

**Bedfordshire and Hertfordshire Priorities Forum Guidance**  
**Number: 71a**  
**Subject: Septoplasty, rhinoplasty, and septorhinoplasty**  
**Date: April 2017**  
**Date Review Due: April 2019**

## **Guidance**

### **Septoplasty**

Bedfordshire and Hertfordshire CCGs will not usually fund septoplasty surgery except when any of the following clinical criteria is met:

1. **Asymptomatic septal deformity that prevents access** to other intranasal areas when such access is required to perform medical necessary surgical procedures (e.g., ethmoidectomy)
2. **Documented recurrent sinusitis** felt to be due to a deviated septum not relieved by appropriate medical and antibiotic therapy after it least 6 months of medical therapy
3. **Recurrent epistaxis** (nosebleeds) related to a septal deformity
4. **Septal deviation** causing continuous nasal airway obstruction resulting in nasal breathing difficulty not responding to 6 or more months of documented appropriate medical therapy
5. When done in association with **cleft palate repair**.

Bedfordshire and Hertfordshire Priority Forum considers septoplasty experimental and investigational for all other indications (e.g. allergic rhinitis) because its effectiveness other than the ones listed above has not been established, and this should only be funded from research and development budgets as part of a clinical trial.

### **Extracorporeal (Open) Septoplasty**

Bedfordshire and Hertfordshire CCGs do not fund extracorporeal septoplasty except for initial correction of an extremely deviated nasal septum that can not adequately be corrected with an intranasal approach, for members who meet criteria for septoplasty listed above.

Extracorporeal septoplasty for revision of deviated septum is considered experimental and investigational because its effectiveness for this indication has not been established, and this would only be funded by research and development budgets as part of a clinical trial.

### **Rhinoplasty**

Rhinoplasty is essentially a cosmetic surgical procedure. Bedfordshire and Hertfordshire CCGs will not usually fund rhinoplasty surgery except in the following limited circumstances:

1. When it is being performed to correct a nasal deformity secondary to congenital cleft lip and/or palate (NB this should be managed by a specialist cleft team);

2. Upon individual case review, to correct 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:
  - Prolonged, persistent obstructed nasal breathing;
  - Physical examination confirming moderate to severe vestibular obstruction;
  - Airway obstruction will not respond to septoplasty alone;
  - Nasal airway obstruction is causing significant symptoms (e.g. chronic rhinosinusitis, difficulty breathing);
  - Obstructive symptoms persist despite conservative management for 6 months or more, which includes, where appropriate, nasal steroids or immunotherapy;
  - Photographs demonstrate an external nasal deformity;
  - There is significant obstruction of one or both nares, documented usually by outpatient nasal endoscopy.
  
3. After significant nasal trauma, where there is significant distortion of external anatomy after recent 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.

### **Septorhinoplasty**

Septorhinoplasty will be funded in the following circumstances:

- When rhinoplasty for nasal airway 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

***Bedfordshire and Hertfordshire Priority Forum consider rhinoplasty and septoplasty cosmetic for other indications.***

### **Documentation**

Documentation of criteria for rhinoplasty or Septorhinoplasty should include all of the following:

- Documentation of duration and degree of symptoms related to nasal obstruction, such as chronic rhinosinusitis, mouth breathing, etc.
- Documentation of results of conservative management of symptoms
- If there is an external nasal deformity, pre-operative photographs
- Relevant history of accidental or surgical trauma, congenital defect, or disease (e.g. Wegener's granulomatosis, choanal atresia, nasal malignancy, abscess, septal infection with saddle deformity, or congenital deformity)
- Results of nasal endoscopy, or other appropriate imaging modality documenting degree of nasal obstruction.

Bedfordshire CCG have confirmed that all procedures relating to this policy require prior approval