for children and young people within the Worcestershire Acute Hospitals NHS Trust.

Details Of Guideline

Abbreviations

ENT Ear, Nose and Throat
BCH Birmingham Children's Hospital
CYP Children and Young people

Summary

- ENT surgery is appropriate for children aged 2 -16 if they meet the criteria in Appendix 1.
- Between the ages of 20-24 months minor surgery may be reasonable and the case should be discussed with the specific anaesthetist. If there is any doubt the patient should be referred to a paediatric centre (i.e. BCH).
- For elective surgery the following criteria provide a reasonable basis to assess suitability for surgery within the Trust.

Background

ENT surgery is the commonest reason for surgery in CYP. Tonsillectomy, adenoidectomy and grommet insertion comprise the majority of procedures. The majority of CYP do not have significant comorbidities; however there are a minority with complex problems especially those who might require adenotonsillectomy for severe obstructive sleep apnoea (OSA).

It is necessary therefore to identify those CYP who are at high risk and should undergo complex respiratory investigation and be referred to a tertiary setting. In 2019 a Working Party consensus guideline was issued which this guidance is based upon.

CYP with the following features should be referred to a tertiary centre for surgery:

- Age is under 2
- Weight is under 12kgs
    - In certain ENT cases a fit child who is 10-12 kgs may have surgery at WAHT but this requires planning and discussion with the relevant anaesthetist. If there is uncertainty the patient should be referred to a tertiary centre.
- Extremes of BMI (see Appendix 1)
- Severe cerebral palsy
- Hypotonic/Neuromuscular Disorders (Moderately affected)
- Significant Craniofacial Anomalies
- Mucopolysaccharidosis
- Significant comorbidity (e.g. complex or uncorrected congenital heart disease, home oxygen or cystic fibrosis)
- When onsite support from tertiary medical specialties is needed (e.g. metabolic, haematology)

Sleep apnoea has previously been considered a reason to refer CYP to a tertiary centre. However, the 2019 Working Party consensus recommends that sleep apnoea alone is not a reason for referral to a tertiary centre and children with sleep apnoea (aged 2 or over and 12kgs or more) can undergo

surgery at a secondary centre (i.e. Worcestershire Royal Hospital) as long as staff and equipment are available as per Guidelines for Provision of Paediatric Anaesthesia Services 2019.

Kidderminster Treatment Centre (KTC) offers elective ENT paediatric surgery during specific paediatric days. Because the site is standalone, there are some specific exclusion factors (including for CYP having tonsillectomy) which are given in Appendix 1.

Exceptions

It is accepted that these are guidelines and exceptions might be made if all of the following criteria are met:

1. The consultant surgeon responsible recognises that the guidelines will be breached and justifies why it is permissible.
2. The consultant anaesthetist responsible recognises that the guidelines will be breached and justifies why it is permissible.
3. The operation will only be conducted by a consultant surgeon.
4. The anaesthetic will only be given by a consultant anaesthetist.
5. The surgery will only take place on an elective surgical list during daytime in the working week (Monday to Friday).
6. The parents are offered referral to a tertiary setting as an alternative.

Unplanned surgery

There are instances when surgery on a child might be advised at relatively short notice. The degree of urgency required and the risks associated with the surgery and anaesthetic vary from minimal (removal of foreign body from ear) to extreme (inhaled foreign body causing respiratory distress).

If an operation can be accommodated on an elective list as per the above guidelines then it is to be regarded as an elective case even if surgery is at short notice. If the procedure cannot wait for an elective consultant list then it is deemed to be an emergency and the guidance is to refer any CYP who falls outside of the criteria to a tertiary setting.

Minimum Involvement of Consultant Surgeon and Anaesthetist in Provision of Unplanned Surgery

Age	Consultant anaesthetist	Consultant surgeon
Under 5	Required	Required
5 to under 8	On site	On site
8 and above	Informed	Informed

Worcestershire Acute Hospitals NHS Trust

Appendix 1.

