

Surgical Intervention for Snoring

Commissioning decision

Surgical intervention for snoring is considered a low priority for funding and will only be considered in exceptional circumstances. Funding approval must be sought from the ICB via the Individual Funding Request process prior to treatment.

Policy Statement:

Surgical intervention for simple snoring including radiofrequency ablation or laser treatment of the soft palate and soft palate implants is not normally funded by the ICB.

Patient complaining of simple snoring should be assessed on the Epworth Sleepiness Scale and where appropriate counselled without referral to secondary care. Advice should be given on the following lifestyle changes where appropriate:

- Weight reduction if above recommended BMI
- To stop smoking (offer to refer to smoking cessation services)
- Reduce or stop evening alcohol intake
- Keeping the nasal airway clear
- Obtaining a mandibular advancement device to be worn at night from their orthodontist. (NB: The patient must be informed that this device is not funded by the NHS.)

Referrals/applications should include evidence that, where necessary, advice and signposting to support, such as Healthy Lifestyles Gloucestershire www.hlsqlos.org, has been provided regarding lifestyle changes to improve outcomes.

Rationale:

There is no evidence to support funding for surgery for snoring where sleep apnoea is not implicated.

Gloucestershire ICB's policy is consistent with the EBI Academy of Medical Royal College's Evidence Based Interventions (EBI) guidance.

Plain English Summary:

Snoring is the sound produced during sleep by the vibration of the soft tissues in the upper airway, including the nose and throat. It typically happens when a breath is drawn in but may also occur when breathing out. Snoring occurs occasionally in nearly everyone, yet many people snore chronically. In people 30 to 60 years old, 44 percent of men and 28 percent of women habitually snore.

Simple snoring can be reduced through lifestyle changes, such as losing weight, giving up smoking, and drinking less alcohol particularly in the few hours before you go to bed.

Surgical treatment of simple snoring (where snoring is not complicated by episodes of breathing cessation) is not normally available on the NHS as it is not suitable in most cases of simple snoring, and where it may be suitable is considered to have low clinical value.

If your doctor believes that you have exceptional circumstances, they can submit an Individual Funding Request application to the ICB in order to seek funding approval for your surgery. The ICB will review your case and if we agree that your circumstances are exceptional, we will authorise funding.

Policy Category:**INNF****Who usually applies for funding?****GP/Consultant****Evidence base:**

Gloucestershire ICB's policy is consistent with the EBI Academy of Medical Royal College's Evidence Based Interventions (EBI) guidance. [Snoring surgery \(in the absence of obstructive sleep apnoea\) - EBI \(aomrc.org.uk\)](#)

Main C, Liu Z, Welch K, Weiner G, Jones SQ, Stein K. Surgical procedures and non-surgical devices for the management of non-apnoeic snoring: a systematic review of clinical effects and associated treatment costs. Health Technol Assess 2009;13(3). <http://www.hta.ac.uk/fullmono/mon1303.pdf>

Jones TM et al. Acoustic analysis of snoring before and after palatal surgery. ERJ June 1, 2005 vol. 25 no. 6 1044-1049.

Franklin KA et al. Effects and side-effects of surgery for snoring and obstructive sleep apnoea--a systematic review. Sleep, 2009 Jan 1;32(1):27-36.

Similarity to other local IFR policies – Bristol, Bath and Northeast Somerset, and South Gloucestershire.

For further information please contact GLICB.IFR@nhs.net

Date of publication	1 st August 2015
Policy review date	March 2026

Policy sign off

Reviewing Body	Date of review
Effective Clinical Commissioning Policy Group	8 th November 2016
Integrated Governance and Quality Committee	18 th June 2015

Version Control

Version No	Type of Change	Date	Description of Change
2	Review date	Jan 20	Review date changed to January 2023
3	Review date Minor wording added EBI link	21.03.23	Review date changed to March 2026 EBI wording added under Rationale Link to EBI Guidance inserted under Evidence base.