

NASAL SURGERY
Septoplasty / Rhinoplasty / Septo-Rhinoplasty / Polyps
EVIDENCE BASED INTERVENTIONS (EBI) POLICY

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| Application Form | Generic EBI Application |

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VERSION CONTROL

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|-------------------------|----------------|
| Document Status: | Current policy |
| Version: | 2021.v3 |

DOCUMENT CHANGE HISTORY

| Version | Date | Comments |
|----------------|---------------|--|
| 2012.v1 | April 2016 | Removed from the “Guidance for Clinicians Policy” document |
| 1617.1a | April 2016 | Amendment to criteria wording |
| 1617.v2a | July 2016 | Policy name change to Nasal Surgery |
| 1617.v2b | January 2017 | Amendment to wording on Septoplasty criteria |
| 1617.v2b | February 2019 | New policy template and layout |
| 1819.v2b | June 2020 | Update template, rebranding from IFR to EBI, 3 year review include surgical treatment for polyps |

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|---|---------------|
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1 GENERAL PRINCIPLES (EBI)

- 1.1 Funding approval must be secured prior to a referral for an assessment and/or surgery. Referring patients to secondary care without funding approval having been secured not only incurs significant costs in out-patient appointments for patients that may not qualify for surgery, but inappropriately raises the patient's expectation of treatment
- 1.2 On limited occasions, we may approve funding for an assessment only in order to confirm or obtain evidence demonstrating whether a patient meets the criteria for funding. In such cases, patients should be made aware that the assessment does not mean that they will be provided with surgery and surgery will only be provided where it can be demonstrated that the patients meets the criteria to access treatment in this policy
- 1.3 Funding approval will only be given where there is evidence that the treatment requested is effective and the patient has the potential to benefit from the proposed treatment. Where it is demonstrated that patients have previously been provided with the treatment with limited or diminishing benefit, funding approval is unlikely to be agreed
- 1.4 Receiving funding approval does not confirm that they will receive treatment or surgery for a condition as a consent discussion will need to be undertaken with a clinician prior to treatment
- 1.5 The policy does not apply to patients with suspected malignancy who should continue to be referred under 2 week wait pathway rules for assessment and testing as appropriate
- 1.6 Patients with an elevated BMI of 30 or more may experience more post-surgical complications including post-surgical wound infection so should be encouraged to lose weight further prior to seeking surgery.
<https://www.sciencedirect.com/science/article/pii/S1198743X15007193>
(Thelwall, 2015)
- 1.7 Patients who are smokers should be referred to smoking cessation services in order to reduce the risk of surgery and improve healing

2 POLICY CRITERIA

- 2.1 This policy does not apply to immediate post trauma nasal manipulation which normally occurs two to three weeks after the trauma and does not require EBI service approval from the Commissioner
- 2.2 **Septoplasty** does not require EBI service funding authorisation where:
 - There is clinical evidence of a nasal blockage
 - There is has been no improvement after a trial of maximal medical

treatment which is fully documented in the patient's medical record

2.3 **Rhinoplasty & Septo-rhinoplasty** surgery is not routinely commissioned

2.4 **Nasal surgery** to correct the following is not routinely funded by the CCG:

- a. To stop snoring
- b. Cosmetic appearance of the nose
- c. Where patients are unhappy with the outcome of previous surgeries including immediate post-trauma corrections (whether provided by the NHS or private providers)

2.5 **Nasal Polyps**

Diagnosis and treatment in secondary care is **not routinely commissioned**

Surgical intervention in the treatment of Nasal Polyps will only be considered in patients who fail to improve after a trial of maximal medical treatment for a period of at least 6 months, and this information is fully documented within the patient's clinical records

- Please follow the EBI application pathway under item 4

2.5 Where there is post- traumatic nasal injury causing continuous and chronic bi-lateral nasal airway obstruction associated with septal/bony deviation of the nose which as part of reconstructive head and neck surgery (including traumatic deformity)

- Please follow the EBI application pathway under item 4

3 BACKGROUND

3.1 Patients are eligible for Manipulation under Anaesthetic (MAU) immediately post-Trauma without funding approval being required. Failure to engage with this treatment within the recommended period post-trauma or dissatisfaction with the outcome of the MAU is unlikely to be considered exceptional

3.2 A **rhinoplasty**, or nose job, is a procedure used to reshape the nose. There are a number of different types of nose reshaping operation. The exact procedure will depend on the aim of the treatment. The operation may take place under a general or local anaesthetic. The two main techniques used are called "open" or "closed". Open means that some or all of the cuts are made outside the nose, whereas closed means all the cuts are made inside the nose

British Association of Aesthetic Plastic Surgeons (BAAPS) has more information on nose reduction and nose augmentation. (NHS Choices, 2015)

