Surgical and Non-Surgical Treatments for Snoring

<table>
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<tr>
<th>Date</th>
<th>May 2018</th>
<th>Date of Last Review:</th>
<th>Static Status (This policy applies indefinitely, unless or until new evidence likely to have a material effect on the policy becomes available.)</th>
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<td>Policy:</td>
<td>Surgery for snoring (including uvulopalatopharyngoplasty (UPPP), laser-assisted uvulopalatoplasty (LAUP), soft palate implants and radiofrequency ablation) is not funded by the CCG. Non-surgical treatments for snoring, such as oral appliances, are not funded by the CCG (these are available over the counter).</td>
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<td>This intervention is considered of low priority and will only be commissioned by the NHS on an individual case basis. Clinicians need to apply to the exceptional cases panel for approval of funding. (Funding request form available <a href="#">here</a>).</td>
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<td>It is the responsibility of referring and treating clinicians to ensure compliance with this policy.</td>
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**Definition:** Snoring is primarily due to vibration of the soft palate, but it can also originate from the supraglottis, tonsils or tongue. There are several proposed treatments. Surgical procedures, such as uvulopalatopharyngoplasty (UPPP) and laser-assisted uvulopalatoplasty (LAUP), aim to enlarge the airspace in the oropharynx by removing or trimming tissue. Other surgical procedures, such as soft palate implants and radiofrequency ablation, aim to reduce snoring by scarring the soft palate to cause fibrosis and stiffening of the palate. Oral appliances aim to reduce snoring by either advancing the lower jaw forward or by holding the mouth open, to widen the upper airway during sleep.

**Note:** This policy does not apply to patients suffering from obstructive sleep apnoea/hypopnoea syndrome (OSAHS).

**Estimated numbers of people affected:** It is estimated that 40% of the population snore.

**Resource implications:** This policy is likely to result in a reduction of surgery for this condition across Cambridgeshire and Peterborough and may, therefore, lead to cost saving.

**Health benefits:** Randomised controlled trial (RCT) evidence is inconclusive for the effectiveness of UPPP and LAUP for snoring and there is no robust evidence for the use of soft palate implants. There is evidence from a small RCT that radiofrequency ablation reduced snoring frequency but few patients had their symptoms resolved. RCTs have shown that oral appliances can reduce snoring frequency and intensity.

**Risks:** Surgery is associated with some risk of morbidity. Oral appliances may result in patient discomfort.

**Priority:** The potential gains of surgery are uncertain and, since the condition is not severe, they do not justify the costs and risks involved. Oral appliances are likely to be of benefit, but these are available for patients to buy over the counter.
Glossary

Fibrosis: The formation of scar tissue.

Laser assisted uvulopalatoplasty (LAUP): Enlarging the area of the oropharynx by using a laser to remove the free edge of the uvula and soft palate.

Obstructive sleep apnoea/hypopnoea syndrome (OSAHS): A condition where, during sleep, the upper airway collapses intermittently and repeatedly resulting in poor sleep quality and daytime sleepiness.

Oropharynx: Area in the throat behind the oral cavity.

Soft palate implantation: Needle puncturing of the soft palate, with the aim of stiffening it through subsequent fibrosis.

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.

Uvulopalatopharyngoplasty (UPPP): Enlarging the potential area in the oropharynx by removal of tissue from the uvula, soft palate, tonsils, adenoids or pharynx.

References:


