NHS West Yorkshire
Integrated Care Board

West Yorkshire Integrated Care Board (WY ICB)					
Policy	**Nose related procedures: Rhinoplasty, Septorhinoplasty and Septoplasty**			**ICB Ref**	Planned care
First Issue Date	To be confirmed	**Current version:**	1	**Last reviewed:**	May 2022
Review date	To be confirmed	**Contact**	West Yorkshire Health and Care Partnership (WY HCP) wyhcp.plannedcare@nhs.net		
Clinical Reviewer	WY HCP	**Approved by**	WY ICB		

Policy exclusions

Rhinoplasty, Septorhinoplasty and Septoplasty are not routinely funded. Surgery without medical/functional necessity is considered cosmetic and will not be funded.

The following exclusions for surgery in this area apply:

- no procedure is funded which is intended for purely cosmetic purposes.
- no procedure is funded for body dysmorphia syndrome or severe psychological symptoms.
- no procedure is funded to treat Obstructive Sleep Apnea, Epistaxis or Severe anosmia.
- no procedure is funded if deformity due to trauma that has no nasal obstruction element.

Policy inclusion criteria

Rhinoplasty, Septorhinoplasty and Septoplasty are not routinely commissioned procedures. Any requests that are not medically necessary are considered cosmetic and will not be funded. Rhinoplasty, Septorhinoplasty and Septoplasty may be considered on an individual, exceptional basis, where the GP or consultant has completed the necessary Individual Funding Request form.

Rhinoplasty;

The ICB considers rhinoplasty to correct the appearance of the external nose a cosmetic surgical procedure. Rhinoplasty may be considered medically necessary only in the following limited circumstances:

- When it is being performed to correct a nasal deformity secondary to congenital cleft lip and/or palate.
- 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:

- Nasal airway obstruction is causing significant symptoms (e.g. chronic rhinosinusitis, difficulty breathing)

AND

- Obstructive symptoms persist despite conservative management for three months or longer, which includes where appropriate, nasal steroids

AND

- Airway obstruction will not respond to septoplasty and turbinectomy alone.

AND

- There is an average 50 % or greater obstruction of nares (e.g., 50 % obstruction of both nares, or 75 % obstruction of one nare and 25 % obstruction of other nare, or 100 % obstruction of one nare), documented by internal inspection of the nose by an ENT surgeon, endoscopy, CT scan or other appropriate imaging modality.

In addition to the above, the following must accompany any funding request;

- **ALL** requests **MUST** include medical photography- showing the standard 4-way view – base of nose, anterior posterior (AP), and right and left lateral views.

AND

- 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).

AND

- Documentation of duration and degree of symptoms related to nasal obstruction, such as chronic rhinosinusitis, mouth breathing, etc.

AND

- Documentation of results of conservative management of symptoms.

NB. For requests that meet the above criteria in relation to sporting/activity trauma, the ICB reserve the right to decline funding where the request is for a repeat surgical procedure in relation to trauma where it is as a direct cause of the same sport/activity.

NB. Lifestyle Factors - Best Practice (This is not a restriction to this policy unless otherwise stated).

- Obesity - Patients with a body mass index (BMI) greater than 30 kg/m2 should be encouraged by their clinician to lose weight prior to surgery and signposted to appropriate support to address lifestyle factors that would improve their fitness for surgery and recovery afterwards. There is a clinical balance between risk of surgical complications with obesity and the risk to delaying any surgery.
- Smoking - In line with 'Healthy Lives, Healthy People; a tobacco control plan for England', local authorities and health professionals are committed to encourage more smokers to quit. Smoking remains the leading cause of preventable morbidity and premature death in England. There is sufficient evidence to suggest that people who smoke have a considerably increased

risk of intra- and post-operative complications such as chest infections, lung disorders, wound complications and impaired healing.

Septorhinoplasty;
Septorhinoplasty for cosmetic reasons will not be funded, Septorhinoplasty may be considered on an exceptional basis, for example in the presence of:

- Septal deviation causing continuous nasal airway obstruction resulting in nasal breathing difficulty associated with a bony deviation of the nose, where an operation on the nasal septum would not be effective in restoring the nasal airway without a simultaneous operation to straighten the nasal bones.
- Asymptomatic nasal deformity that prevents access to other intranasal areas when such access is required to perform medically necessary surgical procedures (e.g. ethmoidectomy) or when done in association with cleft palate repair.

NB Septorhinoplasty surgery cannot take place until post 3 months conservative medical management (if the patient has a grossly deviated septum causing complete blockage of that nostril then this does not apply)

- Severe obstruction is defined as at least 100% obstruction of one nostril, 25/75% obstruction of both nostrils, or 50/50% obstruction of both nostrils.
- Septorhinoplasty should only take place if airway obstruction will not respond to septoplasty and turbinectomy alone.
- Surgery should only be undertaken if obstruction causes significant symptoms e.g. chronic rhinosinusitis.
- A time limit on surgery following trauma is set at 6 months minimum wait before surgery and up to 2 years maximum after.

In addition to the above, the following must accompany any funding request;

- **ALL** requests **MUST** include medical photography- showing the standard 4-way view – base of nose, anterior posterior (AP), and right and left lateral views.

AND

- 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).

AND

- Documentation of duration and degree of symptoms related to nasal obstruction, such as chronic rhinosinusitis, mouth breathing, etc.

AND

- Documentation of results of conservative management of symptoms.

Septoplasty;
Septoplasty for purely cosmetic reasons will not be funded. Septoplasty may be considered in order to provide better functioning of the airways in cases where the nasal passages are restricted enough to cause significant issues with breathing.

Septoplasty surgery cannot take place until post 3 months conservative medical management (if the patient has a grossly deviated septum causing complete blockage of that nostril then this does not apply)

- Severe obstruction is defined as at least 100% obstruction of one nostril, 25/75% obstruction of both nostrils, or 50/50% obstruction of both nostrils.

An enhancement for people living in Calderdale, Kirklees, Leeds and Wakefield because the inclusion criteria of Septoplasty was only included in the policy for people living in Bradford District and Craven. It adds this inclusion criteria for all people living in the remaining areas of West Yorkshire.

Summary of evidence / Rationale	1. Information for Commissioners of Plastic Surgery Services. Referrals and Guidelines in plastic surgery (PDF); http://www.bapras.org.uk/docs/default-source/commissioning-and-policy/information-for-commissioners-of-plastic-surgery-services.pdf?sfvrsn=2
Reference	