

# Nasal Surgery for Obstruction or Deformity

## Scope

This policy covers the management of patients with nasal obstruction or deformity. It covers causes of obstruction such as septal deviation, nasal polyps and/or chronic rhinosinusitis, and covers cosmetic nasal deformity.

## Policy

It is the responsibility of referring and treating clinicians to ensure compliance with this policy. Referral proforma should be attached to the patient notes to aid the clinical audit process and provide evidence of compliance with the policy. For patients not meeting the policy criteria, clinicians can apply for funding to the Exceptional Cases Panel by completing the exceptional funding section of the referral proforma: *Click policies to access the CCG clinical policies web page: [policies](#) – select the ENT Policies drop down option and select the Nasal Surgery Policy to access the referral proforma.*

Nasal surgery will be funded in cases of:

1. Cleft lip and/or palate; **OR**
2. Immediate post-traumatic reconstruction; **OR**
3. A nasal deformity with obstruction where the following are met:
  - significant breathing difficulties; **AND**
  - chronic (symptoms for >12 weeks); **AND**
  - unresponsive to all conventional medical treatment; **AND**
  - continuous (ie all times of day)

**Rhinoplasty/Septoplasty/Septorhinoplasty will not be funded as cosmetic procedures**

### Note:

Patients who smoke should be advised to attempt to stop smoking and referred to stop-smoking services – see [stop smoking policy](#).

## Evidence and Rationale

### Septoplasty, Rhinoplasty and Septorhinoplasty

Only case series exist for functional outcomes associated with septorhinoplasty surgery<sup>8</sup>. Although some patients may benefit from surgery, evidence of functional improvement is unclear and, in light of the cost, does not warrant its widespread use. Only patients with the most severe ongoing functional symptoms should be considered for referral for a surgical opinion. Cosmetic nasal surgery is not funded.

### Other Nasal Surgery

There is evidence from randomised controlled trials that conventional medical management with saline irrigation<sup>1,2</sup>, antibiotics, corticosteroids<sup>3</sup> and short-term decongestants<sup>4</sup> is effective for the treatment of chronic rhinosinusitis and that corticosteroids are effective for the treatment of nasal polyps<sup>5</sup>. Surgical management of chronic rhinosinusitis has not been shown to be more effective compared with medical management in randomised controlled trials of patients with or without nasal polyps<sup>6,7</sup>.

## Numbers of People Affected

The prevalence of nasal polyps<sup>6</sup> and chronic rhinosinusitis<sup>3</sup> have been estimated to be around 2%. More than 23,500 people were diagnosed with a deviated nasal septum in England and Wales in 2008–2009<sup>9</sup>, equating to around 342 people in Cambridgeshire and Peterborough.

