Policy for the Treatment of Snoring with Uvulopalato, Uvulopalatopharyngoplasty, Palate Implants and Radiofrequency Ablation of Soft Palate.
The CCG policy has been reviewed and developed by the Treatment Policies Clinical Development Group in line with the group's guiding principles which are:

1. CCG Commissioners require clear evidence of clinical effectiveness before NHS resources are invested in the treatment;
2. CCG Commissioners require clear evidence of cost effectiveness before NHS resources are invested in the treatment;
3. The cost of the treatment for this patient and others within any anticipated cohort is a relevant factor;
4. CCG Commissioners will consider the extent to which the individual or patient group will gain a benefit from the treatment;
5. CCG Commissioners will balance the needs of each individual against the benefit which could be gained by alternative investment possibilities to meet the needs of the community;
6. CCG Commissioners will consider all relevant national standards and take into account all proper and authoritative guidance;
7. Where a treatment is approved CCG Commissioners will respect patient choice as to where a treatment is delivered; AND
8. All policy decisions are considered within the wider constraints of the CCG’s legally responsibility to remain fiscally responsible.
Category: Not Routinely Commissioned

The 5 procedures outlined below, which may be used to treat snoring are Not Routinely Commissioned due to the poor success rates or the lack of long-term data regarding the efficacy of these procedures.

Snoring

Snoring is caused by the tongue, mouth, throat, or airways in the nose, vibrating, as the patient breathes. It happens because these parts of the body relax and narrow when the patient is asleep.

There are five basic surgical procedures:

- **Uvulopalatopharyngoplasty (UPPP)**
- **Laser-assisted uvulopalatoplasty (LAUP)**
- **Palatal stiffening operations (CAPSO)**
- **Palate Implants**
- **Radio-frequency ablation (Somnoplasty)**

**Uvulopalatopharyngoplasty (UPPP)**

UPPP usually involves removing the uvula and pharyngeal arches, partial removal of the soft palate and sometimes the tonsils. This procedure is performed under general anaesthetic. Research indicates that UPPP is often complicated by severe post-operative pain. Additionally, there may be some long-term complications such as nasopharyngeal regurgitation, persistent palatal dryness, long-term voice changes and a partial loss of taste. UPPP is the only procedure that increases the width of the oropharynx. It has been shown that this could be useful in patients who palatal obstruction is caused by the side walls collapsing against each other.

**Laser-Assisted Uvulopalatoplasty (LAUP)**

LAUP is performed under local or general anaesthetic and is considered to be a safer, more economical and a more comfortable alternative to UPPP. It involves vaporising the free edge of the soft palate and uvula using a laser. Unlike UPPP, LAUP can be repeated in order to obtain the desired effect. The number of procedures needed varies with some patients requiring up to four sessions. The tonsils are not removed with this procedure. Although laser surgery is associated with fewer complications than UPPP, post-operative pain is still reported as being severe.

Because of the severe post-operative pain LAUP negatively affects the patient compliance and unlike UPPP patients who undergo the procedure only once, LAUP patients often have to undergo the post-operative severe pain several times. As with UPPP the success rate from this type of surgery is not high and research indicates that 2 years after the surgery only 55% if patients report that their bed partner is satisfied with the outcome. One disadvantage of LAUP is that it is difficult to perform on patients who have a strong gag reflex.
Palatal Stiffening (CAPSO)

CAPSO or electrical cautery, burns the palate causing fibrosis and consequent stiffening of the soft palate. It is also used a means to remove a longitudinal strip of mucosa along the soft palate or uvula. This procedure is performed during a single out-patient visit under local anaesthetic. Because this procedure is less invasive than UPPP or LAUP there are generally fewer complications, however post-operative pain is similar to the other surgical methods. Data now available shows that the short-term efficacy is also similar to that of UPPP and LAUP. As with LAUP, CAPSO can be repeated until the desired effect on the snoring is gained.

Soft Palate Implants

Under local anaesthesia, a hollow introducer needle containing the implant is used to pierce the soft palate close to the junction with the hard palate, into its muscle layer. The needle is then withdrawn, leaving the implant in position. Mirror examination or nasal endoscopy may be used to check that the implant has not penetrated the nasal surface of the soft palate. Typically, two or three implants are inserted in a single procedure, at the midline of the soft palate or parallel to it. The aim of the procedure is to stiffen the soft palate over subsequent weeks as a result of fibrosis. The implants may be removed with forceps if necessary.

NICE reviewed this procedure in 2007 and published the following guidance: Current evidence on soft-palate implants for simple snoring raises no major safety concerns. However, the evidence on efficacy is based on small case series only and there is a lack of well-controlled and comparative data. Therefore, this procedure should only be used in the context of research.

Radio-Frequency Ablation (Somnoplasty)

Radiofrequency ablation aims to stiffen the soft palate. It may be combined with other techniques (such as removal of the uvula or tonsillectomy) to reduce airflow obstruction and vibration in the airway.

The procedure is usually done using local anaesthesia in outpatients. An electrode delivery device is introduced into the mouth and directed upwards towards the soft palate. A needle tip makes a series of very shallow punctures in the underlying muscle. Radiofrequency energy is delivered at each puncture site, commonly in the mid-portion of the palate from the uvular base to the posterior nasal spine. Alternatively, 2 lateral applications can be given at a lower energy setting and to several areas on either side. The intention is to scar and tighten the soft palate. If necessary, the procedure can be repeated several weeks later: it is often carried out 2 or 3 times.

In 2014 NICE published the following guidance on the use of Radio-Frequency Ablation:

- short-term efficacy of the procedure is adequate, although uncertainties remain about its efficacy in the longer term. NICE encourages further research into radiofrequency ablation of the soft palate for snoring.
Eligibility Criteria:

UPPP, LAUP, CAPSO, Radio-frequency Ablation & Soft palate Implants Are **Not Routinely Commissioned** due to the poor success rates or the lack of long-term data regarding the efficacy of these procedures. This means **(for patients who DO NOT meet the above criteria)** the CCG will **only** fund the treatment if an Individual Funding Request (IFR) application proves exceptional clinical need and that is supported by the CCG.

Guidance:


British Snoring and Sleep Apnoea Association. (2017) [http://www.britishsnoring.co.uk/](http://www.britishsnoring.co.uk/)

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