Exclusion Criteria for Paediatric Surgery at Worcestershire Acute Hospitals NHS Trust		
Tonsillectomy at KTC**	**KTC Paediatric Surgical Patients**	**WRH Paediatric Surgical Patients**
Aged 2y or over	Child should be over 2y (if 20-24 Months discuss with anaesthetist)	Child should be over 2y (if 20-24 Months discuss with anaesthetist)
Weight over 14kgs	Weight over 12kgs	Weight over 12kgs (between 10-12kgs discuss with anaesthetist
IF 2-4 years old - Fit and well ASA 1	**Diabetic Patients:** Suitability of KTC surgery should be agreed with the CYP's Diabetic Consultant.	
IF aged 5 or above: - Non-diabetic - Mild OSA only - Not predicted to stay Overnight	**Exclusion Criteria for KTC**	**Exclusion Criteria WRH**
	Severe Cerebral palsy	Severe Cerebral palsy
	Hypotonic/Neuromuscular Disorders (Moderately affected)	Hypotonic/Neuromuscular Disorders (Moderately affected)
Day Case tonsillectomy patients should live within 45 minutes of a hospital with Emergency Department and on-site ENT.	Significant Craniofacial Anomalies	Significant Craniofacial Anomalies
	Mucopolysaccharidosis	Mucopolysaccharidosis
	Severe Obesity (98th Centile)	Severe Obesity i.e. >99.6th Centile
	Severely underweight (below 0.4th centile)	Severely underweight (below 0.4th centile)
Other Exclusion Criteria: Diabetes (due to dysglycaemia if not eating) See Criteria for KTC Paediatric surgical Patients	Poorly controlled epilepsy/diabetes	Severe OSA cases should be discussed with anaesthetist and decided on a case-by-case basis
	Mild OSA only (1st on list)	
	Achondroplasia	
	Surgery associated with high post op opioid requirement.	
	Surgery associated with long recovery time (over 6 hours)	
	Severe Asthma requiring admission within the last 12 months	
	CYP with additional needs that will not be safely managed within the KTC environment	

Emergency Surgery at WRH:

- As per WRH criteria with additional discussion with Paediatric /surgical /anaesthetic teams.
- Child should be 2 or over (if 20-24 months discuss with anaesthetist).
- Patients for emergency abdominal surgery should be aged 5 or above.

Children 2-16 should transfer to WRH for emergency surgery, consider input from Birmingham children's Hospital
Where Anaesthetic discussion needed please email wah-tr.GASRota@nhs.net- If more urgent response required call Anaesthetist on call via switch.

NB: There may be occasions where the CYP falls on the boundaries of the inclusion and exclusion criteria e.g. 20 to 24 months old. All procedures outside or on the boundary of the below criteria must be discussed with the paediatric, anaesthetic and theatre team. Undertaking the procedure must be risk assessed, mitigations agreed and put in place before a final decision is made. If the decision is made to offer the procedure the parents, and where appropriate the CYP, must be informed and agreement should be documented consent in the medical records.

Appendix 2. Suggested peri-operative analgesia and antiemesis in adenotonsillectomy surgery - inpatients

	Children with no or mild signs of OSA	Children with suspected or confirmed moderate to severe OSA	Adults
Pre-op:	**Paracetamol** 20mg/kg Total dose in 24hr not to exceed 75mg/kg up to 4g) **Consider Ibuprofen** 10mg/kg (max 400mg)	**Paracetamol** 20mg/kg Total dose in 24hr not to exceed 75mg/kg up to 4g) **Consider Ibuprofen** 10mg/kg (max 400mg)	**Paracetamol** 1g PO (max 4g per day) Consider **Ibuprofen** 400mg PO
Intra-op: - **give all medication at start of procedure even if using remifentanil or alfentanil**	Fentanyl 1-2 microgram/kg IV titrated Morphine 0.05 - 0.1mg/kg IV OR Tramadol 1mg/kg IV *(may not be required if coblation)* Ketorolac 0.5-1mg/kg *(if no pre-op ibuprofen)* Dexamethasone 0.15mg/kg IV Ondansetron 0.15mg/kg IV Consider Clonidine 0.5microgram/kg IV IV fluids 10-20ml/kg	Fentanyl 1microgram/kg IV titrated Morphine 0.05 – 0.1mg/kg IV OR Tramadol 1mg/kg IV *(may not be required if coblation)* Ketorolac 0.5-1mg/kg *(if no pre-op ibuprofen)* Dexamethasone 0.15mg/kg IV Ondansetron 0.15mg/kg IV Consider Clonidine 0.5microgram/kg IV IV fluids 10-20ml/kg	Fentanyl 1-2 microgram/kg IV titrated Morphine 0.1mg/kg IV OR Tramadol 50-100mg IV *(may not be required if coblation)* Diclofenac 75mg IV *(if no pre-op ibuprofen and no contraindications)* Dexamethasone 3.3-6.6mg IV Ondansetron 4-8mg IV IV fluids 1000ml
Post-op:	Ibuprofen 7.5mg/kg PO 4-6 hourly (max 30mg/kg/day no exceeding 400mg) Paracetamol 15mg/kg PO 4-6 hourly *(max 75mg/kg/day, not exceeding 4g/day)* Oramorph 0.1-0.3mg/kg PO 4 hourly PRN Ondansetron 0.1mg/kg IV 8 hourly	Ibuprofen 7.5mg/kg PO 4-6 hourly (max 30mg/kg/day not exceeding 400mg) Paracetamol 15mg/kg PO 4-6 hourly *(max 75mg/kg/day, not exceeding 4g/day)* Oramorph 0.1-0.2mg/kg PO 4 hourly PRN Ondansetron 0.1mg/kg IV 8 hourly	Ibuprofen 400mg PO 6 hourly *(8hrly if risk of major CVS events)* Paracetamol 1g PO 6 hourly *(total dose not exceeding 4g/day)* Codeine Phosphate 30-60mg PO 6hrly PRN OR Tramadol PO/IV 50-100mg 6hrly PRN Morphine 2-10mg *(titrated to effect in recovery)* Oramorph 10-20 mg PO 2 hrly PRN Ondansetron 4mg IV/IM 6hrly PRN Cyclizine 50mg IV/IM 8 hrly PRN