## References

1. Harvey R, Hannan S, Badia L & Scadding G. Nasal saline irrigations for the symptoms of chronic rhinosinusitis. *Evidence-Based Child Heal. A Cochrane Rev. J.* CD006394 (2007). doi:10.1002/14651858.CD006394.pub2.
2. Lemiengre M B, van Driel M L, Merenstein D, Young J & De Sutter A I M. Antibiotics for clinically diagnosed acute rhinosinusitis in adults. *Cochrane database Syst. Rev.* CD006089 (2012). doi:10.1002/14651858.CD006089.pub4.
3. Snidvongs K, Kalish L, Sacks R, Craig J C & Harvey R J. Topical steroid for chronic rhinosinusitis without polyps. *Cochrane Database Syst Rev* CD009274 (2011). doi:10.1002/14651858.CD009274.
4. Passàli D, Salerni L, Passàli G, Passàli F & Bellussi L. Nasal decongestants in the treatment of chronic nasal obstruction: efficacy and safety of use. *Expert Opin Drug Saf* **5**, 783–90 (2006).
5. Martinez-Devesa P & Patiar S. Oral steroids for nasal polyps. *Cochrane Database Syst. Rev.* CD005232 (2011). doi:10.1002/14651858.CD005232.pub3.
6. Rimmer J, Fokkens ., Ly C & Hopkins C. Surgical versus medical interventions for chronic rhinosinusitis with nasal polyps. *Cochrane database Syst. Rev.* CD006991 (2014).
7. Khalil H S & Nunez D. A. Functional endoscopic sinus surgery for chronic rhinosinusitis. *Cochrane database Syst. Rev.* CD004458 (2006). doi:10.1002/14651858.CD004458.pub2.
8. Menger D, Richard W, Swart K & Grolman W. Does Functional Septorhinoplasty Provide Improvement of the Nasal Passage in Validated Patient-Reported Outcome Measures? *J Otorhinolaryngol Relat Spec* **77**, 123–31 (2015).
9. Moore M & Eccles R. Objective evidence for the efficacy of surgical management of the deviated septum as a treatment for chronic nasal obstruction: A systematic review. *Clin. Otolaryngol.* **36**, 106–113 (2011).
10. Chisholm E, Hns F O R L, Jallali N, Hons M & Plast F. Rhinoplasty and septorhinoplasty outcome evaluation. *ENT-Ear, Nose Throat J.* **91**, E10–14 (2012).
11. Roblin D & Eccles R. What, if any, is the value of septal surgery? *Clin. Otolaryngol. Allied Sci.* **27**, 77–80 (2002).
12. Ah-See K L, MacKenzie J, Practitioner G & Ah-See K W. Management of chronic rhinosinusitis. *Bmj* **345**, e7054–e7054 (2012).
13. Tan B K & Lane A P. Endoscopic Sinus Surgery in the Management of Nasal Obstruction. *Otolaryngol. Clin. North Am.* **42**, 227–240 (2009).
14. Ginat D T. Posttreatment Imaging of the Paranasal Sinuses Following Endoscopic Sinus Surgery. *Neuroimaging Clin. N. Am.* **25**, 653–665 (2015).
15. Sykes J M & Jang Y J. Cleft lip rhinoplasty. *Facial Plast. Surg. Clin. North Am.* **17**, 133–44 (2009).
16. National Institute for Health and Care Excellence. Balloon catheter dilation of paranasal sinus ostia for chronic sinusitis - guidance (IPG273). 1–5 (2008). at <<http://www.nice.org.uk/guidance/IPG273>>
17. National Institute for Health and Care Excellence. Powered microdebrider turbinate hypertrophy (IPG498). 2–7 (2014).
18. National Institute for Health and Care Excellence. Radiofrequency tissue reduction for turbinate hypertrophy (IPG495). 2–7 (2014).
19. National Institute for Health and Care Excellence. Suction diathermy adenoidectomy (IPG328). 2–7 (2009).
20. Lee M R, Unger J G & Rohrich R J. Management of the Nasal Dorsum in Rhinoplasty. *Plast. Reconstr. Surg.* **128**, 538e–550e (2011).
21. Rhee J, Arganbright J, McMullin B & Hannley M. Evidence supporting functional rhinoplasty or nasal valve repair: A 25-year systematic review. *Otolaryngol Head Neck Surg* **139**, 10–20 (2008).
22. Wee J H, Park M-H, Oh S & Jin H-R. Complications Associated With Autologous Rib Cartilage Use in Rhinoplasty. *JAMA Facial Plast. Surg.* **17**, 49 (2015).
23. Lawrence R. Pediatric septoplasty: A review of the literature. *Int. J. Pediatr. Otorhinolaryngol.* **76**, 1078–1081 (2012).
24. Alobid I, et al. Nasal polyposis and its impact on quality of life: comparison between the effects of medical and surgical treatments. *Allergy* **60**, 452–458 (2005).
25. Lildholdt T, Fogstrup J, Gammelgaard N, Korholm B & Ulsoe C. Surgical versus medical treatment of nasal polyps. *Acta Otolaryngol.* **105**, 140–143 (1988).
26. Ragab S, Lund V & Scadding G. Evaluation of the Medical and Surgical Treatment Of Chronic Rhinosinusitis: A Prospective, Randomised, Controlled Trial. *Laryngoscope* **114**, 923–930 (2004).
27. Hartog B, van Benthem P, Prins L & Hordijk G. Efficacy of sinus irrigation versus sinus irrigation followed by functional endoscopic sinus surgery. *Ann Otol Rhinol Laryngol* **106**, 759–66 (1997).

