

Draft General Commissioning Policy

Treatment	Rhinoplasty / Septoplasty / Septo-rhinoplasty
For the treatment of	Nasal deformities
Background	This commissioning policy is needed because all procedures that could be deemed as cosmetic are not routinely commissioned by the NHS and are thus considered by the Individual Funding Request (IFR) process.
Commissioning position	<p>Commissioned</p> <p>Rhinoplasty will be commissioned when it is being performed to correct a nasal deformity secondary to congenital cleft lip and/or palate;</p> <p>Not Commissioned</p> <p>All other cases require prior approval. Consideration will not be given to cosmetic rhinoplasty.</p> <p>Rhinoplasty may be considered medically necessary only in limited circumstances and where the clinical rationale fits with the evidence base as follows:</p> <p>pon 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:</p> <ul style="list-style-type: none"> • Airway obstruction which will not respond to septoplasty and turbinectomy alone • Nasal airway obstruction is causing significant symptoms (e.g. chronic rhinosinusitis, difficulty breathing) • Obstructive symptoms persist despite conservative management for three months or greater, which includes, where appropriate, nasal steroids or immunotherapy • Photos demonstrate an external nasal deformity • There is an average 50% or greater obstruction of nostrils (e.g. 50% obstruction of both nostrils; or 75% one nostril and 25% of other; or 100% obstruction of one nostril), documented by endoscopy, CT scan or other appropriate imaging modality <p>Potential exclusion criteria may need to be considered</p> <ul style="list-style-type: none"> • Unstable mental health • Unrealistic patient expectations • Previous rhinoplasty within the last 9-12 months (applies only to major rhinoplasties) • Poor perioperative risk profile • History of too many previous rhinoplasties, resulting in an atrophic skin–soft tissue envelope and significant scarring

	<ul style="list-style-type: none"> Nasal cocaine <p>All other requests for this treatment must be submitted to the IFR panel of Hull CCG. Rhinoplasty / Septorhinoplasty / Septoplasty for cosmetic reasons will not be commissioned.</p> <p>Patients with isolated airway problems (in the absence of visible nasal deformity) may be referred initially to an ENT consultant for assessment and treatment</p>
Effective from	October 2015
Summary of evidence / rationale	<p>Rhinoplasty is an operation whereby the shape of the nose is changed by modifying the underlying bone and / or cartilage of the nose. In addition to altering the external appearance of the nose, the cartilage inside the nose can be straightened to improve the nasal airways. This procedure is called a septorhinoplasty.</p> <p>Septoplasty is a surgical procedure to correct the shape of the nasal septum, which is the cartilage separating the two nostrils.</p> <p>Guidance on commissioning is provided by the Modernisation Agency Document 'Information for Commissioners of Plastic Surgery Services', which was prepared by the British Association of Plastic and Reconstructive Surgery.</p>
Date	October 2015
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References:

- 1. Policy To Make Best Use of Resources in Plastic Surgery and Related Specialities November 2006 Northern, Eastern, Southern and Western Health and Social Services Board.**
- 2. NHS Modernisation Agency: Action on Plastic, Information for Commissioners of Plastic Surgery Services: Referrals and Guidelines in Plastic Surgery 2004.**
- 3. Prasa, S., Kappor, P.K.D., Kumar, A., Reddy, V., Kumar, B.N Waiting list prioritization in the NHS. Journal of Laryngology and Ontology 2004,118(1) :39-45**