- Adults under 50kg should be prescribed a reduced dose of paracetamol see Paracetamol Position Statement_Mar 2022.pdf
- For discharge, paracetamol and ibuprofen will not normally be prescribed unless there is a social need – if required prescribe doses as per BNF/product information (rather than mg/kg).

Monitoring Tool

How will monitoring be carried out? Audit

Who will monitor compliance with the guideline? Directorate Clinical Governance Groups

STANDARDS	%	CLINICAL EXCEPTIONS
Compliance with criteria set out in guidelines	100%	Exceptions as details in guideline

References

- Safe Delivery of Paediatric ENT Surgery in the UK: A National Strategy. A Report of a Combined Working Party of the British Association for Paediatric Otolaryngology (BAPO), ENT UK, The Royal College of Anaesthetists (RCoA) and the Association of Paediatric Anaesthetists of Great Britain and Ireland (APAGBI) 2019. Accessed at https://www.apagbi.org.uk/sites/default/files/inline-files/Safe%20Delivery%20Paediatric%20ENT.pdf

- Guidelines for the Provision of Anaesthesia Services (GPAS) Guidelines for the Provision of Paediatric Anaesthesia Services 2019. Accessed at https://www.rcoa.ac.uk/sites/default/files/documents/2019-11/GPAS-2019-10-PAEDIATRICS.pdf

- British Association for Paediatric Otorhinolaryngology. Day Case Paediatric Adenotonsillectomy Consensus Guideline. February 2024. https://www.entuk.org/_userfiles/pages/files/day_case_paediatric_adenotonsillectomy_consensus_guidelines.pdf

Contribution List

Key individuals involved in developing the document

Name	Designation
Steve Lewis	Consultant ENT Surgeon
Dr James Hutchinson	Consultant Anaesthetist
Dr Kate Blyth	Consultant Anaesthetist

Circulated to the following individuals for comments

Name	Designation
All ENT consultants	
All anaesthetic consulatnts	
Dr Jo Marriott	Divisional Medical Director - SCSD
Dana Picken	Matron - Paediatrics
Sarah Weale	Senior Sister - Paediatrics
Dr Kate Blyth	Anaesthetic Consultant
Dr Baylon Kamalarajan	Divisional Medical Director – Women and Children

Supporting Document 1 - Equality Impact Assessment Tool

. To be completed by the key document author and included as an appendix to key document when submitted to the appropriate committee for consideration and approval.