28. Fairley J. A prospective randomized controlled trial of functional endoscopic sinus surgery: endoscopic middle meatal antrostomy versus conventional inferior meatal antrostomy. Interim results. Unpublished data. (1993).
29. Ahmed J, Pal S, Hopkins C & Jayaraj S. Functional endoscopic balloon dilation of sinus ostia for chronic rhinosinusitis. *Cochrane Database Syst. Rev.* CD008515 (2011). doi:10.1002/14651858.CD008515.pub2
30. Dalziel K, Stein K, Round A, Garside R & Royle P. Endoscopic sinus surgery for the excision of nasal polyps: A systematic review of safety and effectiveness. *Am. J. Rhinol.* **20**, 506–519 (2006).
31. Chester A, Sindwani R, Smith T L & Bhattacharyya N. Fatigue improvement following endoscopic sinus surgery: a systematic review and meta-analysis. *Laryngoscope* **118**, 730–9 (2008).
32. Chester A, Antisdell J & Sindwani R. Symptom-specific outcomes of endoscopic sinus surgery: a systematic review. *Otolaryngol Head Neck Surg* **140**, 633–9 (2009).
33. Vashishta R, Soler Z M, Nguyen S A & Schlosser R J. A systematic review and meta-analysis of asthma outcomes following endoscopic sinus surgery for chronic rhinosinusitis. *Int. Forum Allergy Rhinol.* **3**, 788–794 (2013).
34. Jose J & Coatesworth A P. Inferior turbinate surgery for nasal obstruction in allergic rhinitis after failed medical treatment. *Cochrane database Syst. Rev.* CD005235 (2010). doi:10.1002/14651858.CD005235.pub2
35. Vlastarakos P V, Fetta M, Segas J V, Maragoudakis P & Nikolopoulos T P. Functional Endoscopic Sinus Surgery Improves Sinus-Related Symptoms and Quality of Life in Children With Chronic Rhinosinusitis: A Systematic Analysis and Meta-Analysis of Published Interventional Studies. *Clin. Pediatr. (Phila).* **52**, 1091–1097 (2013).
36. Shaikh N, Wald E R & Pi M. Decongestants, antihistamines and nasal irrigation for acute sinusitis in children. *Cochrane database Syst. Rev.* **9**, CD007909 (2012).
37. Macdonald K I, et al. Endoscopic sinus surgery in patients with cystic fibrosis: a systematic review and meta-analysis of pulmonary function. *Rhinology* **50**, 360–369 (2012).
38. Fetta M, Tsilis N S, Segas J V, et al. Functional endoscopic sinus surgery improves the quality of life in children suffering from chronic rhinosinusitis with nasal polyps. *Int J Pediatr Otorhinolaryngol.* 2017 Sep;100:145-148. doi: 10.1016/j.ijporl.2017.06.007. Epub 2017 Jun 15.
39. Patel Z M, Thamboo A, Rudmik L. Surgical therapy vs continued medical therapy for medically refractory chronic rhinosinusitis: a systematic review and meta-analysis. *Int Forum Allergy Rhinol.* 2017 Feb;7(2):119-127. doi: 10.1002/alr.21872. Epub 2016 Nov 11.

## Glossary

<b>Chronic rhinosinusitis:</b>	The cavities around the nasal passages (sinuses) become inflamed and swollen for at least twelve weeks.
<b>Nasal polyps:</b>	Swelling of the normal nasal lining that occurs inside the nasal passages and sinuses.
<b>Saline irrigation:</b>	Rinsing of nasal passages with salt water.
<b>Septal deviation:</b>	Displacement of the bone and cartilage (nasal septum) that separates the nostrils.

<b>Policy effective from:</b>	Reviewed policy endorsed by CCG Governing Body on 4 September 2018 Reviewed policy approved by CEC on 28 August 2018 Reviewed policy approved by CPF on 12 July 2018 September 2018
<b>Policy to be reviewed:</b>	September 2020
<b>Reference:</b>	onedrive\CPF Pols & working Area\Surg Threshold Pols - Draft and Agreed\CCG Policies\Nasal Surgery\agreed\NASAL SURGERY SEPT 2018 V2