

Policy:	Rhinoplasty / Septoplasty / Septo-Rhinoplasty		GM Ref:	GM024
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Policy inclusion criteria

Rhinoplasty

Rhinoplasty is considered an aesthetic procedure and is not routinely commissioned but may be considered in some cases of trauma where the initial reconstruction requires revision (note this needs a clinical opinion that the surgery needs revision). Deformity of the nose following contact sports where there are no symptoms of nasal obstruction is not commissioned.

Funding mechanism: Individual prior approval provided the patient meets the above criteria. Requests should be submitted with all relevant supporting evidence, which must be provided with the request.

Septoplasty

Patients may be referred for a clinical assessment for Septoplasty where the individual has:

- obstruction of one or both nostrils (if the patient has a grossly deviated septum causing complete blockage of that nostril then the 2 bullet points below do not apply)

AND

- tried conservative measures without success, e.g. medication to treat allergic rhinitis

AND

- the overuse of nasal sprays has been excluded as a cause of the nasal congestions or has been treated prior to referral and the nasal congestion persists

Prior to surgery the degree of obstruction and the likelihood of a positive outcome should be assessed by an ENT surgeon.

Funding mechanism: Monitored approval: Referrals may be made in line with the criteria without seeking funding. **NOTE:** May be the subject of contract challenges and/or audit of cases against commissioned criteria.

If the patient does not meet the criteria: an individual funding request can be made if there is a good case for clinical exceptionality. Requests should be submitted with all relevant supporting evidence, which must be provided with the request.

Septo-Rhinoplasty

Commissioned only if deemed the most effective intervention for the patient's nasal obstruction – the application must come from an ENT surgeon and include details of the reasons for this request with an assessment of the difference in likely outcome compared to Septoplasty alone (this must be related to functional outcome and not appearance alone).

Funding mechanism: Individual prior approval provided the patient meets the above criteria. Requests should be submitted with all relevant supporting evidence, which must be provided with the request.

Policy exclusions

Rhinoplasty / Septo-Rhinoplasty to address the effects of facial trauma as part of the initial care pathway for that trauma are excluded from this policy. Within contract for emergency / urgent intervention.