

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 Directorate meeting on:

13th June 2018

Approved by Dr J Berlet on behalf of Anaesthetic Directorate:

25th April 2014

Approved by Paediatric Surgery & Care of the Critically Ill
Child Group on:

28th March 2014

Review Date:

13th December 2020

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 nd July 2015	TMC
March 2017	Further extension as per TMC paper approved 22 nd 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 th 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	

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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.

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Contribution List

Key individuals involved in developing the document

Name	Designation
Mr Martin Porter	Consultant ENT Surgeon
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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 attached to key document when submitted to the appropriate committee for consideration and approval.

		Yes/No	Comments
1.	Does the policy/guidance affect one group less or more favourably than another on the basis of:		
	• Race	No	
	• Ethnic origins (including gypsies and travellers)	No	
	• Nationality	No	
	• Gender	No	
	• Transgender	No	
	• Religion or belief	No	
	• Sexual orientation including lesbian, gay and bisexual people	No	
	• Age	Yes	As detailed in guideline
	• Disability - learning disabilities, physical disability, sensory impairment & mental health problems	No	
2.	Is there any evidence that some groups are affected differently?	No	
3.	If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?	n/a	
4.	Is the impact of the policy/guidance likely to be negative?	No	
5.	If so can the impact be avoided?	-	
6.	What alternatives are there to achieving the policy/guidance without the impact?	-	
7.	Can we reduce the impact by taking different action?	-	

If you have identified a potential discriminatory impact of this key document, please refer it to Human Resources, together with any suggestions as to the action required to avoid/reduce this impact.

For advice in respect of answering the above questions, please contact Human Resources.

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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