

## 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

The consensus of the ENT and anaesthetic departments is that ENT surgery will not normally be performed on children under the age of two for elective surgery and three for unplanned surgery.

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  
Dr Mike McCabe

Consultant ENT Surgeon  
Consultant Anaesthetist

Approved by ENT Clinical Director and Governance Lead on: 18<sup>th</sup> November 2021

Review Date: 18<sup>th</sup> November 2024

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 22 <sup>nd</sup> July 2015	TMC
March 2017	Further extension as per TMC paper approved 22 <sup>nd</sup> 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
13 <sup>th</sup> 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	
6 <sup>th</sup> Jan 2021	Document review date extended by 12 months in line with amendment to Key Document Policy	Mr Lewis
18 <sup>th</sup> November 2021	Document approved for 3 years with no amendments	Mr Lewis/ Mr Daultrey

## 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

#### Summary

The consensus of the ENT and anaesthetic departments is that ENT surgery will not normally be performed on children under the age of two for elective surgery and three for unplanned surgery.

For elective childhood surgery the following criteria also provide a reasonable basis to assess suitability for paediatric surgery within the Trust.

#### Background

ENT surgery is the commonest reason for surgery in childhood. Tonsillectomy, adenoidectomy and grommet insertion comprise the majority of procedures. The majority of children 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 children who are at high risk and should undergo complex respiratory investigation and be referred to a tertiary setting. In 2008 (reviewed 2010) a multidisciplinary consensus guideline was issued by a panel of expert members from the British Association for Paediatric Otorhinolaryngology (BAPO) on behalf of ENT-UK, the Royal Colleges of Anaesthetists and Paediatrics and Child Health and the Association of Paediatric Anaesthetists.

It advises that the following are criteria for referral to tertiary setting:

- Age <2 years
- Weight <15kg
- Failure to thrive (weight <5th centile for age)
- Obesity (BMI >2.5SDS or >99th centile for age and gender)
- Severe cerebral palsy
- Hypotonia or neuromuscular disorders (moderately severely or severely affected)
- Significant craniofacial anomalies
- Mucopolysaccharidosis and syndromes associated with difficult airway
- Significant comorbidity (e.g. congenital heart disease, chronic lung disease. ASA 3 or above) ECG or echocardiographic abnormalities
- Severe OSA (described by polysomnographic indices including Obstructive Index >10, Respiratory Disturbance Index >40, and oxygen saturation nadir <80%)

#### 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.

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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 child under two years old to a tertiary setting.

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

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

**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**

- PJ Robb, S Bew, H Kubba, N Murphy, R Primhak, A-M Rollin, M Tremlett; Tonsillectomy and adenoidectomy in children with sleep-related breathing disorders: consensus statement of a UK multidisciplinary working party; *Ann R Coll Surg Engl* 2009; 91: 371–373

**Contribution List**

**Key individuals involved in developing the document**

Name	Designation
Mr Martin Porter	Consultant ENT Surgeon
Dr Mike McCabe	Consultant Anaesthetist

**Circulated to the following individuals for comments**

Name	Designation
All ENT consultants	
Dr Julian Berlet	Divisional Medical Director - TACO
Dana Picken	Matron - Paediatrics
Dr Shirley Lindsay	Anaesthetic Consultant WRH
Dr Tim Smith	Anaesthetic Consultant Alexandra Hospital
Dr David Whitelock	Anaesthetic Consultant – Clinical Governance Group

**Circulated to the following CDs/Heads of department for comments from their directorates / departments**

Name	Directorate / Department
Mr Graham James	Divisional Medical Director - Surgery
Dr Andrew Short	Divisional Medical Director – Women & Children Division
Dr Karen Kerr	Clinical Director - Anaesthetics

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**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)	

<b>Name of Lead for Activity</b>	
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<b>Details of individuals completing this assessment</b>	<b>Name</b>	<b>Job title</b>	<b>e-mail contact</b>
<b>Date assessment completed</b>	<b>18/11/2021</b>		

**Section 2**

Activity being assessed (e.g. policy/procedure, document, service redesign, policy, strategy etc.)	<b>Title:</b> 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?	<input type="checkbox"/> Service User <input checked="" type="checkbox"/> Patient <input type="checkbox"/> Carers <input type="checkbox"/> Visitors	<input type="checkbox"/> Staff <input type="checkbox"/> Communities <input type="checkbox"/> Other _____	

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Is this:	<input checked="" type="checkbox"/> Review of an existing activity <input type="checkbox"/> New activity <input type="checkbox"/> 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

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Equality Group	Potential <u>positive</u> impact	Potential <u>neutral</u> impact	Potential <u>negative</u> impact	Please explain your reasons for any potential positive, neutral or negative impact identified
<b>Other Vulnerable and Disadvantaged Groups</b> (e.g. carers; care leavers; homeless; Social/Economic deprivation, travelling communities etc.)				N/A
<b>Health Inequalities</b> (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
<b>How will you monitor these actions?</b>				
<b>When will you review this EIA?</b> (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.

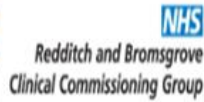
1.3. All staff are expected to deliver services and provide services and care in a manner which respects the individuality of service users, patients, carer’s etc, and as such treat



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them and members of the workforce respectfully, paying due regard to the 9 protected characteristics.

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



**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.

	<b>Title of document:</b>	<b>Yes/No</b>
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