NHS
Bedfordshire, Luton and Milton Keynes
Integrated Care Board

Policy title	**Septoplasty, rhinoplasty and septorhinoplasty v1.1**
Policy position	**Criteria Based Access**
Date of Forum recommendation	**April 2017**

Septoplasty

Nasal septal deviation (NSD) can cause nasal obstruction (insufficient airflow through the nose) and lead to symptoms such as nose bleed, headaches and oral breathing. NSD occurs when the wall of cartilage between the two nasal cavities is displaced. Other conditions such as rhinitis and nasal polyps can also cause a feeling of nasal blockage and may occur alongside NSD.

Referral for specialist surgical opinion is supported if the patient meets any of the following indications:

1. **Asymptomatic septal deformity that prevents access** to other intranasal areas when such access is required to perform medical necessary surgical procedures (e.g., ethmoidectomy).
2. **Documented recurrent sinusitis** due to a deviated septum not relieved by appropriate medical and antibiotic therapy after it least 6 months of medical therapy.
3. **Recurrent epistaxis** (nosebleeds) related to a septal deformity.
4. **Septal deviation** causing continuous nasal airway obstruction resulting in nasal breathing difficulty not responding to 6 or more months of documented appropriate medical therapy.
5. When done in association with cleft palate repair.

Septoplasty is considered experimental and investigational for all other indications (e.g. allergic rhinitis) because its effectiveness has not been established and should only be funded from research and development budgets as part of a clinical trial.

Extracorporeal (Open) Septoplasty

Extracorporeal septoplasty is **not normally funded** except for initial correction of an extremely deviated nasal septum that cannot adequately be corrected with an intranasal approach, for patients who meet criteria for septoplasty listed above.

Extracorporeal septoplasty for revision of deviated septum is considered experimental and investigational because its effectiveness for this indication has not been established and should only be funded by research and development budgets as part of a clinical trial.

Rhinoplasty

Rhinoplasty is essentially a cosmetic surgical procedure. Referral for specialist surgical opinion is supported only if the patient meets the following criteria:

1. When it is being performed to correct a nasal deformity secondary to congenital cleft lip and/or palate (this should be managed by a specialist team).
2. 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:
    - Prolonged, persistent obstructed nasal breathing;
    - Physical examination confirming moderate to severe vestibular obstruction;
    - Airway obstruction will not respond to septoplasty alone;
    - Nasal airway obstruction is causing significant symptoms (e.g. chronic rhinosinusitis, difficulty breathing);
    - Obstructive symptoms persist despite conservative management for 3 months or more, which includes, where appropriate, nasal steroids or immunotherapy;
    - Photographs demonstrate an external nasal deformity;
    - There is significant obstruction of one or both nares, documented usually by outpatient nasal endoscopy.
3. After significant nasal trauma, where there is significant distortion of external anatomy after recent trauma. There needs to be a convincing history of trauma within the previous two years of sufficient severity to cause the deformity. A humped or bent nose is not by itself sufficient evidence of injury.

Septorhinoplasty

Referral for specialist surgical opinion is supported only if the patient meets the following criteria:

- When rhinoplasty for nasal airway obstruction is performed as an integral part of a medically necessary septoplasty and there is documentation of gross nasal obstruction on the same side as the septal deviation, so that to correct the nasal obstruction the external skeleton will also need correction.

For management of chronic rhinosinusitis please see the BLMK ICB’s policy for chronic rhinosinusitis.

Documentation

Documentation of criteria for referral for rhinoplasty or septorhinoplasty should include all of the following:

- Documentation of duration and degree of symptoms related to nasal obstruction, such as chronic rhinosinusitis, mouth breathing, etc.
- Documentation of results of conservative management of symptoms
- If there is an external nasal deformity, pre-operative photographs
- 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)
- Results of nasal endoscopy, or other appropriate imaging modality documenting degree of nasal obstruction

NOTE:

- This policy will be reviewed in the light of new evidence or new national guidance e.g. from NICE
- Where a patient does not meet the policy criteria or the intervention is not normally funded by the NHS, an application for clinical exceptionality can be considered via the ICB's Individual Funding Request (IFR) Policy and Process

Clinical coding:

Procedure Codes
E023 Septorhinoplasty using implant
E024 Septorhinoplasty using graft
E036 Septoplasty of nose NEC
E073 Septorhinoplasty NEC
E02.5 Reduction rhinoplasty
E02.6 Rhinoplasty NEC
E07.3 Septorhinoplasty NEC

Diagnosis Codes
J342 Deviated nasal septum
LA40 Cleft lip
LA42 Cleft palate

Key words: Septoplasty, rhinoplasty, septorhinoplasty, deviated septum