

Evidence Based Intervention

Nasal Surgery

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Policy: Nasal Surgery - Septoplasty, Rhinoplasty and Septorhinoplasty

Note, interventions relating to management of cleft lip/palate are commissioned by NHS England. Septoplasty or rhinoplasty for indications relating to cleft lip/palate are therefore outside the scope of this policy.

Septoplasty

Septoplasty will be funded for the following indications:

- Asymptomatic septal deformity preventing access to other intranasal areas required to undertake medically necessary surgical procedures (e.g. ethmoidectomy)
OR
- Deviated nasal septum causing one of the following functional problems:
 - o Recurrent epistaxis
 - o Recurrent sinusitis not relieved by at least 6 months of appropriate medical and antibiotic therapy
 - o Continuous nasal airway obstruction due to obvious and severe septal deviation which results in nasal breathing difficulty with no other cause for the patient's apparent breathlessness (e.g. rhinitis, COPD)

Extracorporeal (open) septoplasty will only be funded for initial correction of an extremely deviated nasal septum that cannot adequately be corrected with an intranasal approach, for patients who meet the criteria for septoplasty listed above.

Septoplasty will not be routinely funded for other indications (including allergic rhinitis) due to insufficient evidence of effectiveness.

Rhinoplasty

Rhinoplasty will be funded for the following indications:

- Significant nasal deformity caused by trauma (There needs to be a convincing history of trauma within the previous two years of sufficient severity to cause the deformity. A humped or bent nose is not by itself sufficient evidence of injury.)
- OR
- Part of reconstructive head and neck surgery
- OR
- Chronic non-septal nasal airway obstruction from vestibular stenosis (collapsed internal valves) due to trauma, disease, or congenital defect, when ALL of the following criteria are met:
 - o Prolonged, persistent obstructed nasal breathing;
 - o Physical examination confirming moderate to severe vestibular obstruction;
 - o Airway obstruction will not respond to septoplasty alone;
 - o Nasal airway obstruction is causing significant symptoms (e.g. chronic rhinosinusitis, difficulty breathing);
 - o Obstructive symptoms persist despite conservative management for 6 months or more, which includes, where appropriate, nasal steroids or immunotherapy;
 - o Photographs demonstrate an external nasal deformity;
 - o There is significant obstruction of one or both nares, documented usually by outpatient nasal endoscopy.



Septorhinoplasty

Septorhinoplasty will be funded in the following circumstances:

When rhinoplasty for nasal air obstruction is performed as an integral part of a medically necessary septoplasty and there is documentation of gross nasal obstruction on the same side as the septal deviation, so that to correct the nasal obstruction the external skeleton will also need correction.


Patients who are not eligible for treatment under this policy may be considered on an individual basis where their GP or consultant believes exceptional circumstances exist that warrant deviation from the rule of this policy. Individual cases will be reviewed as per the ICB policy.

Change History:

Version	Date	Reviewer(s)	Revision Description

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