

Non Cosmetic Nasal Treatment and Sinusitis

Includes Deviated Septum, Nasal Polyps
Inferior Turbinates,
Septal Perforation

Non Cosmetic Nasal Treatment - Prior Approval

POLICY CRITERIA – COMMISSIONED (Non Cosmetic Nasal Treatment)

Prior Approval

Funding approval for therapy will only be provided by the NHS for patients meeting the criteria set out below:

Septoplasty/Septorhinoplasty

Requests for corrective nasal surgery will be considered where:

1. The patient has:
 - a. A Post-traumatic nasal injury causing bilateral, continuous and chronic nasal airway obstruction associated with septal/bony deviation of the nose.

OR

 - b. Nasal deformity secondary to a cleft lip/palate or other congenital craniofacial deformity.
- OR**
- c. Documented physical clinical problems caused by bilateral obstruction of the nasal airway and all conservative treatments have been exhausted.

Note: Patients with acute nasal trauma within the last two weeks can be referred to ENT hot clinic or be seen following referral from ED.

For more guidance please see <https://remedy.bnssgccg.nhs.uk/>

POLICY CRITERIA – COMMISSIONED (Chronic Rhino-sinusitis - CRS)**Prior Approval****Primary Care Phase of Referral**

Funding Approval for referral for assessment in secondary care will only be provided by the ICB for patients meeting criteria set out below and are fully documented within the patient's primary care records.

Primary Care – (The following is required for referral to secondary care)

A clinical diagnosis of CRS has been made (as set out in RCS/ENT-UK Commissioning guidance) in primary care and patient still has moderate/severe symptoms after a 3-month trial of intranasal steroids and nasal saline irrigation.

AND

In addition, for patients with bilateral nasal polyps there has been no improvement in symptoms 4 weeks after a trial of 5-10 days of oral steroids (prednisolone 0.5mg/kg to a max of 60 mg).

OR

Patient has nasal symptoms that are atypical or there are concerns about the diagnosis (please initially see the Nasal Treatment page on Remedy for further advice).

<https://remedy.bnssgccg.nhs.uk/>

Note:

Patients who have Obstructive Sleep Apnoea due to bilateral nasal obstruction can be referred direct without Prior Approval from the Sleep Apnoea Service.

POLICY CRITERIA – COMMISSIONED**Criteria Based Access****Secondary Care Phase for Treatment**

Funding Approval for surgical treatment will only be provided by the ICB for patients meeting all of the criteria set out below and are fully documented within the patient's secondary care records.

Secondary Care – (The following is required for listing for surgery)

Patients can be considered for endoscopic sinus surgery when all the following criteria are met:

- A diagnosis of CRS has been confirmed from clinical history and nasal endoscopy and / or CT scan.
- Disease-specific symptom patient reported outcome measure confirms moderate to severe symptoms e.g. Sinonasal Outcome Test (SNOT-22) after trial of appropriate medical therapy (including counselling on technique and compliance) as outlined in RCS/ENT-UK commissioning guidance 'Recommended secondary care pathway'.
- Pre-operative CT scan has been performed and confirms presence of CRS. Note CT does not need repeating if performed earlier in patient pathway.
- Patient and clinician have undertaken appropriate shared decision-making consultation regarding undergoing surgery including discussion of risks and benefits of surgical intervention.
- Patients with recurrent acute sinusitis when the diagnosis has been confirmed with endoscopy and/or CT during an acute attack, as examination may be normal in between episodes.

Surgical Treatment for Nasal Polyps

Diagnosis and treatment of Nasal Polyps in secondary care is not routinely commissioned except where the criteria below can be met:

1. 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 3 months, and this information is fully documented within the patient's clinical records.

<https://remedy.bnssgccg.nhs.uk/>

NOTES:

1. Any patient with unilateral symptoms / clinical findings, orbital neurological symptoms should be referred urgently / via 2-week wait.
2. No investigations, apart from clinical assessment, should take place in primary care or be a pre-requisite for referral to secondary care (e.g. X-ray, CT scan). There is no role for prolonged courses of antibiotics in primary care.
3. There are a number of medical conditions whereby endoscopic sinus surgery may be required outside the above criteria and in these cases they should not be subjected to the above criteria and continue to be routinely funded:
 - Any suspected or confirmed neoplasia
 - Emergency presentations with complications of sinusitis (e.g. orbital abscess, subdural or intracranial abscess)
 - Patients with immunodeficiency
 - Fungal Sinusitis
 - Patients with conditions such as Primary Ciliary Dyskinesia, Cystic Fibrosis or Samter's Triad (Aspirin Sensitivity, Asthma, CRS)
 - Treatment with topical and / or oral steroids contra-indicated

<https://remedy.bnssgccg.nhs.uk/>

BRAN

For any health- related decision, it is important to consider “**BRAN**” which stands for:

- **B**enefits
- **R**isks
- **A**lternatives
- **D**o **N**othing

Benefits

Specialist opinion and advice regarding nasal symptoms can lead to the resolution of nasal symptoms and improve the functional nasal system.

Risks

Any surgical procedure can have immediate problems including infection bleeding and wound breakdown.

Any surgical procedure can have long term consequences including scarring or chronic pain.

Surgery does not always resolve presenting symptoms including pain. A recurrence of nasal or sinus symptoms can be common.

Alternatives

Conservative management or continuation of medical management. This might include intranasal steroids and nasal saline irrigation.