3.3 **Nose reduction**

An operation called **Reduction Rhinoplasty** reduces the size of the framework of the nose over which the skin is draped. The skin itself is not touched. The frame of the nose which is made up of bone in its upper half and gristle (cartilage) in its lower half is approached from underneath the skin through cuts which are made inside the nostrils. Think of the frame of the nose as being like the roof of a house. In order to straighten the nose and bring its bridge closer to the face, its "ridge" is cut away. Then, to restore a new "ridge" or bridge-line, the two sides of the nose are brought together by cutting the bones of the nose where they join onto the cheek bones. The elasticity of the overlying skin allows it to shrink down on the smaller frame. (The British Association of Aesthetic Plastic Surgeons)

3.4 **Nose augmentation**

To improve the appearance of a flattened nose it is necessary to introduce some additional framework underneath the skin to raise and straighten the bridge-line

3.5 The operation is called **Augmentation Rhinoplasty**. Various materials are used for the additional framework such as bone; cartilage (gristle) and a range of manufactured materials which experience has shown are safe and well tolerated by the body. (The British Association of Aesthetic Plastic Surgeons)

3.6 **Septoplasty**

Surgical correction of a Deviated Septum is known as **Septoplasty**. This procedure is carried out within the nose and alone is not aimed at changing the cosmetic appearance of the nose externally

3.7 **Septo-rhinoplasty**

On some occasions the Septum is deviated to such a degree that surgical treatment to correct it will also need to correct the external appearance of the nose and this procedure is called a **Septo-rhinoplasty**

4 **EVIDENCE BASED INTERVENTIONS APPLICATION PROCESS**

4.1 Patients who are not eligible for treatment under this policy may be considered on an individual basis where their GP or Consultant believes exceptional circumstances exist that warrant deviation from the rule of this policy

4.2 Completion of a **Generic EBI Application Form** by a patient's GP or Consultant is required

4.3 Applications cannot be considered from patients personally

4.4 Only electronically completed EBI applications will be accepted to the EBI Service

4.5 It is expected that clinicians will have ensured that the patient, on behalf of who they are forwarding the application for, is appropriately informed about the existing policies prior to an application to the EBI service. This will reassure the service that the patient has a reasonable expectation of the outcome of the application and its context

4.6 EBI applications are reviewed and considered against clinical exceptionality

For further information on 'clinical exceptionality' please refer to the NHS England information using the link below page 9-13;

<https://www.england.nhs.uk/wp-content/uploads/2017/11/comm-policy-individual-funding-requests.pdf>

4.7 Social, Emotional and Environmental factors *i.e. income, housing, environmental pollution, access to services, family, friends, ethnicity, life experiences etc.* CANNOT be considered with an application

4.8 Where appropriate photographic supporting evidence can be forwarded with the application form

4.9 An application put forward for consideration must demonstrate some unusual or unique clinical factor about the patient that suggests they are exceptional as defined below:

- Significantly different to the general population of patients with the condition in question
- Likely to gain significantly more benefit from the intervention than might be expected from the average patient with the condition

5 ACCESS TO POLICY

5.1 If you would like further copies of this policy or need it in another format, such as Braille or another language, please contact the Patient Advice and Liaison Service on Telephone number: 08000 851067

5.2 **Or write to us:** NHS Somerset Clinical Commissioning Group, Freepost RRKL-XKSC-ACSG, Yeovil, Somerset, BA22 8HR or **Email us:** somccg.pals@nhs.net

6 REFERENCES

The following sources have been considered when drafting this policy:

6.1 British Association of Plastic Reconstructive and Aesthetic Surgeons. (2015). *Rhinoplasty*. Retrieved 04 14, 2016, from British Association of Plastic Reconstructive and Aesthetic Surgeons:

<http://www.bapras.org.uk/public/patient-information/surgery-guides/rhinoplasty>

6.2 NHS Choices. (2015, 04 09). *Common cosmetic surgery procedures*. Retrieved 04 14, 2016, from NHS Choices:

<http://www.nhs.uk/Conditions/Cosmetic-surgery/Pages/Procedures.aspx#nose>

- 6.3 Nuffield Health. (2016). *Rhinoplasty (or nose reshaping)*. Retrieved 04 14, 2016, from Nuffield Health:
<http://www.nuffieldhealth.com/treatments/rhinoplasty-or-nose-reshaping>
- 6.4 The British Association of Aesthetic Plastic Surgeons . (n.d.). *Rhinoplasty (Reduction)*. Retrieved 04 14, 2016, from The British Association of Aesthetic Plastic Surgeons :
<http://baaps.org.uk/procedures/rhinoplasty-reduction>
- 6.5 The British Association of Aesthetic Plastic Surgeons. (n.d.). *Rhinoplasty (Augmentation)*. Retrieved 04 14, 2016, from The British Association of Aesthetic Plastic Surgeons:
<http://baaps.org.uk/procedures/rhinoplasty-augmentation>