Nasal Surgery for Obstruction or Deformity

Scope

This policy covers the management of patients with nasal obstruction or deformity. It covers causes of obstruction such as septal deviation, nasal polyps and/or chronic rhinosinusitis, and covers cosmetic nasal deformity.

Policy

It is the responsibility of referring and treating clinicians to ensure compliance with this policy. Referral proforma should be attached to the patient notes to aid the clinical audit process and provide evidence of compliance with the policy. For patients not meeting the policy criteria, clinicians can apply for funding to the Exceptional Cases Panel by completing the exceptional funding section of the referral proforma: Click policies to access the CCG clinical policies web page: policies – select the ENT Policies drop down option and select the Nasal Surgery Policy to access the referral proforma.

Nasal surgery will be funded in cases of:

1. Cleft lip and/or palate; OR
2. Immediate post-traumatic reconstruction; OR
3. A nasal deformity with obstruction where the following are met:
   - significant breathing difficulties; AND
   - chronic (symptoms for >12 weeks); AND
   - unresponsive to all conventional medical treatment; AND
   - continuous (ie all times of day)

Rhinoplasty/Septoplasty/Septorhinoplasty will not be funded as cosmetic procedures

Note:
Patients who smoke should be advised to attempt to stop smoking and referred to stop-smoking services – see stop smoking policy.

Evidence and Rationale

Septoplasty, Rhinoplasty and Septorhinoplasty

Only case series exist for functional outcomes associated with septorhinoplasty surgery. Although some patients may benefit from surgery, evidence of functional improvement is unclear and, in light of the cost, does not warrant its widespread use. Only patients with the most severe ongoing functional symptoms should be considered for referral for a surgical opinion. Cosmetic nasal surgery is not funded.

Other Nasal Surgery

There is evidence from randomised controlled trials that conventional medical management with saline irrigation, antibiotics, corticosteroids and short-term decongestants is effective for the treatment of chronic rhinosinusitis and that corticosteroids are effective for the treatment of nasal polyps. Surgical management of chronic rhinosinusitis has not been shown to be more effective compared with medical management in randomised controlled trials of patients with or without nasal polyps.
Numbers of People Affected

The prevalence of nasal polys\(^6\) and chronic rhinosinusitis\(^3\) have been estimated to be around 2\%. More than 23,500 people were diagnosed with a deviated nasal septum in England and Wales in 2008–2009\(^9\), equating to around 342 people in Cambridgeshire and Peterborough.

References


Glossary

**Chronic rhinosinusitis:** The cavities around the nasal passages (sinuses) become inflamed and swollen for at least twelve weeks.

**Nasal polyps:** Swelling of the normal nasal lining that occurs inside the nasal passages and sinuses.

**Saline irrigation:** Rinsing of nasal passages with salt water.

**Septal deviation:** Displacement of the bone and cartilage (nasal septum) that separates the nostrils.

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