[CCG LOGO]

PARTIALLY EXCLUDED POLICY – PE119
TREATMENT FOR SOFT-PALATE SNORING

Policy author:	Ipswich and East Suffolk CCG & West Suffolk CCG with support from Public Health Suffolk
Policy start date:	December 2006
Subsequent review dates:	March 2009 March2001 June 2014 April 2017
Next review date:	April 2020

1. Policy Summary

1.1 Laser-assisted uvulopalatoplasty, radiofrequency ablation and soft-palate implants for soft-palate snoring should not be commissioned. Funding requests are considered, if there are exceptional circumstances, by the CCGs Individual Funding Request (IFR) Panel. This partially excluded policy offers some guidance to the referring clinician and the IFR Panel when considering such requests.

1.2 This policy does not apply to patients suffering from obstructive sleep apnoea/ hypopnoea syndrome (OSA/HS).

2. Background to the Procedure

2.1 Snoring is a noisy inspiratory sound produced by vibrations of the soft-palate and partial obstruction in the oropharynx during sleep[1]. It is estimated that up to 40% of the population snore[2]. Habitual snoring is not a trivial complaint and can cause disrupted sleep leading to daytime tiredness, poor concentration and also domestic disruption if a bed-partner is affected. Conservative management involves lifestyle changes such as weight loss, avoidance of alcohol and sedatives, smoking cessation and sleep position training[1].

2.2 If conservative management fails, oral devices (such as mandibular advancement devices) may be used. Alternatively, surgical intervention may be considered in appropriately selected patients suffering from significant lifestyle and/or domestic disruption. Standard palatal surgery (uvulopalatopharyngoplasty) involves resection of the free edge of the uvula and soft palate to increase the area of the retro-palatal airway; this is often combined with tonsillectomy[3]. More recently-developed procedures include laser-assisted uvulopalatoplasty (LAUP), radiofrequency ablation (RFA), soft-palate implants, injection snoreplasty (injection of sclerosant into the soft palate) and cautery-assisted palatal stiffening. These procedures aim to prevent pharyngeal obstruction and reduce palatal flutter.

2.3 In LAUP a central strip of palatal mucosa is removed with a laser, producing fibrosis and a stiffening of the soft-palate[1]. RFA delivers radiofrequency energy to the soft-palate via an

electrode; this results in a reduction in palatal tissue volume and in improvement in the texture of the remaining soft-palate[1]. Soft-palate implants are inserted into the muscle layer of the soft-palate with a hollow needle. Two or three implants are inserted at a time with the aim of stiffening the soft-palate over subsequent weeks as a result of fibrosis[4].

3. Rationale Behind Policy Decision

3.1 Although there is some evidence to suggest a similar short-term clinical efficacy with LAUP, RFA or soft-palate implants when compared with standard surgical management, there remains a lack of evidence on the complications and the long-term outcomes of these procedures [1,4-6.] NICE Interventional Procedure Guideline (IPG) 476 concluded that evidence on the short-term efficacy of the procedure is adequate, although uncertainties remain about its efficacy in the longer term. Therefore, this procedure may be used with normal arrangements for clinical governance, consent, and audit. It is emphasized that providers inform patients of the uncertainty in the long term outcomes and benefits from this procedure. [1,4.]

4. Policy Procedure Guidance to CCG

4.1 In exceptional circumstances and after special consideration through the IFR process, the CCG may allow a referral for treatment for soft-palate snoring to proceed. These exceptional circumstances should be primarily clinical e.g.

a) There is a significant likelihood that the individual will gain much higher than average benefit from the treatment

b) There would be additional benefit to the system through the avoidance of social care

c) There is a high likelihood that severe psychosocial dysfunction may be alleviated (Issues around personal circumstances or concepts of `worth' to society should be avoided.)

4.2 <u>Additional Information</u>

a) Patients complaining of simple snoring should be counselled without referral to secondary care. Advice should be given on the following lifestyle changes where appropriate:

- Weight reduction if BMI is above 30
- 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).
- Using Ear plugs whilst asleep.
- 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. This patient must be advised that this device is not funded by the NHS.

5. Glossary

Apnoea	The cessation of breathing
Fibrosis	The formation of fibrous scar tissue often due to trauma, infection or deficient blood supply
Hard-palate, soft-palate and palatal mucosa:	The palate is the partition between the cavity of the mouth and that of the nose above. It consists of the “hard-palate” towards the front, which is composed of a bony plate, and the “soft-palate” further back, which is composed of nine small muscles. Mucosa means mucous membrane. Both the hard- and soft-palate are covered by the mucous membrane of the mouth.
Laser assisted uvuloplatoplasty (LAUP):	Enlarging the area of the oropharynx by using a laser to remove the free edge of the uvula and soft palate.
Uvulopalatopharyngoplasty (UPPP):	Enlarging the potential area in the oropharynx by removal of tissue from the uvula, soft palate, tonsils, adenoids.
Oropharynx:	Area in the throat behind the oral cavity
Radio-frequency ablation of soft palate:	Needle puncturing of the soft palate and additional application of radiofrequency energy to each puncture site, with the aim of stiffening it through subsequent fibrosis

6. References

1. National Institute for Health and Clinical Excellence. Radiofrequency ablation of the soft palate for snoring (IPG476). January 2014. Available from: http://guidance.nice.org.uk/IPG476 (accessed on 22/12/2016).
2. Parker RJ, Hardinge M, Jeffries C. Primary care 10-minute consultation: Snoring. BMJ. 2005; 331:1063.
3. Bridgman S A *et al*. Surgery for Obstructive Sleep Apnoea (Cochrane Review). In: *The Cochrane Library,* Issue 2, 2000. Oxford: Update Software. Available from: http://www.update-software.com/abstracts/ab001004.htm (22/12/2016).
4. National Institute for Health and Clinical Excellence. Soft-palate implants for simple snoring (IPG241). November 2007. Available from: http://www.nice.org.uk/Guidance/IPG240 (accessed on 22/12/2016).
5. Han S, Kern R. Laser-assisted uvulopalatoplasty in the management of snoring and obstructive sleep apnea syndrome. Minerva Med. 2004; 95(4):337-45.
6. Madani M. Complications of laser-assisted uvulopalatopharyngoplasty (LA-UPPP) and radiofrequency treatments of snoring and chronic nasal congestion: a 10-year review of 5,600 patients. J Oral Maxillofac Surg. 2004; 62(11):1351-62.