



**PROPOSED REVIEW OF SIGN GUIDELINE 2005
CONSULTATION FORM**

Title of guideline	SIGN 34: Management of sore throat and indications for tonsillectomy
Date of publication	1999
SIGN scoping search – sources	<p>MeSH headings for the condition specified, plus any common variations as free text</p> <p>Sources: Guidelines: NICE; National Library for Health guidelines finder; National Guidelines Clearinghouse; GIN Web site. Technology appraisals: NICE; UK HTA database (Southampton); INAHTA database. Cochrane reviews: Cochrane library. Other good quality systematic reviews: UK HTA database (Southampton); DARE. Individual studies: Embase and Medline. Date of publication - 2005.</p>
SIGN scoping search - summary	<p>Guidelines – 6 HTAs – 2 Cochrane reviews – 7 Other good quality systematic reviews – 4 Individual RCTs – 0 major studies in last 2 years</p>
Other guidelines/HTAs	<ul style="list-style-type: none"> ▪ Bisno AL, Gerber MA, Gwaltney JM, Kaplan EL, Schwartz RH. Practice guidelines for the diagnosis and management of group A streptococcal pharyngitis. Clin Infect Dis 2002 Jul 15;35(2):113-25. ▪ Duodecim. Sore throat and tonsillitis. Helsinki, Finland: Medical Publications Ltd; 2003 ▪ Duodecim. Sore throat and tonsillitis. Helsinki, Finland: Medical Publications Ltd; 2003 ▪ Guidelines and Protocols Advisory Committee (BC), Canada Diagnosis and management of sore throat, 01 Sept 2000, (Reviewed : Mar 2003), ▪ Institute for Clinical Systems Improvement (ICSI). Acute pharyngitis. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2003 May ▪ Royal College of Paediatrics and Child Health, UK, Guidelines for Good Practice -Management of Acute and Recurring Sore Throat and Indications for Tonsillectomy, December 2000 ▪ National Institute for Clinical Excellence. Coblation tonsillectomy, information for people considering the procedure, and for the public. London:NICE;2003. (IPG0009) ▪ National Institute for Clinical Excellence. NICE's interim guidance on the use of diathermy in tonsillectomy - Information for patients and the public. 2004.
<p>Main conclusions from new evidence</p> <p><i>current guideline content given in italics</i></p>	<ul style="list-style-type: none"> ▪ NSAIDs do not significantly increase bleeding and decrease nausea and vomiting. <i>Guideline recommends that NSAIDs are not used because of the increased risk of bleeding and nausea and vomiting..</i> ▪ Antibiotics are of limited use for most people with sore throats. <i>Guideline states insufficient evidence for routine use of antibiotics in acute sore throat, recurrent non streptococcal sore throat and recommends that antibiotics should not be used for prevention of complications (C) or sequelae (B) or for symptom relief (A)</i> ▪ Local anaesthesia may not reduce postoperative pain. <i>Not discussed in guideline.</i> ▪ Intraoperative corticosteroids can prevent postoperative vomiting. <i>Not discussed in guideline.</i> ▪ GABHS tonsillopharyngitis is more successful with cephalosporin than penicillin. <i>Treatment of bacterial sore tonsillitis not discussed specifically.</i>

New areas that could be added to the guideline	<ul style="list-style-type: none"> ▪ none
Summary of the recommendations that could be updated	<ul style="list-style-type: none"> ▪ Use of NSAIDs in pain relief. ▪ May be possible to make recommendations against the use of antibiotics.
Results of consultation	
Contributions from:	<ul style="list-style-type: none"> ▪ Consultant ENT surgeon x2 ▪ General practitioner x 2 ▪ Consultant otolaryngologist ▪ Consultant anaesthetist
1(a) Is there still a requirement for an evidence-based guideline on this topic?	
Yes -4	
1(b) If no, should the guideline be withdrawn?	
2(a) Based on the information given above, and your own clinical judgement, does the guideline require revision in the light of new evidence? <i>Please give details.</i>	
<p>No -2 Most significant is the issue of the safe use of non steroidal. Limited value of review for such a relatively modest issue.</p> <p>Yes-4</p> <ul style="list-style-type: none"> ▪ Strengthen recommendation not to use antibiotics in routine management of sore throat. I would suggest re-wording it 'Antibiotics should not be routinely used in acute sore throat' or 'there is no evidence to support a recommendation on the routine use of antibiotics in acute sore throat'. ▪ I think it would be timely to incorporate the new evidence as outlined in the summary above ▪ Yes, there appear to be several areas that could be covered in a review as well as the evidence on NSAIDs. It is important that the guideline is kept right up to date because of the burden of disease. Could be a living guideline? ▪ Yes, the whole magnitude and quality of the new literature available suggest to me that the whole guideline needs reviewed. 	
2(b) Do you agree with the assessment of the impact of the new evidence and its likely effect on recommendations?	
Yes - 4	
3 Please list any additions to the remit of the guideline that you think would be beneficial	
4 Please tick your preferred option for reviewing this guideline	
a. there is no new evidence that will affect existing recommendations and the guideline should not be reviewed at this time	1
b. some recommendations will change in the light of the new evidence and selected elements of the guideline should be reviewed	4
c. the entire guideline should be reviewed	1