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PRESS RELEASE

NICE issues interim guidance for NHS surgeons and the public on the use of diathermy in tonsillectomy

The National Institute for Clinical Excellence (NICE) has been asked by the Chief Medical Officers of England, Scotland and Northern Ireland to review urgently certain types of operation to remove the tonsils ('tonsillectomies'). In response, NICE has issued interim guidance on tonsillectomies that involve diathermy, and the Institute will go on to develop definitive guidance on this topic. NICE has also been asked to develop guidance on the best technique for reducing any possible risks of variant Creutzfeldt-Jakob Disease (vCJD) transmission whilst ensuring that tonsillectomies are as safe as possible.

NICE's urgent review of diathermy in tonsillectomy – where a high-frequency electrical current is passed through an area of the body to produce heat that can remove the tonsils and/or heat and seal up the area where the tonsils have been removed – follows an interim analysis of the results of the National Prospective Tonsillectomy Audit which was carried out in England and Northern Ireland.

The initial results suggest that patients who have tonsillectomies that involve using heat are more likely to have bleeding (haemorrhage) after the operation – requiring readmission to hospital and return to theatre – than patients who are operated on without heat (the 'cold steel' technique). It is because of these early results that the Institute has issued interim guidance, and recommendations include:

- Surgeons who use diathermy in tonsillectomies should consider changing the way they operate so they use the least possible diathermy, especially where they would normally use diathermy to remove the tonsils and to seal the blood vessels.

- Surgeons should consider operating with surgical instruments that can be reused rather than the disposable ones currently available.
- Surgeons should continue to collect information about patients who have tonsillectomies (provided that the patient agrees) and to send it to the National Prospective Tonsillectomy Audit.

Professor Bruce Campbell, consultant surgeon and Chair of the Interventional Procedures Advisory Committee at NICE, said: “The guidance NICE is issuing today means that surgeons are fully informed about the risks associated with doing tonsillectomy in different ways, so they can make sure they are providing their patients with the best possible care. If children and adults who are considering having their tonsils out – or their parents or carers – have any concerns or questions about this operation they should discuss them with their surgeon or another health professional responsible for their care.”

Andrew Dillon, Chief Executive of NICE said: “NICE has issued interim guidance as a sensible precaution until the full benefits and risks of these procedures have been assessed. We will follow up with a full review and issue definitive guidance as soon as it is complete.”

Full details of the timescales for developing guidance on the use of diathermy in tonsillectomy and the best technique for reducing any possible risks of variant Creutzfeldt-Jakob Disease (vCJD) transmission will be published on the NICE website at www.nice.org.uk/ip once they become available.

Ends

For more information call Fraser Woodward on 020 7067 5905/07879 846787 or Louise Fish on 020 7067 5902/07786 390101

Notes to Editors

About this guidance

1. A Question and Answer document on this topic is available from the NICE press office.
2. Previous guidance issued by the Medical Devices Agency (now Medical Healthcare products Regulatory Agency) in October 2001, and the Deputy Chief Medical Officer of the Department of Health in December 2001, drew attention to complications with single use diathermy instruments used in tonsil and adenoid surgery. As a result the guidance asked that single use diathermy should not be used for tonsil and adenoid surgery.

About interventional procedures

3. NICE has assumed responsibility for developing guidance about whether interventional procedures used for diagnosis or treatment are safe enough and work well enough for routine use.
4. An interventional procedure is a procedure used for diagnosis or treatment that involves one of the following:
 - making a cut or a hole to gain access to the inside of a patient's body – for example, when carrying out an operation or inserting a tube into a blood vessel

- gaining access to a body cavity (such as the digestive system, lungs, womb or bladder) without cutting into the body – for example, examining or carrying out treatment on the inside of the stomach using an instrument inserted via the mouth
 - using electromagnetic energy (which includes X-rays, lasers, gamma-rays and ultraviolet light) or ultrasound – for example, using a laser to treat eye problems.
5. NICE guidance on interventional procedures is developed by an independent advisory committee made up of professionals working in the NHS and people who are familiar with the issues affecting patients and carers. Further information about the process that the committee follows when developing guidance can be accessed by visiting the NICE web site at <http://www.nice.org.uk/docref.asp?d=57369>.
 6. Although many of the procedures the programme investigates are new, NICE also scrutinises more established procedures where there is uncertainty about patient safety and efficacy.

About NICE

NICE is part of the NHS. It is the independent organisation responsible for providing national guidance on treatments and care for those using the NHS in England and Wales. Its guidance is for healthcare professionals and patients and their carers to help them make decisions about treatment and healthcare. For further information about NICE you can visit www.nice.org.uk.

7. NICE produces guidance in three areas of health:
 - the use of new and existing medicines and treatments within the NHS in England and Wales – technology appraisals
 - the appropriate treatment and care of patients with specific diseases and conditions within the NHS in England and Wales – clinical guidelines.
 - whether interventional procedures used for diagnosis or treatment are safe enough and work well enough for routine use – interventional procedures.
8. NICE also funds three enquiries that undertake research into the way patients are treated to identify ways of improving the quality of care (the investigations are known as confidential enquiries).
9. NICE guidance and recommendations are prepared by independent groups that include professionals working in the NHS and people who are familiar with the issues affecting patients and carers.