

Dear Colleague

## **ADENOTONSILLAR SURGICAL PROCEDURES: REVISION OF ADVICE ON SINGLE USE VS REUSABLE INSTRUMENTS**

### **Introduction**

1. The purpose of this letter is to provide an update on advice in relation to single use vs reusable instruments used in adenotonsillar surgery. This is in relation to vCJD risk.

2. A CMO letter providing advice on this subject was issued on 8 July 2003<sup>1</sup>. Recent developments have made it necessary to revise and update the advice provided in that letter on the single use vs reusable instruments used in adenotonsillar surgery. We would suggest this advice is implemented within 6 months of the date of this letter or as soon as practicably possible.

### **Revised Advice**

3. The new advice is as follows:

- Single use instruments should continue to be used for routine tonsillectomy for adults (i.e. individuals born before 1997; latest birthday 31/12/1996)
- Reusable instruments should now be used for routine tonsillectomy for children (i.e. individuals born after 1996; birthdays from 1/1/1997)

4. The following paragraphs provide justification for this updated advice, and references for further information are appended.

**From the Acting Chief Medical Officer**  
**Dr Aileen Keel CBE**

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### **Addresses**

#### **For action**

Chief Executives, NHS Boards  
Medical Directors, NHS Boards and Private Hospitals  
Clinical Directors, NHS Boards and Private Hospitals  
Nursing Directors, NHS Boards and Private Hospitals  
Directors of Public Health, NHS Boards  
Consultants in Public Health Medicine (CD&EH)

#### **For information**

Health Protection Scotland  
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### **Further Enquiries**

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<sup>1</sup> <http://www.sehd.scot.nhs.uk/publications/DC20030708Adeno.pdf>

## Justification for the revised advice

5. In making these changes the follow risks were considered:

- **Operative risks** of using single use vs reusable instruments are felt by Ear Nose and Throat Surgery Scotland (ENTS) to be higher in children and adults. In children there is an increased risk of accidental/iatrogenic damage to teeth and of accidental extubation, the latter particularly in under 2s; in adults the main complication is haemorrhage which is around 4-10%. It is perceived by ENT surgeons that operative risks will be reduced with reusable instruments.
- **vCJD risk in those born before 1997** is not felt to have changed since the original decision in 2003. This is supported by: (1) the Appendix 2 Study which shows a 1:2000 prevalence of prion in appendices removed between 2000-2012; and (2) the National Prospective Tonsillectomy Audit (NATA) survey of tonsils<sup>2</sup> which although detected no instances of abnormal prion, due to the sample size and 95% confidence intervals, cannot be interpreted as an indication of zero prevalence or no risk; this especially given that data are limited regarding the timing of the appearance of abnormal prion protein in peripheral tissues during the incubation period.

It is therefore considered that in this cohort, reusable instruments pose an unacceptable risk for transfer of prions to other patients through surgery, or, to other instruments through decontamination in the general pool.

- **vCJD risk in those born after 1996**, after which date the various measures put in place to protect the food-chain were considered effective, should be much lower.

It is therefore considered that in this cohort, reusable instruments are acceptable as there is a very low risk for transfer of prions to other patients through surgery or to other instruments through decontamination in the general pool<sup>4,9</sup>.

5. The revised approach was based on the balance between operative risk and vCJD risk. In the cohort born before 1997, the vCJD risk of using reusable instruments outweighs the benefit from reduced operative risk and thus single use instruments continue to be recommended. In the cohort born after 1996, the vCJD risk is very low, and so the operative risk of using single use instruments outweighs the vCJD risk of reusable decontaminated in the general pool, and thus reusable instruments are now recommended.

6. This approach retains the lowest overall vCJD risk while reducing operative risk to children (the most vulnerable group). In addition, this approach provides an opportunity for review in 5 or 10 years when the group born after 1997 will have extended to include many young/middle-aged adults. At that point the policy could be revisited to consider allowing reusable instruments in this group.

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<sup>2</sup> <http://www.rcseng.ac.uk/surgeons/research/surgical-research/docs/National%20Prospective%20Tonsillectomy%20Audit%20Final%20Report%202005.pdf>),

7. The revised advice pertains only to single use vs reusable adenotonsillectomy instruments. All other advice remains unchanged.

Yours sincerely

*Aileen Keel*

**DR AILEEN KEEL CBE**

## References

1. The Clinical Governance & Audit Committee of the Scottish Otolaryngological Society (ENT Scotland). June 2014
2. The National Prospective Tonsillectomy Audit. May 2005.  
<http://www.rcseng.ac.uk/surgeons/research/surgical-research/docs/National%20Prospective%20Tonsillectomy%20Audit%20Final%20Report%202005.pdf>
3. The Welsh National Tonsillectomy Audit. Ref 196 p14
4. The NICE Guidance on Interventional Procedures 196. Nov 2006  
<http://www.nice.org.uk/guidance/ipg196>
5. ACDP Guidance - Transmissible Spongiform Encephalopathy Agents: Safe Working and the Prevention of Infection. June 2003 updated: January 2014  
<https://www.gov.uk/government/publications/guidance-from-the-acdp-tse-risk-management-subgroup-formerly-tse-working-group>  
  
Annex M: Managing vCJD Risk in General Surgery and Liver Transplantation  
Part 4: Infection prevention and control ..etc in healthcare and community settings
6. CMO letter July 2002  
<http://www.sehd.scot.nhs.uk/publications/DC20020215TonsilAden.pdf>
7. CMO letter July 2003  
<http://www.sehd.scot.nhs.uk/publications/DC20030708Adeno.pdf>
8. The appendix 2 study (BMJ 2013). <http://www.bmj.com/content/347/bmj.f5675>
9. Risk Assessment for the Transmission of vCJD via Surgical Instruments (DH 2001)