Please complete assessment form on next page;

Herefordshire & Worcestershire STP - Equality Impact Assessment (EIA) Form
Please read EIA guidelines when completing this form

Section 1 - Name of Organisation (please tick)

Herefordshire & Worcestershire STP		Herefordshire Council		Herefordshire CCG	
Worcestershire Acute Hospitals NHS Trust	x	Worcestershire County Council		Worcestershire CCGs	
Worcestershire Health and Care NHS Trust		Wye Valley NHS Trust		Other (please state)	

Name of Lead for Activity	

Details of individuals completing this assessment	**Name**	**Job title**	**e-mail contact**
Date assessment completed	**18/11/2021**		

Section 2

Activity being assessed (e.g. policy/procedure, document, service redesign, policy, strategy etc.)	**Title:** Guidelines for operating on Ear, Nose & Throat (ENT) patients, Children and young people			
What is the aim, purpose and/or intended outcomes of this Activity?	See body of document			
Who will be affected by the development & implementation of this activity?	❑ x❑ ❑ ❑	Service User Patient Carers Visitors	❑ ❑ ❑ ❑	Staff Communities Other _____
Is this:	x❑ Review of an existing activity ❑ New activity ❑ Planning to withdraw or reduce a service, activity or presence?			

What information and evidence have you reviewed to help inform this assessment? (Please name sources, eg demographic information for patients / services / staff groups affected, complaints etc.	See body of document
Summary of engagement or consultation undertaken (e.g. who and how have you engaged with, or why do you believe this is not required)	See body of document
Summary of relevant findings	

Section 3

Please consider the potential impact of this activity (during development & implementation) on each of the equality groups outlined below. **Please tick one or more impact box below for each Equality Group and explain your rationale**. Please note it is possible for the potential impact to be both positive and negative within the same equality group and this should be recorded. Remember to consider the impact on e.g. staff, public, patients, carers etc. in these equality groups.

Equality Group	Potential positive impact	Potential neutral impact	Potential negative impact	Please explain your reasons for any potential positive, neutral or negative impact identified
Age	x			See body of document
Disability				N/A
Gender Reassignment				N/A
Marriage & Civil Partnerships				N/A
Pregnancy & Maternity				N/A
Race including Traveling Communities				N/A
Religion & Belief				N/A
Sex				N/A
Sexual Orientation				N/A
Other Vulnerable and Disadvantaged Groups (e.g. carers;				N/A

Equality Group	Potential positive impact	Potential neutral impact	Potential negative impact	Please explain your reasons for any potential positive, neutral or negative impact identified
care leavers; homeless; Social/Economic deprivation, travelling communities etc.)				
Health Inequalities (any preventable, unfair & unjust differences in health status between groups, populations or individuals that arise from the unequal distribution of social, environmental & economic conditions within societies)				N/A

Section 4

What actions will you take to mitigate any potential negative impacts?	Risk identified	Actions required to reduce / eliminate negative impact	Who will lead on the action?	Timeframe
		.		
How will you monitor these actions?				
When will you review this EIA? (e.g in a service redesign, this EIA should be revisited regularly throughout the design & implementation)				

Section 5 - Please read and agree to the following Equality Statement

1. Equality Statement

1.1. All public bodies have a statutory duty under the Equality Act 2010 to set out arrangements to assess and consult on how their policies and functions impact on the 9 protected characteristics: Age; Disability; Gender Reassignment; Marriage & Civil Partnership; Pregnancy & Maternity; Race; Religion & Belief; Sex; Sexual Orientation

1.2. Our Organisations will challenge discrimination, promote equality, respect human rights, and aims to design and implement services, policies and measures that meet the diverse needs of our service, and population, ensuring that none are placed at a disadvantage over others.

1.3. All staff are expected to deliver services and provide services and care in a manner which respects the individuality of service users, patients, carer's etc, and as such treat them and members of the workforce respectfully, paying due regard to the 9 protected characteristics.

Signature of person completing EIA	
Date signed	18/11/2021
Comments:	Completed on behalf of owner
Signature of person the Leader Person for this activity	
Date signed	
Comments:	

Supporting Document 2 – Financial Impact Assessment

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

	Title of document:	Yes/No
1.	Does the implementation of this document require any additional Capital resources	No
2.	Does the implementation of this document require additional revenue	No
3.	Does the implementation of this document require additional manpower	No
4.	Does the implementation of this document release any manpower costs through a change in practice	No
5.	Are there additional staff training costs associated with implementing this document which cannot be delivered through current training programmes or allocated training times for staff	No
	Other comments:	

If the response to any of the above is yes, please complete a business case and which is signed by your Finance Manager and Directorate Manager for consideration by the Accountable Director before progressing to the relevant committee for approval