

Policy Recommendation: Functional Nasal Airways Surgery

Date of Issue: 3 August 2017

The committee recommends:

Functional Nasal Airways Surgery

Rhinoplasty

Rhinoplasty is considered an aesthetic procedure and is low priority. In some cases of trauma where the initial reconstruction requires revision due to continuing functional problems the clinician is invited to make an IFR. Rhinoplasty for deformity of the nose following contact sports where there are no symptoms of nasal obstruction is low priority.

Septoplasty

Patients may be referred for a clinical assessment of septoplasty where the individual has;

- Obstruction of one or both nostrils
- AND
- Has tried conservative measures without success for at least 3 months
- AND
- The overuse of nasal sprays has been excluded as a cause of the nasal congestion or has been ceased prior to the referral and the nasal congestion persists

Septorhinoplasty

Septorhinoplasty may be considered by prior approval from secondary care if it is deemed the most effective intervention for the patients' nasal obstruction. The request must explain the improvement in functional outcome that is expected.

Nasal surgery to alleviate snoring or as a treatment for patients unhappy with the outcomes of previous surgery but without the expectation of improving a significant functional deficit is considered low priority.

Surgery to address the effects of facial trauma as part of the initial care pathway for that trauma and the care for relevant cancer treatments are excluded from this policy.

Notes:

Whilst the panel recognised the considered expert advice of NICE in their recommendation the panel also had a duty to prioritise spending of a finite resource locally and made a decision which it felt gave the most equitable and effective use of investment.