LOW PRIORITY PROCEDURE - Policy PE1
Treatment for Soft-palate Snoring

Policy author: Ipswich and East & West Suffolk CCG
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Policy summary
Laser-assisted uvulopalatoplasty, radiofrequency ablation and soft-palate implants for snoring will not be routinely funded. 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.

Background to the condition and treatment
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\(^1\).

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.

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. 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.

**Rationale behind the policy decision**

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. NICE published 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.

**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.

**References**