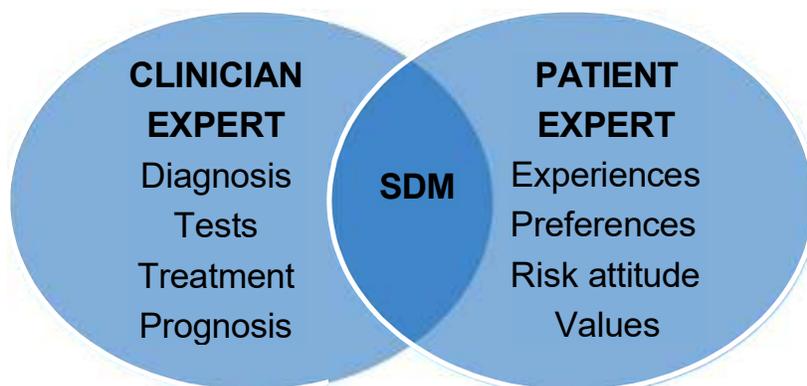
Do Nothing

Remember, you always have the option to do nothing. Doing nothing is an equally reasonable option to doing something. Sometimes “not yet” is a good enough answer until you gather more information.

Shared Decision Making

If a person fulfils the criteria for nasal surgery, it is important to have a partnership approach between the person and the clinician.

Shared Decision Making (SDM) is the meeting of minds of two types of experts:



It puts people at the centre of decisions about their own treatment and care and respects what is unique about them. This includes their preferences and values. It means that people receiving care and clinicians delivering care can understand what is important to the other person.

The person and their clinician may find it helpful to use 'Ask 3 Questions':

1. What are my options?
2. What are the pros and cons of each option for **me**?
3. How do I get support to help me make a decision that is right for **me**?

Non Cosmetic Nasal Treatment and Sinusitis – Plain Language Summary

Chronic rhinosinusitis (CRS) is defined as swelling of the nasal sinuses that lasts longer than 12 weeks. It is a common condition that affects approximately 11% of adults and has a significant detrimental effect on the quality of life of those affected.

The sinuses are mucus secreting, air filled cavities in the face and head that drain into the nose. Their normal function may be disrupted by environmental, infectious or inflammatory conditions which damage the tissue lining the sinuses and leading a number of symptoms including nasal blockage, discharge, alteration to smell, and facial pressure or pain.

CRS as a term encompasses a wide range of characteristics but can broadly be divided into two main types. Chronic rhinosinusitis with Nasal Polyposis (CRSwNP) and Chronic Rhinosinusitis without Nasal Polyposis (CRSsNP).

Initial treatment could include intranasal steroids and nasal saline irrigation. In the case of CRSwNP a trial of a short course of oral steroids should also be considered.

Where initial treatment has failed patients should be referred to a specialist to confirm the initial diagnosis. They may be considered for endoscopic sinus surgery.

During endoscopic sinus surgery a telescope is inserted via the nasal cavity to open the sinuses and, if present, remove nasal polyps. This can improve the effectiveness of ongoing medical treatment and relieve any obstruction. The surgery is usually undertaken under general anaesthetic as a day-case procedure in otherwise healthy individuals.

This policy has been developed with the aid of the following references:

1. National Health Service (2017) Sinusitis (sinus infection) [online] www.nhs.uk/conditions/
2. NICE (2018) Sinusitis (Clinical Knowledge Summary) www.cks.nice.org.uk/
3. Royal College of Surgeons 2016 Commissioning guide for Chronic Rhinosinusitis www.rcseng.ac.uk
4. Mayo Clinic (2020) Professional Article: Rhinoplasty [online] www.mayoclinic.org
5. British Medical Journal (2014) Professional Article: Acute Nasal Injury 27653626 [online] www.bmj.com/
6. National Institute for Health Research (2019) Evidence: Surgery for deviated nasal septum [online] www.evidence.nihr.ac.uk
7. North West CSU (2019) CCG Policy: Rhinoplasty / Septoplasty [online] www.northwestcsu.nhs.uk/
8. National Library of Medicine (2011) Chronic Rhinosinusitis (21605125) [online] www.pubmed.ncbi.nlm.nih.gov
9. National Library of Medicine (2016) Rhinosinusitis International Consensus Statement on Allergy and Rhinology (26889651) [online] www.pubmed.ncbi.nlm.nih.gov
10. National Library of Medicine (2012) European position paper on rhinosinusitis and nasal polyps 2012. A summary for otorhinolaryngologists (22469599) [online] www.pubmed.ncbi.nlm.nih.gov
11. National Library of Medicine (2016) Professional Article: Nasal Surgery for Sleep Apnea Patient's [online] www.pubmed.ncbi.nlm.nih.gov
12. National Library of Medicine (2010) Professional Article: Anthropometric Measurements [online] www.pubmed.ncbi.nlm.nih.gov

Connected Policies

Cosmetic Surgery - Treatment will not be offered under this policy. Clinician's should refer to the intervention specific policy.

Surgical Intervention for Snoring policy - Treatment will not be offered under this policy. Clinician's should refer to the intervention specific policy.

CPAP - Treatment will not be offered under this policy. Clinicians should refer to the intervention specific policy.

Due regard

In carrying out their functions, the Bristol North Somerset and South Gloucestershire Clinical Policy Review Group (CPRG) are committed to having due regard to the Public Sector Equality Duty (PSED), and NHSE Evidence-Based Interventions (EBI). This applies to all the activities for which the ICB is responsible, including policy development and review.

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Must have any of (primary only):

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